Baker County Public Schools

AGENDA
SCHOOL BOARD MEETING (OPEN TO THE PUBLIC)
Monday, May 6, 2024 - 5:00 PM
Macclenny Elementary School (1 Wildkitten Drive, Macclenny, Florida 32063)
(REVISED AGENDA) Minute Book #40 / Supplemental Book #52 / Page #17

"The Vision of the Baker County School Board is to prepare individuals to be lifelong learners, self-sufficient and responsible citizens of good character."

1. INVOCATION AND PLEDGE OF ALLEGIANCE

2. CALL TO ORDER

3. ROLL CALL OF MEMBERS

4. PUBLIC HEARINGS

5. RECOGNITIONS / PRESENTATIONS

5.1 Recognize Retiree Theresa Lankford (Hire Date: 03/13/2000 ; Retire Date: 03/29/2024)
Sherrie Raulerson - (259-0401)

5.2 Recognize Retiree Monica Carlton (Hire Date: 08/23/1990 ; Retire Date: 02/08/2024)
Sherrie Raulerson - (259-0401)

5.3 Recognize Macclenny Elementary School Students for Outstanding Academic Achievement - Perfect Score on Spring 2023 State Assessments
Sherrie Raulerson - (259-0401)

5.4 Recognize Macclenny Elementary School Academic Achievers from the Macclenny & Glen Communities (Grades 1-5)
Sherrie Raulerson - (259-0401)

6. APPROVAL TO CORRECT AND / OR ADD ITEMS TO THE FINAL AGENDA

6.1 Approval to Add Item 8.8. Approval of Revised Out of State Field Trip on May 11, 2024, to Wild Adventures Theme Park in Valdosta, Georgia, for BCMS Band Students and Staff Chaperones and Bus Drivers. (Traveling by School Bus)
Naomi Anderson - (259-2226)

6.2 Approval to Add Item 8.9. Approval of the Tentative Schedule for the 2024 TRIM Timeline.
Teri Ambrose - (259-0418)

6.3 Approval to Add Item 9.7. Approval to Declare an Emergency as Concerns the District's Efforts to Select an Architectural Firm to Provide Professional Services for the Replacement of Baker County Middle School Pending Special Facilities Funding.
Sherrie Raulerson - (259-0401)

7. REMOVAL OF ROUTINE ITEMS

8. APPROVAL OF ROUTINE ITEMS

8.1 Approval of the Personnel Items List for Approval on May 6, 2024.

Sherrie Raulerson - (259-0401)

8.2 Approval of the Minutes of the April 15, 2024, Expulsion Hearing.
Sherrie Raulerson - (259-0401)

8.3 Approval of the Minutes of the April 15, 2024, School Board Meeting.
Sherrie Raulerson - (259-0401)

8.4 Approval of Florida Virtual School Virtual Learning Lab Agreement. (July 1, 2024 - June 30, 2027)
Thomas Hill - (259-0429)

8.5 Approval of Florida Virtual School Blended Learning Community Agreement. (July 1, 2024 - June 30, 2027)
Thomas Hill - (259-0429)

8.6 Approval of the Financial Reports for the Month Ending March 31, 2024.
Teri Ambrose - (259-0418)

8.7 Approval of Contract for Services Agreement with Allied Instructional Services to Provide a Board Certified Teacher in Blindness and Visual Impairments, Effective July 1, 2024 - June 30, 2025.
Michael Green - (259-0444)

8.8 Approval of Revised Out of State Field Trip on May 11, 2024, to Wild Adventures Theme Park in Valdosta, Georgia, for BCMS Band Students and Staff Chaperones and Bus Drivers. (Traveling by School Bus)
Naomi Anderson - (259-2226)

8.9 Approval of the Tentative Schedule for the 2024 TRIM Timeline.
Teri Ambrose - (259-0418)

9. APPROVAL OF ITEMS FOR ACTION

9.1 Approval of Removed Routine Items.
N/A

9.2 Approval of the Revised 2024-2025 Payroll Schedules.
Teri Ambrose - (259-0418)

9.3 Approval of Board Member Travel and Travel Reimbursement for the FSBA / FADSS Joint Conference in Tampa, Florida on June 5-7, 2024: Tiffany McInarnay, Jack Baker Jr., Amanda Hodges, & Mandi Canaday.
Sherrie Raulerson - (259-0401)

9.4 Approval of the 2024-2027 School Health Services Manual. (Executive Summary of Changes Included.)
Tina Bradley - (259-0476)

9.5 Approval to Award Bid for Additional Sidewalks and Repair of Existing Sidewalks at Baker County High School to Little & Williams, Inc. in the Amount of $58,673.00.
Denny Wells - (259-5420)

9.6 Approval of New Job Descriptions: 12.001 (Career Coach) & 16.01 (Coordinator, Adult Education)
Allen Murphy - (259-0429)

9.7 Approval to Declare an Emergency as Concerns the District's Efforts to Select an Architectural Firm to Provide Professional Services for the Replacement of Baker County Middle School Pending Special Facilities Funding.
Sherrie Raulerson - (259-0401)

10. CITIZEN INPUT

A Citizen Input form must be completed and submitted to the Board Secretary PRIOR to the beginning of the meeting if you wish to address the Board. You will be called on by the Chairman at the appropriate time. Presentations/comments are limited to three (3) minutes.

11. INFORMATION AND ANNOUNCEMENTS

12. ADJOURNMENT

NOTICE: Any person who desires to appeal any decision made by the School Board with respect to any matter considered at the above mentioned meeting will need a record of the proceedings, and for such purpose may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which an appeal may be based.

AGENDA ITEM NO. 5.1

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE:	May 6, 2024
SUBMITTED BY:	Sherrie Raulerson - (259-0401)
ITEM TYPE:	Recognition / Presentation
AGENDA SECTION:	**RECOGNITIONS / PRESENTATIONS**
SUBJECT:	Recognize Retiree Theresa Lankford (Hire Date: 03/13/2000 ; Retire Date: 03/29/2024)

AGENDA ITEM NO. 5.2

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE:	May 6, 2024
SUBMITTED BY:	Sherrie Raulerson - (259-0401)
ITEM TYPE:	Recognition / Presentation
AGENDA SECTION:	**RECOGNITIONS / PRESENTATIONS**
SUBJECT:	Recognize Retiree Monica Carlton (Hire Date: 08/23/1990 ; Retire Date: 02/08/2024)

AGENDA ITEM NO. 5.3

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE:	May 6, 2024
SUBMITTED BY:	Sherrie Raulerson - (259-0401)
ITEM TYPE:	Recognition / Presentation
AGENDA SECTION:	**RECOGNITIONS / PRESENTATIONS**
SUBJECT:	Recognize Macclenny Elementary School Students for Outstanding Academic Achievement - Perfect Score on Spring 2023 State Assessments

AGENDA ITEM NO. 5.4

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE:	May 6, 2024
SUBMITTED BY:	Sherrie Raulerson - (259-0401)
ITEM TYPE:	Recognition / Presentation
AGENDA SECTION:	**RECOGNITIONS / PRESENTATIONS**
SUBJECT:	Recognize Macclenny Elementary School Academic Achievers from the Macclenny & Glen Communities (Grades 1-5)

AGENDA ITEM NO. 6.1

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE:	May 6, 2024
SUBMITTED BY:	Naomi Anderson - (259-2226)
ITEM TYPE:	Out of State Travel
AGENDA SECTION:	**APPROVAL TO CORRECT AND / OR ADD ITEMS TO THE FINAL AGENDA**
SUBJECT:	Approval to Add Item 8.8. Approval of Revised Out of State Field Trip on May 11, 2024, to Wild Adventures Theme Park in Valdosta, Georgia, for BCMS Band Students and Staff Chaperones and Bus Drivers. (Traveling by School Bus)

ATTACHMENTS:
05.06.2024.Approval of Bus Driver Out of State Travel_N.Anderson.pdf

Naomi Anderson
Principal

Ashton N. Griffin
Assistant Principal



Dr. Wayne Peterson
Assistant Principal

Pam Harris
Lead Teacher

April 19, 2024

Mrs. Sherrie Raulerson
Baker County School Board Members
270 South Blvd East
Macclenny, FL 32063

Dear Superintendent Raulerson and School Board Members:

This request is being resubmitted to include the bus drivers that were not listed on the request for out of state travel that was previously approved on April 15, 2024.

Please consider approving this request for three instructional staff members along with approximately one hundred students to attend Wild Adventures in Valdosta, Georgia. The students and staff would be traveling by school bus.

The following staff members will be chaperoning this trip if approved:

Mr. Clay Keel
Mr. Myles Moore
Mrs. Heather (CeCe) Snyder
Four bus drivers who have yet to be determined as of the submission of this request for out-of-state travel

This request is for these employees to travel out-of-state to Valdosta, Georgia on Saturday, May 11, 2024 by school bus. This end of the year trip would be a valuable experience for both the students and chaperones.

Thank you for your consideration of this travel request.

Sincerely,

Naomi Anderson

Building a Legacy of Excellence, One Student at a Time

211 Jonathan Street

Macclenny, FL 32063

https://www.bakerk12.org/bcms
Voice: 904.259.2226
https://www.facebook.com/BakerCountyMiddleSchool/
Fax: 904.259.0459

AGENDA ITEM NO. 6.2

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE:	May 6, 2024
SUBMITTED BY:	Teri Ambrose - (259-0418)
ITEM TYPE:	Finance
AGENDA SECTION:	**APPROVAL TO CORRECT AND / OR ADD ITEMS TO THE FINAL AGENDA**
SUBJECT:	Approval to Add Item 8.9. Approval of the Tentative Schedule for the 2024 TRIM Timeline.

ATTACHMENTS:
05.06.2024.Approval of TRIM Timeline_T.Ambrose.pdf

Baker County Public Schools
Support Services

Sherrie Raulerson, Superintendent of Schools
392 South Boulevard East, Macclenny, Florida 32063
Telephone: (904) 259-6251 www.bakerk12.org Fax: (904) 259-2825

DATE: April 30, 2024

TO: Sherrie Raulerson, Superintendent

FROM: Teri Ambrose
Executive Director of Finance & Support Services

RE: TENTATIVE SCHEDULE FOR TRIM TIME LINE

Listed below is the tentative schedule for the TRIM timeline:

July 1, 2024	Property Appraiser Certifies Tax Roll
By July 19, 2024	The Commissioner of the Department of Education Certifies the Required Local Effort (RLE) millage rate for each school district.
July 22, 2024	School Superintendent submits proposed tentative budget to School Board for approval prior to advertising. (Workshop prior to the Board meeting – 8:00 AM.)
July 25, 2024	Publish tentative budget in newspaper(s)
July 29, 2024	Tentative budget and millage hearing Tentative budget and millage are adopted at this hearing. (5:05 PM)
By August 4, 2024	School Superintendent advises Property Appraiser of proposed millage, etc. (Form 420-S).

DISTRICT SCHOOL BOARD MEMBERS
Tiffany McInarnay, District 1 Jack Baker Jr., District 2 Paula T. Barton, District 3 Mandi Canaday, District 4 Amanda Hodges, District 5
AN EQUAL ACCESS/EQUAL OPPORTUNITY INSTITUTION

By August 24, 2024	Property Appraiser prepares notice of proposed property tax. Property Appraiser mails TRIM Notice.
September 3, 2024	Final budget and millage are adopted at this hearing. (5:05 PM)
By September 9, 2024	School Superintendent certifies adopted Millage to Property Appraiser and Tax Collector. Submit budget to DOE.
By October 4, 2024	School District certifies compliance with Section 200.065 and to Department of Revenue.

AGENDA ITEM NO. 6.3

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE:	May 6, 2024
SUBMITTED BY:	Sherrie Raulerson - (259-0401)
ITEM TYPE:	Bid
AGENDA SECTION:	**APPROVAL TO CORRECT AND / OR ADD ITEMS TO THE FINAL AGENDA**
SUBJECT:	Approval to Add Item 9.7. Approval to Declare an Emergency as Concerns the District's Efforts to Select an Architectural Firm to Provide Professional Services for the Replacement of Baker County Middle School Pending Special Facilities Funding.

ATTACHMENTS:
05.06.2024.Approval of RFQ Emergency Request_S.Raulerson.pdf

Baker County Public Schools
Sherrie Raulerson, Superintendent of Schools
270 South Boulevard East, Macclenny, Florida 32063
Telephone: (904) 259-6251 www.bakerk12.org Fax: (904) 259-1387

May 1, 2024

Dear Chairperson McInarnay and School Board Members:

Pursuant to my authority as the Superintendent of Schools, I request that the Board declare a public emergency as concerns the District's efforts to select and negotiate terms with an architectural firm to provide Professional Services for the Design Phase related to the replacement of Baker County Middle School and to authorize selection and negotiations with the best qualified design-build firm available at this time. This will allow the District to select and enter into negotiations with an architectural firm from the limited RFQs received on April 30, 2024, for purposes of designing and submitting the Phase I documents that are due to the Department of Education by June 1, 2024, in order to be eligible for Special Facilities funding available for utilization by the District given the Department of Education's recognition of Baker County Middle School as a school of critical need. Absent, the Special Facilities funding, the District will not have the monetary ability to move forward with this project.

Thank you,

Sherrie Raulerson

Sherrie Raulerson
Superintendent of School

SR/ams

AGENDA ITEM NO. 8.1

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE: May 6, 2024

SUBMITTED BY: Sherrie Raulerson - (259-0401)

ITEM TYPE: Personnel

AGENDA SECTION: **APPROVAL OF ROUTINE ITEMS**

SUBJECT: Approval of the Personnel Items List for Approval on May 6, 2024.

ATTACHMENTS:
05.06.2024.Approval of Personnel Items List_S.Raulerson.pdf

PERSONNEL ITEMS LIST FOR APPROVAL ON MAY 6, 2024

RESIGNATION LIST FOR APPROVAL ON MAY 6, 2024						
LAST NAME	**FIRST NAME**	**MI**	**SPECIAL NOTE**	**POSITION**	**LOCATION**	**EFFECTIVE DATES**
Adams	Kathleen			Teacher, Third Grade (197 Days)	Legacy Elementary School	May 29, 2024
Burnham	Amanda			Bookkeeper (216 Days)	Westside Elementary School	April 24, 2024
Coleman	Addison			Paraprofessional, Elementary (187 Days) (100% Grant Funded / Ending May 24, 2024)	Legacy Elementary School	April 16, 2024
Combs	Rebekah Denise		Previously on Leave of Absence October 20, 2023 - May 29, 2024	Teacher, Mathematics M/J (197 Days)	Baker County Middle School	October 19, 2023
Fraze	Heather			Nutrition Services Assistant (191 Days, 7 Hours)	Legacy Elementary School	May 29, 2024
Lane	Kimbra		Retirement	Teacher, Kindergarten (197 Days)	Baker County Pre-K / Kindergarten Center	May 29, 2024
Smith	Whitney			Teacher, Language Arts (197 Days)	Baker County High School	May 29, 2024
Stewart	Beverly			Nutrition Services Assistant (191 Days, 7 Hours)	Legacy Elementary School	April 24, 2024
Waller	Janet		Retirement	Teacher, Science M/J (197 Days)	Baker County Middle School	May 29, 2024

EMPLOYMENT LIST FOR APPROVAL ON MAY 6, 2024						
LAST NAME	**FIRST NAME**	**MI**	**SPECIAL NOTE**	**POSITION**	**LOCATION**	**EFFECTIVE DATES**
Ballerino	Charna		Initial Employment / New Unit	Teacher, Fifth Grade (197 Days)	Legacy Elementary School	August 2, 2024
Baylor	Valerie		Initial Employment / New Unit	Teacher, Third Grade (197 Days)	Westside Elementary School	August 2, 2024
Finley	Blane		Initial Employment / Replacing Joy Helms / Unit Reassigned from Reading	Teacher, Social Studies (197 Days)	Baker County High School	August 2, 2024

EMPLOYMENT LIST FOR APPROVAL ON MAY 6, 2024						
LAST NAME	**FIRST NAME**	**MI**	**SPECIAL NOTE**	**POSITION**	**LOCATION**	**EFFECTIVE DATES**
Fish	Anthony		Initial Employment / Replacing David Hager	Bus Mechanic (261 Days)	Transportation	April 29, 2024
Gray	Mika		Transfer Within Same Site from Paraprofessional, Elementary (187 Days) / 100% ESSER Grant Funded Though 09/30/2024 / New Unit	Paraprofessional, Elementary (187 Days)	Legacy Elementary School	August 9, 2024
Gregonis	Vincent		Transfer Within Same School Site from Teacher, Emotional / Behavioral Disabilities (197 Days) / Replacing Makayla Berry	Teacher, Language Arts (197 Days)	Baker County High School	August 2, 2024
Harris	Audrie		Initial Employment / Replacing Haley Harris	Custodian (261 Days, 5.5 Hours)	Baker County High School	April 11, 2024
Haygood	Roderick		Initial Employment / Replacing Tyler Lokey	Teacher, Business Tech Ed (197 Days)	Baker County High School	August 2, 2024
Kilpatrick	Robbyn		Transfer Within Same Site from Paraprofessional, Kindergarten (187 Days) / 100% ESSER Grant Funded Though 09/30/2024 / New Unit	Paraprofessional, Kindergarten (187 Days)	Baker County Pre-K / Kindergarten Center	August 9, 2024
Lokey	Tyler		Transfer Within Same Site from Teacher, Business Tech Ed (197 Days) / Replacing Elena Lowther	Teacher, Social Studies (197 Days)	Baker County High School	August 2, 2024
Mobley	Tina		Transfer from Within Same Site from Paraprofessional, ESE Ages 6-21 (187 Days) / 100% ESSER Grant Funded Through September 30, 2024 / New Unit	Paraprofessional, ESE Ages 6-21 (187 Days)	Macclenny Elementary School	August 9, 2024
Shivers	Amanda		Transfer Within Same School from Teacher, Third Grade (197 Days) / Replacing Autumn Keeling	School Librarian / Media Specialist (197 Days)	Westside Elementary School	August 2, 2024

REAPPOINTMENT LIST FOR APPROVAL ON MAY 6, 2024						
LAST NAME	**FIRST NAME**	**MI**	**POSITION**	**LOCATION**	**CONTRACT STATUS**	**EFFECTIVE**
Aschenbrenner	Tommy		Technician, Instructional Technology (240 Days)	District Office	Annual Contract (Pending Availability of Funding)	2024-2025
Barton	Tana		Custodian (261 Days, 5.5 Hours)	Macclenny Elementary School	Annual Contract (Pending Availability of Funding)	2024-2025
Blackburn	Bonnie		Custodian (261 Days, 5.5 Hours)	Baker County High School	Annual Contract (Pending Availability of Funding)	2024-2025
Brim	Tyler		Technician, Instructional Technology (240 Days)	District Office	Annual Contract (Pending Availability of Funding)	2024-2025
Collige	Suzette		Mental Health Counselor (197 Days)	Student Services	Annual Contract (Pending Availability of Funding)	2024-2025
Combs	Rayleigh		Custodian (261 Days, 5.5 Hours)	Baker County Middle School	Annual Contract (Pending Availability of Funding)	2024-2025
Conner	Jennifer		Paraprofessional, ESE Ages 6-21 (187 Days)	Baker County High School	Annual Contract (Pending Availability of Funding)	2024-2025
Crawford	Shirley		Executive Secretary to the Associate Superintendent of Human Resources (261 Days)	Superintendent's Office	Annual Contract (Pending Availability of Funding)	2024-2025
Crews	Angela		Secretary, Exceptional Student Education (261 Days)	Student Services	Annual Contract (Pending Availability of Funding)	2024-2025
Davis	Brandy		Secretary II, Career and Adult Education (261 Days)	Career and Adult Education	Annual Contract (Pending Availability of Funding)	2024-2025
Deel	Ellen		Staffing Specialist (197 Days)	Student Services	Annual Contract (Pending Availability of Funding)	2024-2025

REAPPOINTMENT LIST FOR APPROVAL ON MAY 6, 2024						
LAST NAME	**FIRST NAME**	**MI**	**POSITION**	**LOCATION**	**CONTRACT STATUS**	**EFFECTIVE**
Driggers	Jessica		Social / Student Services Worker (187 Days)	Student Services	Annual Contract (Pending Availability of Funding)	2024-2025
Ellis	Yolanda		Paraprofessional, ESE Ages 6-21 (187 Days)	Baker County High School	Annual Contract (Pending Availability of Funding)	2024-2025
Fernandez	Nicholas		Custodian (261 Days, 5.5 Hours)	Keller Education Center	Annual Contract (Pending Availability of Funding)	2024-2025
Folsom	Christina		Custodian (261 Days, 8 Hours)	Maclenny Elementary School	Annual Contract (Pending Availability of Funding)	2024-2025
Gaskins	Jarred		Landscape Gardener (261 Days, 8 Hours)	Facilities / Maintenance	Year to Year Continuous Employee	2024-2025
Giddens	Cassey		Custodian (261 Days, 5.5 Hours)	Baker County Pre-K / Kindergarten Center	Annual Contract (Pending Availability of Funding)	2024-2025
Green	Andrew		Custodian (261 Days, 5.5 Hours)	Baker County High School	Annual Contract (Pending Availability of Funding)	2024-2025
Green	Magdalene		Custodian (261 Days, 5.5 Hours)	Baker County High School	Annual Contract (Pending Availability of Funding)	2024-2025
Griffis	Lily		Mental Health Counselor (197 Days)	Student Services	Annual Contract (Pending Availability of Funding)	2024-2025
Harris	Audrie		Custodian (261 Days, 5.5 Hours)	Baker County High School	Annual Contract (Pending Availability of Funding)	2024-2025
Hite	Jeremy		Technician, Instructional Technology (240 Days)	District Office	Annual Contract (Pending Availability of Funding)	2024-2025
Hoard	Kayona		Paraprofessional, ESE Ages 6-21 (187 Days)	Baker County High School	Annual Contract (Pending Availability of Funding)	2024-2025

REAPPOINTMENT LIST FOR APPROVAL ON MAY 6, 2024						
LAST NAME	**FIRST NAME**	**MI**	**POSITION**	**LOCATION**	**CONTRACT STATUS**	**EFFECTIVE**
Johnson	Peyton		Mental Health Counselor (197 Days) / 100% ESSER Grant Funded Through September 30, 2024	Student Services	Annual Contract through September 30, 2024 100% ESSER Grant Funded (Pending Availability of Funding)	2024-2025
Jones	Jeremy		Landscape Gardener (240 Days, 8 Hours)	Facilities / Maintenance	Annual Contract (Pending Availability of Funding)	2024-2025
Kennedy	Katherine		Secretary Bookkeeper (261 Days)	Baker County High School	Annual Contract (Pending Availability of Funding)	2024-2025
Kennedy	Madison		Mental Health Counselor (197 Days)	Student Services	Annual Contract (Pending Availability of Funding)	2024-2025
Knabb	Susan		Secretary I (261 Days)	District Title I Office	Annual Contract (Pending Availability of Funding)	2024-2025
Lawson	Lesley		Custodian (261 Days, 8 Hours)	Baker County Pre-K / Kindergarten Center	Annual Contract (Pending Availability of Funding)	2024-2025
Long	Theresa		Paraprofessional, ESE Ages 6-21 (187 Days)	Baker County High School	Annual Contract (Pending Availability of Funding)	2024-2025
Manalo	Lara		School Psychologist (261 Days)	Student Services	Annual Contract (Pending Availability of Funding)	2024-2025
McCreary	Cheryl		Secretary, Exceptional Student Education (261 Days)	Student Services	Annual Contract (Pending Availability of Funding)	2024-2025
McGlew	Ashley		Executive Secretary / Certification Specialist (261 Days)	District Office	Annual Contract (Pending Availability of Funding)	2024-2025

REAPPOINTMENT LIST FOR APPROVAL ON MAY 6, 2024						
LAST NAME	**FIRST NAME**	**MI**	**POSITION**	**LOCATION**	**CONTRACT STATUS**	**EFFECTIVE**
Midyette	Joan		Custodian (261 Days, 8 Hours)	Baker County Middle School	Annual Contract (Pending Availability of Funding)	2024-2025
Monds	Debra		Licensed Practical Nurse (187 Days)	Baker County High School	Annual Contract (Pending Availability of Funding)	2024-2025
Myer	Deanne		Staffing Specialist (197 Days)	Student Services	Annual Contract (Pending Availability of Funding)	2024-2025
Nguyen	Duong		Custodian (197 Days, 8 Hours)	Baker County High School	Year to Year Continuous Employee	2024-2025
Oros	Dan		Paraprofessional, SH (187 Days)	Baker County High School CATS Academy	Annual Contract (Pending Availability of Funding)	2024-2025
Parker	Cassandra		Case Manager (216 Days)	Student Services	Annual Contract (Pending Availability of Funding)	2024-2025
Raulerson	Felicia		Secretary Pupil Personnel Services (261 Days)	Baker County High School	Annual Contract (Pending Availability of Funding)	2024-2025
Raulerson	Tracey		Custodian (261 Days, 8 Hours)	Macclenny Elementary School	Annual Contract (Pending Availability of Funding)	2024-2025
Ruise	Dora		Custodian (261 Days, 8 Hours)	Baker County Middle School	Annual Contract (Pending Availability of Funding)	2024-2025
Schwien	Kimberly		Paraprofessional, ESE Ages 6-21 (187 Days)	Baker County High School	Annual Contract (Pending Availability of Funding)	2024-2025
Sirk	Joy		Executive Secretary to the Executive Director of Teaching and Learning (261 Days)	Superintendent's Office	Annual Contract (Pending Availability of Funding)	2024-2025

REAPPOINTMENT LIST FOR APPROVAL ON MAY 6, 2024						
LAST NAME	**FIRST NAME**	**MI**	**POSITION**	**LOCATION**	**CONTRACT STATUS**	**EFFECTIVE**
Sotomayor	Silvio		Paraprofessional, ESE Ages 6-21 (187 Days)	Baker County High School	Annual Contract (Pending Availability of Funding)	2024-2025
Tracer	Ana Lorena		Paraprofessional, ESE Ages 6-21 (187 Days)	Baker County High School	Year to Year Continuous Employee	2024-2025
Volner	Brynne		Specialist / Manager Psychological Services (197 Days)	Student Services	Annual Contract (Pending Availability of Funding)	2024-2025
Walters	Gina		School Psychologist (197 Days)	Student Services	Annual Contract (Pending Availability of Funding)	2024-2025
Waltman	Megan		Office Aide Guidance (187 Days)	Baker County High School	Annual Contract (Pending Availability of Funding)	2024-2025
Webb	Staci		Mental Health Counselor (197 Days)	Student Services	Annual Contract (Pending Availability of Funding)	2024-2025
Williams	Nikki		Secretary Guidance Services (240 Days)	Baker County High School	Annual Contract (Pending Availability of Funding)	2024-2025
Yarbrough	Katie		Adult Education Teacher (Part-Time / As Needed)	Career and Adult Education	Annual Contract (Pending Availability of Funding)	2024-2025
Young	Emilee		Paraprofessional, ESE Ages 6-21 (187 Days)	Baker County High School	Annual Contract (Pending Availability of Funding)	2024-2025

EXTRA DUTY LIST FOR APPROVAL ON MAY 6, 2024						
LAST NAME	**FIRST NAME**	**MI**	**SPECIAL NOTE**	**DESCRIPTION**	**AMOUNT**	**EFFECTIVE DATES**
Bailey	Angela			Provide Clerical Support Beyond Contractual Hours for Adult Education and Testing	Regular Hourly Rate / As Needed / Funding Source: Federal	July 1, 2024 - June 30, 2025

EXTRA DUTY LIST FOR APPROVAL ON MAY 6, 2024						
LAST NAME	**FIRST NAME**	**MI**	**SPECIAL NOTE**	**DESCRIPTION**	**AMOUNT**	**EFFECTIVE DATES**
Bailey	Angela			Provide Clerical Support Beyond Contractual Hours for Adult Education and Testing	Regular Hourly Rate / As Needed / Funding Source: General	July 1, 2024 - June 30, 2025
Ballerino	Charna			New Teacher Training	$24.53 Per Hour / Maximum 6 Hours / Funding Source: Federal	August 1, 2024
Coleman	Karen			Attend FDOE Secondary Summer Literacy Institute	$24.53 Per Hour / Maximum 15 Hours / Funding Source: Federal	June 25, 2024 - June 26, 2024
Davis	Brandy			GED Examiner	$26.45 Per Hour / As Needed / Funding Source: General	July 1, 2024 - June 30, 2025
Harrison	Robert Gregory			Substitute Instructor for Driver's Education & Traffic Safety Program	$34.56 Per Hour / As Needed / Funding Source: General	May 30, 2024 - June 30, 2024
Harrison	Robert Gregory			Substitute Instructor for Driver's Education & Traffic Safety Program	$34.56 Per Hour / As Needed / Funding Source: General	July 1, 2024 - August 1, 2024
Hartley	Marcus		Position ID# 240411002	Instructor for Driver's Education & Traffic Safety Program	$34.56 Per Hour / As Needed / Funding Source: General	May 30, 2024 - June 20, 2024
Hartley	Marcus		Position ID# 240411002	Instructor for Driver's Education & Traffic Safety Program	$34.56 Per Hour / As Needed / Funding Source: General	July 1, 2024 - August 1, 2024
Hite	Jennifer			Planning, Tutoring, and Test Administration	Regular Hourly Rate / Maximum 9 Hours / Funding Source: Federal	May 6, 2024 - May 11, 2024
Johns	Michelle			New Teacher Training	$24.53 Per Hour / Maximum 6 Hours / Funding Source: Federal	August 1, 2024
Kennon	Leigh Ann			Summer VPK Substitute Teacher	Regular Hourly Rate / As Needed / Funding Source: General	June 11, 2024 - July 9, 2024

EXTRA DUTY LIST FOR APPROVAL ON MAY 6, 2024						
LAST NAME	**FIRST NAME**	**MI**	**SPECIAL NOTE**	**DESCRIPTION**	**AMOUNT**	**EFFECTIVE DATES**
King	Jennifer			Summer VPK Substitute Teacher	Regular Hourly Rate / As Needed / Funding Source: General	June 11, 2024 - July 9, 2024
McDonald	Emily			Summer VPK Substitute Teacher	Regular Hourly Rate / As Needed / Funding Source: General	June 11, 2024 - July 9, 2024
McGee	Ryan			Attend FDOE Secondary Summer Literacy Institute	$24.53 Per Hour / Maximum 15 Hours / Funding Source: Federal	June 25, 2024 - June 26, 2024
McLarty	Kelly			Summer VPK Substitute Teacher	Regular Hourly Rate / As Needed / Funding Source: General	June 11, 2024 - July 9, 2024
Melton	Rachaelle			Attend FDOE Secondary Summer Literacy Institute	$24.53 Per Hour / Maximum 15 Hours / Funding Source: Federal	June 25, 2024 - June 26, 2024
Moore	Richard			Attend FDOE Secondary Summer Literacy Institute	$24.53 Per Hour / Maximum 15 Hours / Funding Source: Federal	June 25, 2024 - June 26, 2024
Mosley	Pamela			Planning, Tutoring, and Test Administration	Regular Hourly Rate / Maximum 10 Hours / Funding Source: Federal	May 6, 2024 - May 11, 2024
Nettles	Lisa			VPK Summer School Teacher (One Additional Hour Per Day Beyond Regular Contractual Time)	Regular Hourly Rate / Maximum 10 Hours / Funding Source: General	May 13, 2024 - May 24, 2024
Nettles	Lisa			VPK Summer School Teacher	Regular Hourly Rate / Maximum 300 Hours / Funding Source: General	May 28, 2024 - July 16, 2024
Payne	Jennifer			Test Administration	Regular Hourly Rate / Maximum 4 Hours / Funding Source: Federal	May 6, 2024 - May 11, 2024

EXTRA DUTY LIST FOR APPROVAL ON MAY 6, 2024						
LAST NAME	**FIRST NAME**	**MI**	**SPECIAL NOTE**	**DESCRIPTION**	**AMOUNT**	**EFFECTIVE DATES**
Reagan	Elisa			Adult Education Teacher, Part Time	$31.17 Per Hour / As Needed / Funding Source: Federal	July 1, 2024 - June 30, 2025
Register	Scott			Adult Education Teacher, Part Time	$34.56 Per Hour / As Needed / Funding Source: Federal	July 1, 2024 - June 30, 2025
Rhoden	Julie			Summer VPK Substitute Teacher	Regular Hourly Rate / As Needed / Funding Source: General	June 11, 2024 - July 9, 2024
Taylor	Kelsey			Summer VPK Substitute Teacher	Regular Hourly Rate / As Needed / Funding Source: General	June 11, 2024 - July 9, 2024
Tubbs	Miranda			Summer VPK Substitute Teacher	Regular Hourly Rate / As Needed / Funding Source: General	June 11, 2024 - July 9, 2024
West	April Kirsty			Attend FDOE Secondary Summer Literacy Institute	$24.53 Per Hour / Maximum 15 Hours / Funding Source: Federal	June 25, 2024 - June 26, 2024
Wheeler	Stephanie			Test Administration	Regular Hourly Rate / Maximum 4 Hours / Funding Source: Federal	May 6, 2024 - May 11, 2024
Willoughby	Jana			Attend FDOE Secondary Summer Literacy Institute	$24.53 Per Hour / Maximum 15 Hours / Funding Source: Federal	June 25, 2024 - June 26, 2024

SUPPLEMENT LIST FOR APPROVAL ON MAY 6, 2024						
LAST NAME	**FIRST NAME**	**SPECIAL NOTE**	**LOCATION**	**DESCRIPTION**	**AMOUNT**	**EFFECTIVE DATES**
Collige	Suzette		Student Services	Mental Health Counselor	Board Approved Rate	2024-2025
Deel	Ellen		Student Services	Staffing Specialist	Board Approved Rate	2024-2025
Driggers	Jessica		Student Services	ESE Paraprofessional	Board Approved Rate	2024-2025

SUPPLEMENT LIST FOR APPROVAL ON MAY 6, 2024						
LAST NAME	**FIRST NAME**	**SPECIAL NOTE**	**LOCATION**	**DESCRIPTION**	**AMOUNT**	**EFFECTIVE DATES**
Finley	Blane		Baker County High School	Boys Varsity Head Basketball Coach	Board Approved Rate	2024-2025
Green	Chariot		Baker County Pre-K / Kindergarten Center	Late Bus Duty	Board Approved Rate	2023-2024 (Prorate Effective March 26, 2024)
Griffis	Lily		Student Services	Mental Health Counselor	Board Approved Rate	2024-2025
Johnson	Peyton		Student Services	Mental Health Counselor	Board Approved Rate	2024-2025 (Prorate Through September 30, 2024)
Kennedy	Madison		Student Services	Mental Health Counselor	Board Approved Rate	2024-2025
Manalo	Lara		Student Services	School Psychologist	Board Approved Rate	2024-2025
Myer	Deanne		Student Services	Staffing Specialist	Board Approved Rate	2024-2025
Parker	Cassandra		Student Services	Case Manager	Board Approved Rate	2024-2025
Roberts	Tyler	Shared with Morgan Spencer	Baker County Middle School	Assistant Softball Coach	Board Approved Rate - Shared	2023-2024
Volner	Brynne		Student Services	Specialist / Manager Psychologist	Board Approved Rate	2024-2025
Walters	Gina		Student Services	School Psychologist	Board Approved Rate	2024-2025
Webb	Staci		Student Services	Mental Health Counselor	Board Approved Rate	2024-2025
Willoughby	Jana	For Justin MacFarlane	Baker County Middle School	Peer Teacher	Board Approved Rate	2023-2024 (Prorate Effective January 8, 2024)

STIPEND LIST FOR APPROVAL ON MAY 6, 2024					
LAST NAME	**FIRST NAME**	**MI**	**ASSIGNMENT**	**AMOUNT**	**EFFECTIVE**
Anger	Tracy		Annual Reading Stipend: 2023-2024 School Year	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Blackshear	Tabitha		NEFEC Rural Connect Summer Literacy Institute	$125.00 Flat Rate Per Day / Maximum 4 Days / Funding Source: General	June 24, 2024 - June 27, 2024
Brantley	Kaley		PLCP Mentor to Allison Allen - Year 2	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Carver	Andrea		Annual Reading Stipend: 2023-2024 School Year	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Combs	Stephanie		NEFEC Rural Connect Summer Literacy Institute	$125.00 Flat Rate Per Day / Maximum 4 Days / Funding Source: General	June 24, 2024 - June 27, 2024
Combs	Stephanie		PLCP Mentor to Meara Carter - Year 2	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Combs	Tiffany		PLCP Mentor to Valerie Pettibone - Year 2 / Shared With Ivelise Viera	$250.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Crews	Rebecca		PLCP Mentor to Jessalyn Davis - Year 2	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Davis	Jessalyn		NEFEC Rural Connect Summer Literacy Institute	$125.00 Flat Rate Per Day / Maximum 4 Days / Funding Source: General	June 24, 2024 - June 27, 2024
Dugger	Tabitha		PLCP Mentor to Collin Crews - Year 2	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Eiserman	Melissa		NEFEC Rural Connect Summer Literacy Institute	$125.00 Flat Rate Per Day / Maximum 4 Days / Funding Source: General	June 24, 2024 - June 27, 2024
Ferguson	Kathryn		NEFEC Rural Connect Summer Literacy Institute	$125.00 Flat Rate Per Day / Maximum 4 Days / Funding Source: General	June 24, 2024 - June 27, 2024
Goodwin	Sandra		NEFEC Rural Connect Summer Literacy Institute	$125.00 Flat Rate Per Day / Maximum 4 Days / Funding Source: General	June 24, 2024 - June 27, 2024

STIPEND LIST FOR APPROVAL ON MAY 6, 2024					
LAST NAME	**FIRST NAME**	**MI**	**ASSIGNMENT**	**AMOUNT**	**EFFECTIVE**
Griffin	Andrea		NEFEC Rural Connect Summer Literacy Institute	$125.00 Flat Rate Per Day / Maximum 4 Days / Funding Source: General	June 24, 2024 - June 27, 2024
Griffin	Andrea		PLCP Mentor to Marina Mixon - Year 3	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Hand	Daphne		PLCP Mentor to Alia Jones - Year 2	$250.00 Flat Rate - Prorated / Funding Source: Federal	August 2, 2023 - December 22, 2023
Hand	Peggy		PLCP Mentor to Valerie Mazzanoble - Year 2	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Harris	Pamela		PLCP Mentor to Ashley Holton - Year 1	$1,000.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Henderson	Sherri		NEFEC Rural Connect Summer Literacy Institute	$125.00 Flat Rate Per Day / Maximum 4 Days / Funding Source: General	June 24, 2024 - June 27, 2024
Hollingsworth	Lacey		NEFEC Rural Connect Summer Literacy Institute	$125.00 Flat Rate Per Day / Maximum 4 Days / Funding Source: General	June 24, 2024 - June 27, 2024
Holton	Ashley		Annual Reading Stipend: 2023-2024 School Year	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Hunt	Kathryn		PLCP Mentor to Robert Sharpe - Year 1	$1,000.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Hurst	Venus		PLCP Mentor to Kristopher Waite - Year 1	$1,000.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Johns	Michelle		NEFEC Rural Connect Summer Literacy Institute	$125.00 Flat Rate Per Day / Maximum 4 Days / Funding Source: General	June 24, 2024 - June 27, 2024
Johnson	Gregory		PLCP Mentor to Hunter Burnsed - Year 1	$1,000.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Kittrell	Jessica		PLCP Mentor to Joseph Wallace - Year 2	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Kittrell	Jessica		PLCP Mentor to Camryn Payne - Year 1	$1,000.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024

STIPEND LIST FOR APPROVAL ON MAY 6, 2024					
LAST NAME	**FIRST NAME**	**MI**	**ASSIGNMENT**	**AMOUNT**	**EFFECTIVE**
Lane	Kimbra		PLCP Mentor to Heather Adams - Year 2	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Mays	Erica		PLCP Mentor to Jarred Spurlock - Year 2	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
McLarty	Kelly		PLCP Mentor to Brianna Dove - Year 2	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Melton	Rachaelle		Annual Reading Stipend: 2023-2024 School Year	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Minshew	Lesley		PLCP Mentor to Autumn Couture - Year 1	$1,000.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Morgan	Kendra		PLCP Mentor to Richard Crews - Year 2	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Murphy	Bryan		PLCP Mentor to Rena Hamel - Year 2	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Nettles	Lisa		PLCP Mentor to Mark Rogers - Year 1	$1,000.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Salazar	Kimberly Paige		NEFEC Rural Connect Summer Literacy Institute	$125.00 Flat Rate Per Day / Maximum 4 Days / Funding Source: General	June 24, 2024 - June 27, 2024
Sharpe	Robert		NEFEC Rural Connect Summer Literacy Institute	$125.00 Flat Rate Per Day / Maximum 4 Days / Funding Source: General	June 24, 2024 - June 27, 2024
Taylor	Angela		NEFEC Rural Connect Summer Literacy Institute	$125.00 Flat Rate Per Day / Maximum 4 Days / Funding Source: General	June 24, 2024 - June 27, 2024
Taylor	Bridget		PLCP Mentor to Allison Vida - Year 1	$1,000.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Taylor	Bridget		PLCP Mentor to Clayton Blackshear - Year 2	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Taylor	Bridget		PLCP Mentor to Kimberly Smith Jennings - Year 2	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024

STIPEND LIST FOR APPROVAL ON MAY 6, 2024					
LAST NAME	**FIRST NAME**	**MI**	**ASSIGNMENT**	**AMOUNT**	**EFFECTIVE**
Taylor	Rodney Quentin		PLCP Mentor to Makena Bryant - Year 2	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Taylor	Rodney Quentin		PLCP Mentor to Tabitha Blackshear - Year 2	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Thrift	Pamela Joy		Annual Reading Stipend: 2023-2024 School Year	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Viera	Ivelise		PLCP Mentor to Valerie Pettibone - Year 2 / Shared With Tiffany Combs	$250.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Wall	Molly		PLCP Mentor to Traci Mann - Year 1	$1,000.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
West	April Kirsty		Annual Reading Stipend: 2023-2024 School Year	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
West	April Kirsty		PLCP Mentor to Brianna MacFarlane - Year 2	$500.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024
Willoughby	Jana		PLCP Mentor to Richard Moore - Year 1	$1,000.00 Flat Rate / Funding Source: Federal	August 2, 2023 - May 29, 2024

OCCASIONAL PERSONNEL STAFFING LIST FOR APPROVAL ON MAY 6, 2024				
LAST NAME	**FIRST NAME**	**DESCRIPTION**	**AMOUNT**	**EFFECTIVE DATES**
Harrison	Robert	Driver's Education Instructor - Summer 2024	$34.56 Per Hour / As Needed / Funding Source: General	April 29, 2024 - June 30, 2024
Harrison	Robert	Driver's Education Instructor - Summer 2024	$34.56 Per Hour / As Needed / Funding Source: General	July 1, 2024 - August 1, 2024

LEAVE LIST FOR APPROVAL ON MAY 6, 2024					
LAST NAME	**FIRST NAME**	**MI**	**# OF DAYS**	**TYPE OF LEAVE**	**EFFECTIVE DATES**
Bennett	Andrea		31 Days	Personal Leave Without Pay - Extended	April 16, 2024 - May 29, 2024
Brigmon	Deanna		12.27 Days	Personal Leave Without Pay - Medical	April 17, 2024 - May 6, 2024
Gregory	Sandra		197 Days	Personal Leave Without Pay - Extended	August 2, 2024 - May 30, 2025
Wall	Molly		.37 Day	Illness in the Line of Duty	April 16, 2024

SUBSTITUTE LIST FOR APPROVAL ON MAY 6, 2024					
LAST NAME	**FIRST NAME**	**MI**	**DESCRIPTION**	**AMOUNT**	**EFFECTIVE DATES**
Harrison	Lori		Substitute in all areas pending completion of necessary requirements except Substitute Teacher	Board Approved Rate	April 8, 2024
Higginbotham	Crystal		Substitute in all areas pending completion of necessary requirements except Substitute Teacher	Board Approved Rate	April 12, 2024
Jackson	Lillie		Substitute in all areas pending completion of necessary requirements except Substitute Teacher	Board Approved Rate	April 22, 2024
Masterson	Daniel		Substitute in all areas pending completion of necessary requirements except Substitute Teacher	Board Approved Rate	April 22, 2024

AGENDA ITEM NO. 8.2

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE: May 6, 2024

SUBMITTED BY: Sherrie Raulerson - (259-0401)

ITEM TYPE: Minutes

AGENDA SECTION: **APPROVAL OF ROUTINE ITEMS**

SUBJECT: Approval of the Minutes of the April 15, 2024, Expulsion Hearing.

ATTACHMENTS:
05.06.2024.Approval of 04.15.2024.Expulsion Hearing Minutes_S.Raulerson.pdf

Baker County Public Schools

MINUTES
EXPULSION HEARING (CLOSED TO THE PUBLIC)
Monday, April 15, 2024 - 3:30 PM
District Board Room (270 South Boulevard East, Macclenny, Florida 32063)
Minute Book #40 / Supplemental Book #52 / Page #16

"The Vision of the Baker County School Board is to prepare individuals to be lifelong learners, self-sufficient and responsible citizens of good character."

Expulsion Hearing - Closed to the Public:

DATE	TIME	TYPE	CASE #	SCHOOL
April 15, 2024	3:30 p.m.	Expulsion Hearing	041520243300174	Baker County High School

Case #041520243300174 / Baker County High School

The Baker County School Board met on Monday, April 15, 2024, at 3:30 p.m. in the District School Board Room located at 270 South Boulevard East, Macclenny, Florida. The purpose of this meeting was to hold a closed expulsion hearing on Baker County High School student case #041520243300174. The following Board Members were present to wit: Chairperson Tiffany McInarnay, Vice-Chairperson Jack Baker Jr., Amanda Hodges, and Mandi Canaday. Board member Paula T. Barton was not present for the closed hearing. Superintendent Sherrie Raulerson and School Board Attorney Jeffrey Grosholz were both present at the closed hearing. The student nor a student representative were present for the closed hearing.

Chairperson McInarnay called the closed expulsion hearing to order on Baker County High School student case #041520243300174 and then turned the proceedings over to Superintendent Raulerson. After hearing the evidence and testimonies presented, Superintendent Raulerson made the recommendation to expel Baker County High School student case #041520243300174 from the Baker County Public Schools for the remainder of the 2023-2024 school year and the first semester of the 2024-2025 school year which also includes the Adult Education Program, as well as, all school sponsored activities. The recommendation includes that Baker County High School student case #041520243300174 is not eligible for the early re-entry program. Upon returning to the Baker County Public Schools, Baker County High School student case #041520243300174 must re-enter through the Baker County CATS Academy alternative school setting for a minimum of forty-five (45) days. As recommended by Superintendent Raulerson, Mandi Canaday made a motion to approve, seconded by Amanda Hodges. The motion carried 4-0.

_____ _____

Superintendent Board Chairperson

AGENDA ITEM NO. 8.3

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE: May 6, 2024

SUBMITTED BY: Sherrie Raulerson - (259-0401)

ITEM TYPE: Minutes

AGENDA SECTION: **APPROVAL OF ROUTINE ITEMS**

SUBJECT: Approval of the Minutes of the April 15, 2024, School Board Meeting.

ATTACHMENTS:
05.06.2024.Approval of 04.15.2024.Minutes_S.Raulerson.pdf

Baker County Public Schools

MINUTES
SCHOOL BOARD MEETING (OPEN TO THE PUBLIC)
Monday, April 15, 2024 - 5:00 PM
Baker County High School (1 Wildcat Drive, Glen St. Mary, Florida 32040)
Minute Book #40 / Supplemental Book #52 / Page #16

"The Vision of the Baker County School Board is to prepare individuals to be lifelong learners, self-sufficient and responsible citizens of good character."

1. INVOCATION AND PLEDGE OF ALLEGIANCE

The Baker County School Board met on Monday, April 15, 2024, at 5:00 p.m. at Baker County High School located at 1 Wildcat Drive, Glen St. Mary, Florida 32040. The purpose of this meeting was to hold the regularly scheduled Board meeting. Chairperson Tiffany McInarnay announced that Jack Baker was going to give the invocation followed by the Pledge of Allegiance led by student London Hite.

2. CALL TO ORDER

Chairperson McInarnay called the meeting of the Baker County School Board to order and asked for a roll call of members.

3. ROLL CALL OF MEMBERS

The following Board Members were present to wit: Chairperson Tiffany McInarnay, Vice-Chairperson Jack Baker Jr., Amanda Hodges, and Mandi Canaday. Board member Paula T. Barton was not present for the meeting. Superintendent Sherrie Raulerson and School Board Attorney Jeffrey Grosholz were both present at the meeting.

4. PUBLIC HEARINGS

There were no public hearings at this meeting.

5. RECOGNITIONS / PRESENTATIONS

5.1 Recognize Dopson Family Medical Center

Representatives from Dopson Family Medical Center were not present for the meeting. Superintendent Raulerson will deliver the plaque given in appreciation of their contributions in providing free sports physicals to student athletes in the Baker County School System.

5.2 Recognize Baker County High School and Baker County Middle School Students for Outstanding Academic Achievement - Perfect Score on Spring 2023 State Assessments

Superintendent Raulerson presented each student with a certificate signed by Department of Education Commissioner Manny Diaz Jr. and an additional certificate from herself in honor of their outstanding academic achievement.

5.3 Recognize Academic Achievers from the Macclenny and Glen Communities in Grades 6-12

Superintendent Raulerson, Board Members, and the respective principals congratulated the Academic Achievers. The student honorees were presented with a school certificate, Woody's BBQ meal certificate, academic achiever wristband, and a paw pride medallion.

6. APPROVAL TO CORRECT AND / OR ADD ITEMS TO THE FINAL AGENDA

There were no corrections or additions to the agenda. Therefore, no action was taken on this agenda item.

7. REMOVAL OF ROUTINE ITEMS

Chairperson McInarnay asked if any Board member wished to remove a routine item for separate consideration. Hearing none, she continued with the items for action.

8. APPROVAL OF ROUTINE ITEMS

Chairperson McInarnay entertained a motion from the Board to approve the routine items. As recommended by Superintendent Raulerson:
Jack Baker Jr. made a motion to approve the routine items, seconded by Mandi Canaday. The motion carried 4-0.

8.1 Approval of the Personnel Items List for Approval on April 15, 2024.

8.2 Approval of the Minutes of the April 1, 2024, Executive Session.

8.3 Approval of the Minutes of the April 1 2024, Expulsion Hearing.

8.4 Approval of the Minutes of the April 1 2024, Expulsion Hearing.

8.5 Approval of the Minutes of the April 1 2024, Expulsion Hearing.

8.6 Approval of the Minutes of the April 1, 2024, School Board Meeting.

8.7 Approval of Amendment #9 to Grant Proposal ARP ESSER III: General Fund and Learning Loss in the Amount of $199,871.04 with No Change in Total Budget of $8,748,204.00. Federal / Amendment / No Matching

8.8 Approval of Amendment #6 for the Intensive Afterschool and Weekend Academies Grant in the Amount of $50,650.80. No Change in Total Budget of $432,960.00. Amendment / Federal / No Matching

8.9 Approval of Amendment #3 to Grant Proposal "Title I, Part A: Improving the Academic Achievement of the Disadvantaged" in the Amount of $68,968.33 for a New Total Budget of $1,469,686.33. Amendment / Federal / No Matching

8.10 Approval of Amendment #4 to Grant Proposal for "ARP Summer Learning Camps" in the Amount of $455.61 with No Change in Total Budget of $273,677.00. Amendment / Federal / No Matching

8.11 Approval of Amendment #3 for "American Rescue Plan - Homeless Children and Youth (ARP-HCY) Project" in the Amount of $6,043.71. No Change in Overall Budget of $33,662.00. Amendment / Federal / No Matching

8.12 Approval of Amendment #2 to Grant Proposal for "Title V, Part B: Rural & Low Income School Program" in the Amount of $29,200.00. No Change in Overall Budget of $146,774.00. Amendment / Federal / No Matching

8.13 Approval of Amendment #2 for "Targeted Mathematics and Experiential STEM Activities" Grant in the Amount of $30,305.00. No Change in Total Budget of $257,233.00. Amendment / Federal / No Matching

8.14 Approval of the Budget Amendment #4 for the "Title II, Part A Supporting Effective Instruction" Grant in the Amount of $31,280.57 for a New Total Budget of $346,947.85. Amendment / Federal / No Matching

8.15 Approval of the Budget Amendment #1 for the "Title IV Student Support and Academic Enrichment" Grant in the Amount of $17,708.93 for a New Total Budget of $132,999.95. Amendment / Federal / No Matching

8.16 Approval of Grant Proposal "Workforce Development Capitalization Incentive" in the Amount of $203,000.00. New / Other / No Matching

8.17 Approval of the Data Sharing Agreement with Today Foundation.

8.18 Approval of Out of State Travel for Tonya Tarte to Attend the 2024 Annual National Conference of the School Nutrition Association in Boston, Massachusetts on July 13 - 16, 2024. Funding Source: Nutrition Services

8.19 Approval of Agreement with The School Board of Seminole County on Behalf of the East Coast Technical Assistance Center (ECTAC) for Technical Assistance to Baker County Title I and Other Specified Elementary and Secondary EdAct (ESEA) Programs.

8.20 Approval of Out of State Field Trip on May 11, 2024, to Wild Adventures Theme Park in Valdosta, Georgia, for BCMS Band Students and Staff Chaperones. (Traveling by School Bus)

9. APPROVAL OF ITEMS FOR ACTION

9.1 Approval of Removed Routine Items.
There were no removed routine items. Therefore, no action was taken on this agenda item.

9.2 Approval of the Annual District Florida Inventory of School Houses (FISH) Report.
Chairperson McInarnay entertained a motion from the Board to approve this agenda item. As recommended by Superintendent Raulerson:
Amanda Hodges made a motion to approve, seconded by Mandi Canaday. The motion carried 4-0.

9.3 Approval of the Baker County Pre-K Program Fee Schedules for the 2024-2025 School Year.
Chairperson McInarnay entertained a motion from the Board to approve this agenda item. As recommended by Superintendent Raulerson:
Mandi Canaday made a motion to approve, seconded by Jack Baker Jr.. The motion carried 4-0.

9.4 Approval of the 2024-2025 Payroll Schedules and Voucher Schedule.
Chairperson McInarnay entertained a motion from the Board to approve this agenda item. As recommended by Superintendent Raulerson:
Jack Baker Jr. made a motion to approve, seconded by Amanda Hodges. The motion carried 4-0.

9.5 Approval of the Beginning and Ending Work Dates for Fiscal Year 2024-2025 Employees Working Less Than 240 Days.
Chairperson McInarnay entertained a motion from the Board to approve this agenda item. As recommended by Superintendent Raulerson:
Mandi Canaday made a motion to approve, seconded by Amanda Hodges. The motion carried 4-0.

9.6 Approval of the 2024-2025 240-Day Employee Work Schedule.
Chairperson McInarnay entertained a motion from the Board to approve this agenda item. As recommended by Superintendent Raulerson:
Amanda Hodges made a motion to approve, seconded by Jack Baker Jr.. The motion carried 4-0.

9.7 Approval of the 2024-2025 Holiday Calendar for Twelve Month Personnel.
Chairperson McInarnay entertained a motion from the Board to approve this agenda item. As recommended by Superintendent Raulerson:
Mandi Canaday made a motion to approve, seconded by Jack Baker Jr.. The motion carried 4-0.

9.8 Approval to De-authorize and Dispose of Itemized Property on the Baker County High School Property List. (Obsolete / Broken Beyond Repair Items Will be Disposed of When Possible.)
Chairperson McInarnay entertained a motion from the Board to approve this agenda item. As recommended by Superintendent Raulerson:

Jack Baker Jr. made a motion to approve, seconded by Amanda Hodges. The motion carried 4-0.

9.9 Approval to Adopt 2024-2025 Social Studies Instructional Materials / Textbooks. (Itemized List Included.)
Chairperson McInarnay entertained a motion from the Board to approve this agenda item. As recommended by Superintendent Raulerson:
Amanda Hodges made a motion to approve, seconded by Mandi Canaday. The motion carried 4-0.

9.10 Approval to Seek Request for Qualifications for Architectural / Engineering Services Related to the Construction of a New Middle School Facility.
Chairperson McInarnay entertained a motion from the Board to approve this agenda item. As recommended by Superintendent Raulerson:
Mandi Canaday made a motion to approve, seconded by Jack Baker Jr.. The motion carried 4-0.

10. CITIZEN INPUT

A Citizen Input form must be completed and submitted to the Board Secretary PRIOR to the beginning of the meeting if you wish to address the Board. You will be called on by the Chairman at the appropriate time. Presentations/comments are limited to three (3) minutes.
No individual in the audience addressed the Board with citizen concerns at this meeting.

11. INFORMATION AND ANNOUNCEMENTS

Superintendent Raulerson thanked the administrators for all that they do each and everyday for their students and staff.

Superintendent Raulerson reminded everyone that Teacher Appreciation Week would be observed April 29 - May 3, 2024.

12. ADJOURNMENT

Since there was no further business to come before the Board:
Mandi Canaday made a motion to adjourn, seconded by Jack Baker Jr.. The motion carried via general consensus 0-0.

_____ _____

Superintendent Board Chairperson

AGENDA ITEM NO. 8.4

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE:	May 6, 2024
SUBMITTED BY:	Thomas Hill - (259-0429)
ITEM TYPE:	Agreement
AGENDA SECTION:	**APPROVAL OF ROUTINE ITEMS**
SUBJECT:	Approval of Florida Virtual School Virtual Learning Lab Agreement. (July 1, 2024 - June 30, 2027)

ATTACHMENTS:
05.06.2024.Approval of Virtual Learning Lab Agreement_T.Hill.pdf

Baker County Public Schools
Sherrie Raulerson, Superintendent of Schools
270 South Boulevard East, Macclenny, Florida 32063
Telephone: (904) 259-6251 www.bakerk12.org Fax: (904) 259-1387

April 8, 2024

Mrs. Sherrie Raulerson, Superintendent of Schools
Baker County School Board Members
270 South Boulevard East
Macclenny, FL 32063

Dear Superintendent Raulerson and School Board Members:

The purpose of this letter is to request School Board approval of the attached Virtual Learning Lab Agreement between Florida Virtual School and the Baker County School District.

In this agreement, the district submits the FTE for the student. FLVS will bill the district $350 per 1/2 credit enrollment once the student completes the segment. This agreement will be for three academic school years beginning July 1, 2024, and concluding June 30, 2027.

Please do not hesitate to contact me with any questions that you may have about this contract.

Sincerely,

Thomas Hill

Thomas Hill
Executive Director of Teaching and Learning
(904) 259-0429

VIRTUAL LEARNING LAB AGREEMENT
by and between
FLORIDA VIRTUAL SCHOOL
and
THE SCHOOL BOARD OF BAKER COUNTY, FLORIDA
[DOE Master School Identification Number: 02]

This Virtual Learning Lab Agreement ("Agreement") is entered into by and between Florida Virtual School ("FLVS") and The School Board of Baker County, Florida ("District"), collectively referred to hereinafter as the "Parties" or "Party."

WHEREAS, FLVS is a corporate body and political subdivision of the State of Florida which serves a component of Florida's Early Learning-20 Education System; and

WHEREAS, the District is a corporate body and political subdivision of the State of Florida which governs and controls the above-named School District; and

WHEREAS, the District desires to utilize FLVS services as a Virtual Learning Lab ("VLL"), providing an innovative learning solutions for students; and

WHEREAS, the Parties find the terms of this Agreement mutually beneficial and in the best interests of the students and families which they both serve.

NOW, THEREFORE, in consideration of the mutual covenants, terms, and conditions set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

INCORPORATION OF RECITALS

The foregoing recitals are true, correct, and incorporated herein by reference.

1. DEFINITIONS

a) "Affiliate" means any person or entity directly or indirectly controlling, controlled by, or under common control of another person or entity. "Control" as used here means the legal, beneficial, or equitable ownership, directly or indirectly, of more than fifty percent (50%) of the aggregate of all voting interest in such entity.

b) "Authorized Third Parties" means any non-employee agent, representative, independent contractor, sub-contractor, or consultant of the District whose duties or services require or include access to or use of the Licensed Materials on behalf of or at the direction of the District.

c) "Authorized Users" means District personnel directly employed by the District whose duties require or include access to or use of the Licensed Materials.

d) "Completion" means "Successful Completion" and "Completed Failing." "Successful Completion" means any half credit enrollment which achieves a completed status with a final grade higher than F, as issued through the final grade report in the Virtual School Administrator. "Completed Failing" means any half credit enrollment which achieves a completed status with a final grade of F, as issued through the final grade report in the Virtual School Administrator.

e) "Confidential Information" means (i) all information of either Party or its Affiliates or of third persons to whom the Party owes a duty of confidence that is marked confidential, restricted, or proprietary, or that may reasonably be considered as confidential from its nature or from the circumstances surrounding its disclosure; and (ii) the Licensed Materials.

f) "Data" means District information entered into the LMS or VSA to include, but not limited to, student, staff, school, and parent information.

g) "Intellectual Property" means proprietary commercial, industrial, and intellectual products and property (both tangible and intangible) as well as proprietary designs, information, processes, ideas, inventions, copyrights, trademarks, service marks, patents, trade secrets, and other legal rights and privileges held by FLVS, including those associated with and/or arising from the Licensed Materials.

h) "Intellectual Property Rights" includes all worldwide intellectual and industrial property rights including all rights in each country to copyrights, trademarks, service marks, patents, inventions, industrial designs, trade secrets, trade dress, and all other proprietary rights.

i) "Learning Management Systems" or "LMS" means the software-based system that must be utilized to access the FLVS courses and course components.

j) "Licensed Materials" means the FLVS courses, course components, assessments, third-party components, Learning Management System (LMS), and Virtual School Administrator (VSA).

k) "Virtual School Administrator" or "VSA" means the FLVS student information and registration system.

2. LICENSE GRANT

FLVS grants to the District a restricted, non-exclusive, non-transferable license to use the Licensed Materials beginning as of the date upon which the Agreement is fully executed by both Parties and terminating pursuant to Section 3, "Term" of this Agreement. The District acknowledges and agrees that the Licensed Materials may only be accessed and used by Authorized Users and Authorized Third Parties for purposes of academic instruction and assessment of District students in accordance with this Agreement. Any other access or use of the Licensed Materials is strictly prohibited.

3. TERM

The term of this Agreement commences as of the date upon which it is fully executed by both Parties and ends on the term checked below (the "Term"). The District acknowledges that if the three (3) year term below is selected, the Completion price will be subject to modification prior to the start of each academic school year at the sole discretion of FLVS.

District hereby agrees to accept said VLL Agreement for:

___ one (1) academic school year term, July 1, 2024, through June 30, 2025

__**X**__ three (3) academic school year terms, July 1, 2024, through June 30, 2027

4. DISTRICT OBLIGATIONS

The District shall:

a) Complete an accurate and timely (pursuant to Section 7, "Notice in Advance of Start Date" of this Agreement), reservation in VSA to secure courses, subject to approval by FLVS.

b) Select academically appropriate courses by the dates set forth under Section 7, "Notice in Advance of Start Date" of this Agreement for the following enrollment periods:

- Fall: March 18 to August 30.
- Spring: November 15 to January 24.
- Summer: April 1 to June 1.

c) Provide FLVS with a complete student information roster with the minimum data requirements (last name, first name, date of birth, gender, and grade level). Noncompliance with this provision will result in FTE reported by FLVS.

d) Designate a Virtual Learning Lab facilitator to monitor students. It is not required that the facilitator be a certified instructor.

e) Grant computer access to enrolled students, along with the minimum technology required to utilize FLVS services[1].

f) Provide two-way long-distance communication access for FLVS Instructor – student phone calls.

g) Provide access to stakeholders involved in the success of the VLL for training and communications from FLVS.

h) Ensure parental notification of student's participation in the District VLL.

i) Report and collect the proper full-time equivalent ("FTE") student status, pursuant to Section 1011.61, Florida Statutes, associated with enrollments.

j) Uphold and support the FLVS policies regarding Academic Integrity set forth in Section 8, "Academic Integrity in the VLL" of this Agreement by helping to minimize individual student violations and hold students accountable who do not follow FLVS and District policies relating to academic integrity.

k) Monitor student progress and communicate with teachers to ensure students complete courses according to their pace chart. Students are expected to work weekly and must be completed with the course segment by the end of the semester in which the course was started.

5. FLVS OBLIGATIONS

FLVS shall provide to the District:

a) Appropriate training for the District VLL facilitator, including VLL support strategies.

b) Appropriate training for the District counselor(s) involved in the VLL.

c) Appropriate training for District administration related to the VLL.

d) A registration process specifically designed for VLL students.

[1] Said minimum requirements are set forth at https://www.flvs.net/student-resources/system-requirements.

e) Ongoing virtual and/or face-to-face support from an FLVS instructor, District Relations Manager, Blended Learning Specialist, and/or FLVS support staff.

f) Qualified, Florida state-certified instructors who will provide direct instruction using synchronous teaching methods.

g) Evaluation and support of all members of the District VLL.

h) Progress monitoring tools at District, student, and school level.

i) Invoices for Completions.

j) Data required for FTE reporting by the District to the Florida Department of Education.

6. FEES AND PAYMENT

FLVS will invoice the District three hundred and fifty dollars ($350.00) for each Completion. The District shall pay the invoice within thirty (30) days of receipt of the undisputed invoice in accordance with the local Government Prompt Payment Act. Any fees associated with Advanced Placement and Industry Certification examinations will be the responsibility of the school or District reporting the FTE.

Invoice Schedule: District/School will be invoiced for enrollments that have completed during each billing cycle (the Completions), and all Completions will be further identified by status "Successful Completion" or "Completed Failing" in VSA. The billing cycle is outlined in the table below.

Cycle	Enrollment Data Date Range	Invoice Sent On or Before
Cycle 1	July – October	November 30th
Cycle 2	November – February	March 31st
Cycle 3	March – June	June 30th
Cycle 4	True-up/Enrollments not captured in previous cycle	July 31st

Billing Contacts:

District Baker County School District	**Florida Virtual School**
Name: Thomas Hill	**Name:** Mihaela Brehoi
School/District Address: 270 S Blvd East, Macclenny, FL 32063	**Address:** 5422 Carrier Drive, Suite 201, Orlando, FL 32819
Email: thomas.hill@bakerk12.org	**Email**: mbrehoi@flvs.net
Telephone No.: 904-259-0404	**Telephone No.:** 407-513-3615

7. NOTICE IN ADVANCE OF START DATE

The District shall provide FLVS with notice regarding the number of seats needed for the District VLL. Said notice shall contain a formal request of course(s) submitted via the VSA, and shall be submitted prior to the District VLL start date as follows:

a) two (2) to twenty-nine (29) students no less than ten (10) days; and

b) thirty (30) to one hundred forty-nine (149) students no less than thirty (30) days; and

c) one hundred fifty (150) or greater students no less than sixty (60) days' notice.

In addition to the notice described in this Section, the District shall provide FLVS with a list of registered students no later than ten (10) days prior to the District VLL start date.

Failure to comply with this subsection may result in one or more of the following, subject to FLVS' sole discretion: (1) a delay to the District VLL start date, (2) students may be enrolled in the FLVS Flex program, and any FTE sharing shall apply for students not enrolled in the District VLL, or (3) denial of future lab request(s).

8. ACADEMIC INTEGRITY IN THE VLL

To ensure the highest standards of academic integrity, FLVS instructors shall: (1) act as a resource for student questions, (2) submit various assignments into the Turnitin.com database or, upon prior notice to the District, any subsequent system utilized by FLVS, (3) coordinate any academic integrity issues with the lab facilitator, their Instructional Leader, and Academic Integrity Support Personnel, (4) verify student mastery of content through Discussion-Based Assessments and authentic assessments, and (5) convey incidents and consequences to the District VLL student(s) and facilitator(s).

District facilitators shall: (1) provide supervision through close proximity while circulating the lab, (2) encourage students to seek support from FLVS Instructors, (3) encourage students to seek support from the facilitator, (4) discourage inappropriate collaboration of students, (5) ensure students are provided with appropriate equipment and that the equipment is not shared by students who are actively working in the same FLVS coursework, (6) require that students protect their password information and

coursework, (7) protect students' user names, passwords, and other private information, (8) adjust seating arrangements to help promote students' integrity, (9) communicate with the student, FLVS Instructor and Academic Integrity Investigator with regards to concerns and consequences.

9. TERMINATION

This Agreement may be terminated by:

a) either Party without cause upon delivery of written notice of intent to terminate this Agreement provided to the other Party not less than thirty (30) days prior to the effective date of such termination, subject to Section 10, "Termination for Convenience" of this Agreement; or

b) written agreement executed by both Parties; or

c) FLVS at any time if the District, upon notice by FLVS and expiration of a five (5) day opportunity to cure period, fails to perform any duties or covenants of this Agreement; or

d) the District at any time if FLVS, upon notice by the District and expiration of a ten (10) day opportunity to cure period, fails to perform any duties or covenants of this Agreement.

10. TERMINATION FOR CONVENIENCE

Anything to the contrary notwithstanding, the District may terminate this Agreement without cause and for convenience with thirty (30) days prior written notice to FLVS prior to the end of the current term. In the event of a termination for convenience, the District shall pay FLVS for all services properly and fully rendered prior to the date of termination. In the event of such termination, the Parties—by mutual written agreement—may extend the notice of termination period to one beyond the thirty (30) day notice period prescribed herein to ensure completion of services and/or to prevent any interruption of instruction and disruption of the delivery of services to the students.

11. BACKGROUND SCREENING

FLVS agrees to comply with all requirements of Sections 1012.32 and 1012.465, Florida Statutes. All FLVS personnel who: (1) are to be permitted access to the District's school grounds when students are present, (2) will have direct contact with the District's students, or (3) have access or control of the District's funds, shall

successfully complete the background screening required by the referenced statutes and meet the standards established by the statutes. FLVS shall bear the cost of acquiring the background screening required by Section 1012.32, Florida Statutes, and any fee imposed to maintain the fingerprints provided with respect to FLVS and its personnel. The Parties agree that the failure of FLVS to perform any of the duties described in this Section shall constitute a material breach of this Agreement entitling District to terminate immediately with no further responsibilities or duties to perform under this Agreement. To the extent permitted by law, FLVS agrees to indemnify and hold harmless District, its officers and employees from any liability in the form of physical or mental injury, death or property damage resulting in FLVS's failure to comply with the requirements of this Section or with Sections 1012.32 and 1012.465, Florida Statutes. Nothing herein shall be construed as a waiver by District's or FLVS of sovereign immunity or of any rights or limits to liability or damages existing under Section 768.28, Florida Statutes.

12. INTELLECTUAL PROPERTY RIGHTS

The District acknowledges and agrees that all FLVS content, software, courses, graphics, pictures, documents, licenses, designs, and materials, and any and all derivatives thereof (collectively, "Works") made available to the District pursuant to this Agreement are protected via copyrights, trademarks, service marks, patents, trade secrets, and/or other proprietary laws and/or regulations, and FLVS retains all right, title, and interest in and to the Works. The District further acknowledges that it has no ownership of or proprietary interest in the Works except as expressly granted in this Agreement.

Absent the express written authorization by and consent of FLVS, the District will not sell, license, sublicense, lease, modify, distribute, copy, reproduce, transmit, publicly display, publicly perform, publish, adapt, edit, or create the Works or any other component of the Licensed Materials. Further, the District will not take or knowingly permit any action or omission that jeopardizes or impairs FLVS's rights in the Works or Licensed Materials. For instance, the District will not: (a) disassemble, reverse compile, reverse engineer, or otherwise attempt to discover the source code of or trade secrets embodied in the Works; (b) transfer, assign, distribute, rent, sell, or grant

sublicenses to or otherwise make available the Works or any element thereof to any third parties; (c) embed or incorporate in any manner the Works or any element thereof into other applications or products belonging to and/or utilized by the District; (d) use or transmit the Works in violation of this any state or federal law or regulation applicable to the terms of this Agreement or the Licensed Materials; (e) access, use, or copy any portion of the Works (including any component of its logic, structure, and architecture) to develop, promote, distribute, sell, or support any other product or service; or (f) remove, obscure, or alter any FLVS symbol, copyright notice, mark, name, logo, tagline, or other similar designation displayed on or through any portion of the Works.

13. CHILDREN'S ONLINE PRIVACY PROTECTION ACT ("COPPA")

The District shall be responsible for ensuring full compliance with COPPA and all rules promulgated thereunder.

14. SOFTWARE SECURITY

The District will ensure all reasonable measures are taken to protect the Licensed Materials from any unauthorized use. The District shall strictly limit access to the Licensed Materials to Authorized Users and Authorized Third Parties. FLVS will ensure all reasonable measures are taken to protect the District Data while in use at the FLVS site. Reasonable measures are defined as the District Data being stored on a secure server in a secured building behind an internet firewall with role-based level password protection for all access to such Data.

15. DATA/SECURITY BREACH

The Parties acknowledge their respective obligations to comply with all data privacy laws, including Section 501.171, Florida Statutes. Upon knowledge of a data security breach, the breached Party shall notify the other Party immediately, and in no event later than thirty (30) days following a determination of a breach of data security involving the other Party's data. Additionally, each Party shall fully cooperate with the other regarding their respective statutory obligations with respect to security breaches, including all statutory and regulatory notification requirements.

16. E-VERIFY

In accordance with Section 448.095, Florida Statutes, the Parties shall utilize the U.S. Agency of Homeland Security's E-Verify system, https://e-verify.uscis.gov/emp, to

verify the employment eligibility of all employees hired during the term of this Agreement.

17. THIRD-PARTY REQUIREMENTS

The District is solely responsible for ensuring that the Licensed Materials/FLVS courses meet the requirements of any third-party organization that the District seeks to satisfy. For example, the National Collegiate Athletic Association ("NCAA") has specific guidelines regarding the acceptance of distance learning or credit recovery courses for student-athletes. The District accepts responsibility for these criteria to the extent that it uses the Licensed Materials for students who desire to meet NCAA eligibility criteria. Similarly, the District is responsible for completing any College Board audit procedures required with respect to any Advanced Placement ("AP") courses if the District intends to offer any Licensed Materials courses as AP courses.

18. WARRANTIES OF FLVS

FLVS warrants that all components of the Licensed Materials shall be free from claims of patent, copyright, and trademark infringement. Notwithstanding any other provision of this Agreement, FLVS shall, to the extent permitted by law, indemnify and hold harmless the District, its officers, directors, employees, agents, assigns, and servants from and against any and all liability, including expenses, legal or otherwise, for actual or alleged infringement of any patent, copyright, or trademark arising or resulting from use of the Licensed Materials.

If a component of the Licensed Materials becomes or is likely to become the subject of an infringement claim, FLVS may, at its option and expense: (a) procure for the District the right to continue using such component; (b) replace or modify the affected component so it becomes non-infringing and remains functionally equivalent; or (c) require the return of the affected component, allow the District to return other components intended to operate with the affected component, and refund to the District that portion of the license fees attributable to the returned product, prorated in accordance with the unused portion of the term.

19. CONFIDENTIAL INFORMATION

To the extent permitted by law, each Party agrees to maintain the Confidential Information of the other Party. For the purposes of this Agreement, FLVS is hereby

designated a school official for the purposes of receiving confidential student information and District Data. FLVS acknowledges and agrees that it will not disclose the confidential student information to any other person or entity and will only use the confidential student information for the purposes of this Agreement and for no other purpose. Upon the termination or expiration of this Agreement, FLVS shall maintain the confidential student information for the time period required by Florida law.

As FLVS may receive District Data that is otherwise confidential, FLVS shall fully comply with the applicable requirements of Sections 1002.22, 1002.221, and 1006.1494 Florida Statutes, the State Board of Education rules 6A-1.0955 and 6A-1.09550, the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C. §1232g, and the federal regulations issued pursuant thereto (34 CFR Part 99); and any other law or regulation, either federal or State of Florida, regarding confidentiality of student information and records.

20. ACCOMMODATIONS FOR STUDENTS WITH EXCEPTIONALITIES

The District is responsible for complying with all federal and state requirements, including IDEA and Section 504 in connection with its use and implementation of the Licensed Materials. Furthermore, the District is responsible for providing any required services to support and accommodate students with special needs. The District acknowledges that virtual learning programs are not appropriate for all students, and it is the District's responsibility to ensure that its delivery and implementation of the Licensed Materials is appropriate for each participating student. FLVS will not be responsible to make such a determination and is not required to make any associated modifications to the Licensed Materials. The District may opt to share information about students with exceptionalities by ensuring the students' IEP or 504 plan is shared with FLVS.

21. ENGLISH LANGUAGE LEARNER STUDENTS

The District is responsible for providing appropriate equal access to all students, including ELL students. It is also responsible for ensuring compliance with the Florida META Consent Decree and other federal and state laws and regulations in connection with its use and implementation of the Licensed Materials.

22. PUBLIC RECORDS NOTICE

The Parties are required to comply with the Florida Public Records Law, Chapter 119, Florida Statutes, in the performance of their duties under this Agreement. Accordingly, the Parties shall:

a) Keep, maintain, and produce upon request and within a reasonable period of time all data created or collected in the performance of its duties under this Agreement ("Agreement Data") which come within the definition of a "public record" under Chapter 119, Florida Statutes.

b) Provide to each other, upon request and free of charge, a copy of each record which either Party seeks to produce in response to a public records request.

c) Ensure that Agreement Data that are considered exempt under Chapter 119, Florida Statutes, are not disclosed except as authorized by law.

d) Upon completion of their obligations under the Agreement, transfer to each other, at no cost, all Agreement Data in their possession or otherwise keep and maintain such data/records as required by law.

Either Party's failure to comply with the provisions set forth in this Section shall constitute a default and material breach of this Agreement, which may result in immediate termination by the non-breaching Party without penalty to them.

IF THE DISTRICT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, OR THE DISTRICT DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, THE DISTRICT SHALL CONTACT FLVS's CUSTODIAN OF PUBLIC RECORDS AT 5422 CARRIER DRIVE, SUITE 201 ORLANDO, FLORIDA 32819, OR AT 407-490-2879, OR AT: custodianofrecords@flvs.net. IN TURN, IF FLVS HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, OR ITS DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, FLVS SHALL CONTACT THE DISTRICT CUSTODIAN OF PUBLIC RECORDS AT [business/street

address]: 270 S Blvd East Macclenny FL 32063 **OR AT [phone number]:** 904-259-0401 **OR AT [email address]:** amy.sapp@bakerk12.org**.**

23. RESERVATION OF SOVEREIGN IMMUNITY

FLVS and the District acknowledge and affirm the limited waiver of sovereign immunity as to tort claims arising from the negligent or wrongful conduct of an officer or employee as specified in Section 768.28, Florida Statutes. Subject to and within the limitations of Sections 163.01 and 768.28, Florida Statutes, FLVS and the District agree to be responsible only for such claims and damages caused by the actions or inaction of their own respective officers and employees while functioning within the scope of their official duties. Nothing herein shall be construed or interpreted as an agreement by one Party to indemnify the other, nor as an obligation to or consent to be sued by a third party. Furthermore, nothing herein shall be construed or interpreted as an agreement by either Party to waive the monetary limitations (*i.e.*, "statutory caps") of liability set forth in Chapters 163 and 768, Florida Statutes.

24. INDEMNIFICATION

To the extent permitted by law, FLVS and District hereby acknowledge their respective entitlement to sovereign immunity and the limited waiver of sovereign immunity as to certain tort and negligence claims pursuant to Section 768.28, Florida Statutes. Nothing herein shall be construed as a waiver of any such immunity nor as an agreement by either Party to indemnify or defend the other. Furthermore, nothing herein shall be construed as an obligation of either Party to defend, sue, or consent to be sued by a third party. Rather, FLVS and District agree to be responsible only for such claims and damages caused by the tortious or otherwise negligent action or inaction of their own officers and employees while functioning within the scope of their official duties, and their respective liability for such damages shall be limited to the amounts set forth in Section 768.28, Florida Statutes.

25. FORCE MAJEURE

Neither Party to this Agreement shall be liable for delays or failures in performance under this Agreement resulting from acts or events beyond the reasonable control of such Party ("Force Majeure Event"), including acts of war, terrorism, acts of God, epidemic or pandemic, any police action of the federal, state, or local government, an

earthquake, flood, embargo, riot, sabotage, labor dispute, governmental act, failure of the internet, power failure, or energy, utility, or telecommunications interruptions. The Party so affected, upon giving prompt notice to the other Party, shall be excused from such performance to the extent of such prevention, restriction, or interference; provided however, that the Party so affected shall take all reasonable steps to avoid or remove such cause of nonperformance and shall resume performance hereunder with dispatch whenever such causes are removed.

26. DISCLAIMERS AND OTHER LIMITATIONS OF LIABILITY

TO THE MAXIMUM EXTENT PERMITTED BY LAW AND EXCEPT FOR THE EXPRESS WARRANTIES HEREIN STATED, ALL INFORMATION, PRODUCTS, GOODS, AND/OR SERVICES PROVIDED BY OR THROUGH FLVS PURSUANT TO THIS AGREEMENT ARE PROVIDED "AS IS" AND WITHOUT WARRANTY OR CONDITION OF ANY KIND. EXCEPT FOR THE EXPRESS WARRANTIES HEREIN STATED, FLVS SPECIFICALLY DISCLAIMS ALL OTHER WARRANTIES AND CONDITIONS WITH REGARD TO THE LICENSED MATERIALS, INCLUDING ALL IMPLIED WARRANTIES OR CONDITIONS OF MERCHANTABILITY, TITLE, OR FITNESS FOR A PARTICULAR PURPOSE.

THE LIABILITY OF FLVS IS LIMITED IN ACCORDANCE WITH FLORIDA LAW AND THE TERMS OF THIS AGREEMENT. TO THE MAXIMUM EXTENT PERMITTED BY LAW, IN NO EVENT WILL FLVS BE LIABLE FOR ANY SPECIAL, EXEMPLARY, DIRECT, INDIRECT, PUNITIVE, INCIDENTAL, SPECIAL, CONSEQUENTIAL DAMAGES TO THE DISTRICT OR TO ANY THIRD PARTY FOR LOSS OF USE, DATA, OR PROFITS ARISING OUT OF OR IN ANY WAY CONNECTED TO THIS AGREEMENT OR THE USE OR PERFORMANCE OF THE LICENSED MATERIALS. SUBJECT TO THE LIMITS SET FORTH IN SECTION 768.28, FLORIDA STATUTES, THE DISTRICT RECOVERY, IF ANY, SHALL BE LIMITED TO THE DISTRICT ACTUAL AND DIRECT DAMAGES AND THE MAXIMUM AGGREGATE AMOUNT OF ANY SUCH DAMAGES RECOVERABLE TO THE DISTRICT SHALL BE NO GREATER THAN THE SUMS PAID BY THE DISTRICT TO FLVS FOR THE LICENSED MATERIALS PURSUANT TO THIS AGREEMENT.

27. **DISCLAIMER OF OTHER WARRANTIES AND CONDITIONS**.

EXCEPT AS EXPRESSLY SET FORTH HEREIN, THERE ARE NO EXPRESS OR IMPLIED WARRANTIES OR CONDITIONS IN RELATION TO THE LICENSED MATERIALS, SUPPORT, OR SERVICES THAT ARE THE SUBJECT MATTER OF THE AGREEMENT, INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTIES OR CONDITIONS OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, OR ANY OTHER IMPLIED WARRANTIES OR CONDITIONS ARISING BY LAW, OR FROM A COURSE OF DEALING OR USAGE OF TRADE. THE LIMITED WARRANTIES SET FORTH ABOVE GIVE THE DISTRICT SPECIFIC LEGAL RIGHTS. THE DISTRICT MAY HAVE OTHER RIGHTS, WHICH VARY FROM JURISDICTION TO JURISDICTION.

28. **RELATIONSHIP OF THE PARTIES**

At all times during the term of this Agreement, the Parties shall be considered independent contractors and not employees of each other, and nothing herein shall be deemed to create a joint venture or principal-agent relationship between the Parties. Neither Party is authorized to, nor shall either Party act toward third persons or the public in any manner that would indicate anything other than an independent contractor relationship with the other Party.

29. **NO PRESUMED CONSTRUCTION AGAINST DRAFTER(S)**

The Parties acknowledge that they have both had an opportunity to craft the terms and scope of this Agreement. Accordingly, each and every term of this Agreement shall be construed in accordance with the fair meaning of such term and there shall be no presumption against either Party for having drafted or participated in the drafting of this Agreement.

30. **DESCRIPTIVE HEADINGS**

The headings used herein are descriptive only and are not determinative as to the meaning or effect of any term of this Agreement.

31. **BINDING EFFECT**

This Agreement shall be binding upon and exclusively inure to the benefit of the Parties and their respective officers, employees, and authorized agents. The Parties do not

intend for this Agreement to be binding upon or inure to the benefit of any other person, entity, or party.

32. NOTICES

All notices, demands, and other communications required or permitted pursuant to this Agreement shall be provided in writing and directed to the following contacts:

As to FLVS:

Larry Banks, Senior Director of Partner Services, Florida
Florida Virtual School
5422 Carrier Drive, Suite 201
Orlando, FL 32819
Email: lbanks@flvs.net *and* procurement@flvs.net

With a copy to:

Office of General Counsel
Florida Virtual School
5422 Carrier Drive, Suite 201
Orlando, FL 32819
Email: ogc@flvs.net

As to the District:

Sherrie Raulerson, Superintendent of Schools
District Name Baker County School District
Address: 270 S Blvd E
City/State: Macclenny FL 32063
Email: sherrie.raulerson@bakerk12.org

With a copy to:

Name/Title: Thomas Hill, Executive Director of Teaching and Learning
Address: 270 S Blvd E
City/State: Macclenny FL 32063
Email: thomas.hill@bakerk12.org

33. NO WAIVER

No delay or failure to act on the part of either Party in exercising any right, power, or privilege under this Agreement shall impair any such right, power, or privilege or constitute a legal waiver or acquiescence regarding any such right, power, or privilege. Nor shall any single or partial exercise of any right, power, or privilege arising from this Agreement preclude any other or further exercise thereof or the exercise of any other right, power, or privilege. No waiver shall be valid and enforceable against either Party

unless it is agreed upon in writing that is authorized and signed by the Party against whom enforcement of such waiver is sought.

34. OPPORTUNITY TO CONSULT WITH COUNSEL

Each Party acknowledges that it had an opportunity to consult with counsel of their own choice regarding the development and drafting of this Agreement.

35. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the State of Florida without regard to any choice of law provisions.

36. DISPUTE RESOLUTION

The Parties agree that they will use their best efforts to settle any and all disputes arising out of or in connection with this Agreement, including disputes as to its validity, interpretation, performance, and alleged breach, prior to initiating any legal proceeding, whether judicial or administrative in nature.

37. PARTICIPATION IN SIMILAR ACTIVITIES

This Agreement in no way restricts FLVS or the District from participating in similar activities with other public or private agencies, organizations, and individuals.

38. SEVERABILITY

The terms of this Agreement shall be severable such that, if any term herein is deemed unlawful, invalid, or unenforceable, such term shall not affect the validity and enforceability of any other terms of the Agreement.

39. NO ASSIGNMENT

This Agreement may not be assigned, transferred, or conveyed in whole or in part by either Party.

40. EXECUTION

Each Party acknowledges that it has executed or caused the execution of this Agreement on its own behalf in reliance on their own judgment and without coercion, duress, or undue influence. Each person signing this Agreement on behalf of either Party individually warrants that each has full legal power to execute this Agreement on behalf of the Party for whom each is signing and to bind and obligate such Party with respect to all provisions contained in this Agreement. This Agreement may be executed via electronic signature and in counterparts, any one of which shall be

deemed an original and all of which collectively shall be deemed a single instrument.

41. ENTIRE AGREEMENT

This Agreement constitutes and contains the entire agreement and understanding between the Parties with respect to the subject matter herein and the terms of this Agreement supersede and replace any conflicting or inconsistent terms of any other agreement(s) between the Parties. Any amendment or modification of this Agreement and any waiver of its terms must be reduced to a writing which is authorized and signed by both Parties.

[Signatures follow on next page]

[Signature page to Virtual Learning Lab Agreement between

Florida Virtual School and

Baker County School District

Dated Upon Full Execution]

WHEREFORE, the Parties agree upon the foregoing terms and conditions of this Agreement and bind themselves to each other and to the covenants and promises herein stated through each of their authorized representatives/signatories below:

FLORIDA VIRTUAL SCHOOL	
By *(Authorized Signature)*	Date
Printed Name and Title of Person Signing: Louis J. Algaze, Ph.D. – President and CEO	
Address: 5422 Carrier Drive, Suite 201, Orlando, FL 32819	
Approved as to legal form and sufficiency by:	
FLVS Office of General Counsel	

THE SCHOOL BOARD OF Baker **, COUNTY, FLORIDA**	
By *(Authorized Signature)*	Date
Printed Name and Title of Person Signing: Tiffany McInarnay, School Board Chairperson	
Address: 270 S Blvd East, Macclenny, FL 32063	
Approved as to legal form and sufficiency by:	
School Board Attorney/Legal Counsel for The School Board of Baker County, Florida	

AGENDA ITEM NO. 8.5

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE: May 6, 2024

SUBMITTED BY: Thomas Hill - (259-0429)

ITEM TYPE: Agreement

AGENDA SECTION: **APPROVAL OF ROUTINE ITEMS**

SUBJECT: Approval of Florida Virtual School Blended Learning Community Agreement. (July 1, 2024 - June 30, 2027)

ATTACHMENTS:
05.06.2024.Approval of Blended Learning Community Agreement_T.Hill.pdf

Baker County Public Schools
Sherrie Raulerson, Superintendent of Schools
270 South Boulevard East, Macclenny, Florida 32063
Telephone: (904) 259-6251 www.bakerk12.org Fax: (904) 259-1387

April 8, 2024

Mrs. Sherrie Raulerson, Superintendent of Schools
Baker County School Board Members
270 South Boulevard East
Macclenny, FL 32063

Dear Superintendent Raulerson and School Board Members:

The purpose of this letter is to request School Board approval of the attached Blended Learning Community Agreement between Florida Virtual School and the Baker County School District.

This agreement will offer a combination of traditional online and live (virtual office) lessons. The district/school submits the FTE for these students. FLVS bills the district $285 per 1/2 credit enrollment after the student has been in the course for 30 days or has completed 20% of the course regardless of status. This agreement will be for three academic school years beginning July 1, 2024, and concluding June 30, 2027.

Please do not hesitate to contact me with any questions that you may have about this contract.

Sincerely,

Thomas Hill

Thomas Hill
Executive Director of Teaching and Learning
(904) 259-0429

BLENDED LEARNING COMMUNITY AGREEMENT
by and between
FLORIDA VIRTUAL SCHOOL
and
THE SCHOOL BOARD OF _____Baker_____COUNTY, FLORIDA
[DOE Master School Identification Number: __02_____]

This Blending Learning Community Agreement ("Agreement") is entered into by and between Florida Virtual School ("FLVS") and The School Board of ____Baker_____ County, Florida ("District"), collectively referred to hereinafter as the "Parties" or "Party."

WHEREAS, FLVS is a corporate body and political subdivision of the State of Florida which serves a component of Florida's Early Learning-20 Education System; and

WHEREAS, the District is a corporate body and political subdivision of the State of Florida which governs and controls the above named School District; and

WHEREAS, the District desires to utilize FLVS services within the Blended Learning Community ("BLC"), defined as a school whereby two (2) or more students are working on FLVS course(s), taught by an FLVS virtual instructor, in a learning location at a school with a dedicated facilitator; and

WHEREAS, the Parties find the terms of this Agreement mutually beneficial and in the best interests of the students and families which they both serve.

NOW, THEREFORE, in consideration of the mutual covenants, terms, and conditions set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

INCORPORATION OF RECITALS

The foregoing recitals are true, correct, and incorporated herein by reference.

1. DEFINITIONS

a) "Affiliate" means any person or entity directly or indirectly controlling, controlled by, or under common control of another person or entity. "Control" as used here means the legal, beneficial, or equitable ownership, directly or indirectly, of more than fifty percent (50%) of the aggregate of all voting interest in such entity.

b) "Authorized Third Parties" means any non-employee agent, representative, independent contractor, sub-contractor, or consultant of the District whose duties

or services require or include access to or use of the Licensed Materials on behalf of or at the direction of the District.

c) "Authorized Users" means District personnel directly employed by the District whose duties require or include access to or use of the Licensed Materials.

d) "Billable Enrollment" means any student enrollment designated as "Classroom Assigned" or "Active" status in the FLVS Virtual School Administrator ("VSA") for a minimum of thirty (30) consecutive days or has achieved twenty percent (20%) completion in any status.

e) "Confidential Information" means (i) all information of either Party or its Affiliates or of third persons to whom the Party owes a duty of confidence that is marked confidential, restricted, or proprietary, or that may reasonably be considered as confidential from its nature or from the circumstances surrounding its disclosure; and (ii) the Licensed Materials.

f) "Data" means District information entered into the LMS or VSA to include, but not limited to, student, staff, school, and parent information.

g) "Intellectual Property" means proprietary commercial, industrial, and intellectual products and property (both tangible and intangible) as well as proprietary designs, information, processes, ideas, inventions, copyrights, trademarks, service marks, patents, trade secrets, and other legal rights and privileges held by FLVS, including those associated with and/or arising from the Licensed Materials.

h) "Intellectual Property Rights" includes all worldwide intellectual and industrial property rights including all rights in each country to copyrights, trademarks, service marks, patents, inventions, industrial designs, trade secrets, trade dress, and all other proprietary rights.

i) "Learning Management Systems" or "LMS" means the software-based system that must be utilized to access the FLVS courses and course components.

j) "Licensed Materials" means the FLVS courses, course components, assessments, third-party components, Learning Management System (LMS), and Virtual School Administrator (VSA).

k) "Virtual School Administrator" or "VSA" means the FLVS student information and registration system.

2. LICENSE GRANT

FLVS grants to the District a restricted, non-exclusive, non-transferable license to use the Licensed Materials beginning as of the date upon which the Agreement is fully executed by both Parties and terminating pursuant to Section 3, "Term" of this Agreement. The District acknowledges and agrees that the Licensed Materials may only be accessed and used by Authorized Users and Authorized Third Parties for purposes of academic instruction and assessment of District students in accordance with this Agreement. Any other access or use of the Licensed Materials is strictly prohibited.

3. TERM

The term of this Agreement commences as of the date upon which it is fully executed by both Parties and ends on the term checked below (the "Term"). The District acknowledges that if the three (3) year term below is selected, the Billable Enrollment price will be subject to modification prior to the start of each academic school year at the sole discretion of FLVS.

District hereby agrees to accept said BLC Agreement for:

[ ] one (1) academic school year term, July 1, 2024, through June 30, 2025

[x] three (3) academic school year terms, July 1, 2024, through June 30, 2027

4. DISTRICT OBLIGATIONS

The District shall:

a) Complete an accurate and timely (pursuant to Section 7, "Notice in Advance of Start Date" of this Agreement) reservation in VSA to secure courses, subject to approval by FLVS.

b) Select academically appropriate courses by the dates set forth under Section 7, "Notice in Advance of Start Date" of this Agreement for the following enrollment periods:

- Fall: March 18 to August 30
- Spring: November 15 to January 24
- Summer: April 1 to June 1

c) Provide FLVS with a complete student information roster with the minimum data requirements (last name, first name, date of birth, gender, and grade level).

d) Designate a BLC facilitator to monitor students and verify attendance.

e) Grant computer access to enrolled students, along with the minimum technology required to utilize FLVS services[1].

f) Provide two-way long-distance communication access for FLVS Instructor – student phone calls.

g) Provide access to stakeholders involved in the success of the BLC for training and communications from FLVS.

h) Ensure parental notification of student's participation in the District BLC,

i) Report and collect the proper full-time equivalent ("FTE") student status, pursuant to Section 1011.61, Florida Statutes, associated with enrollments.

j) Uphold and support the FLVS policies regarding Academic Integrity set forth in Section 8, "Academic Integrity in the BLC" of this Agreement by helping to minimize individual student violations and hold students accountable who do not follow FLVS and District policies relating to academic integrity.

k) Monitor student progress and communicate with teachers to ensure students complete courses according to their pace chart. Students are expected to work weekly and must be completed with the course segment by the end of the semester in which the course was started.

5. FLVS OBLIGATIONS

FLVS shall provide to the District:

a) Appropriate training for the District BLC facilitator, including BLC support strategies.

b) Appropriate training for the District counselor(s) involved in the BLC.

c) Appropriate training for District administration related to the BLC.

d) A registration process specifically designed for BLC students.

e) Ongoing virtual and/or face-to-face support from an FLVS instructor, District Relations Manager, Blended Learning Specialist, and/or FLVS support staff.

f) Qualified, Florida state-certified instructors who will provide direct instruction using synchronous teaching methods.

g) Evaluation and support of all members of the District BLC.

h) Progress monitoring tools at District, student, and school level.

[1] Said minimum requirements are set forth at https://www.flvs.net/student-resources/system-requirements

i) Invoices for Billable Enrollments.

j) Data required for FTE reporting by the District to the Florida Department of Education.

6. FEES AND PAYMENT

FLVS will invoice the District no later than the last business day of each calendar month following the close of each billable enrollment period at two hundred and eighty-five dollars ($285.00) per half credit of each Billable Enrollment of the District. The District shall pay the invoice within thirty (30) days of receipt of the undisputed invoice in accordance with the local Government Prompt Payment Act. FLVS shall determine and advise the District regarding the start and end dates for each billable enrollment period of the District BLC. Any fees associated with Advanced Placement and Industry Certification examinations will be the responsibility of the District reporting the FTE.

Billing Contacts:

District: Baker County School District	**Florida Virtual School**
Name: Thomas Hill	**Name:** Mihaela Brehoi
School/District Address: 270 S Blvd E Macclenny, FL 32063	**Address:** 5422 Carrier Drive, Suite 201, Orlando, FL 32819
Email: Thomas.hill@bakerk12.org	**Email**: mbrehoi@flvs.net
Telephone No.: 904-259-0404	**Telephone No.:** 407-513-3615

7. NOTICE IN ADVANCE OF START DATE

The District shall provide FLVS with notice regarding the number of seats needed for the District BLC. Said notice shall contain a formal request of course(s) submitted via the VSA, and shall be submitted prior to the District BLC start date as follows:

a) two (2) to twenty-nine (29) students no less than ten (10) days; and

b) thirty (30) to one hundred forty-nine (149) students no less than thirty (30) days; and

c) one hundred fifty (150) or greater students no less than sixty (60) days' notice.

In addition to the notice described in this Section, the District shall provide FLVS with a list of registered students no later than ten (10) days prior to the District BLC start date.

Failure to comply with this subsection may result in one or more of the following, subject to FLVS' sole discretion: (1) a delay to the District BLC start date, (2) students may be enrolled in the FLVS Flex program, and any FTE sharing shall apply for students not enrolled in the District BLC, or (3) denial of future BLC request(s).

8. ACADEMIC INTEGRITY IN THE BLC

To ensure the highest standards of academic integrity, FLVS instructors shall: (1) act as a resource for student questions, (2) submit various assignments into the Turnitin.com database or, upon prior notice to the District, any subsequent system utilized by FLVS, (3) coordinate any academic integrity issues with the BLC facilitator, their Instructional Leader, and Academic Integrity Support Personnel, (4) verify student mastery of content through Discussion-Based Assessments and authentic assessments, and (5) convey incidents and consequences to the District BLC student(s) and facilitator(s).

District facilitators shall: (1) provide supervision through close proximity while circulating the BLC setting, (2) encourage students to seek support from FLVS Instructors, (3) encourage students to seek support from the facilitator, (4) discourage inappropriate collaboration of students, (5) ensure students are provided with appropriate equipment and that the equipment is not shared by students who are actively working in the same FLVS coursework, (6) require that students protect their password information and coursework, (7) protect students' user names, passwords, and other private information, (8) adjust seating arrangements to help promote students' integrity, (9) communicate with the student, FLVS Instructor and Academic Integrity Investigator with regards to concerns and consequences.

9. TERMINATION

This Agreement may be terminated by:

a) either Party without cause upon delivery of written notice of intent to terminate this Agreement provided to the other Party not less than thirty (30) days prior to the effective date of such termination subject to Section 10, "Termination for Convenience" of this Agreement; or

b) written agreement executed by both Parties; or

c) FLVS at any time if the District, upon notice by FLVS and expiration of a five (5) day opportunity to cure period, fails to perform any duties or covenants of this Agreement; or

d) the District at any time if FLVS, upon notice by the District and expiration of a ten (10) day opportunity to cure period, fails to perform any duties or covenants of this Agreement.

10. TERMINATION FOR CONVENIENCE

Anything to the contrary notwithstanding, the District may terminate this Agreement without cause and for convenience with thirty (30) days prior written notice to FLVS prior to the end of the current term. In the event of a termination for convenience, the District shall pay FLVS for all services properly and fully rendered prior to the date of termination. In the event of such termination, the Parties--by mutual written agreement--may extend the notice of termination period to one beyond the thirty (30) day notice period prescribed herein to ensure completion of services and/or to prevent any interruption of instruction and disruption of the delivery of services to the students.

11. BACKGROUND SCREENING

FLVS agrees to comply with all requirements of Sections 1012.32 and 1012.465, Florida Statutes. All FLVS personnel who: (1) are to be permitted access to the District's school grounds when students are present, (2) will have direct contact with the District's students, or (3) have access or control of the District's funds, shall successfully complete the background screening required by the referenced statutes and meet the standards established by the statutes. FLVS shall bear the cost of acquiring the background screening required by Section 1012.32, Florida Statutes, and any fee imposed to maintain the fingerprints provided with respect to FLVS and its personnel.

12. INTELLECTUAL PROPERTY RIGHTS

The District acknowledges and agrees that all FLVS content, software, courses, graphics, pictures, documents, licenses, designs, and materials, and any and all derivatives thereof (collectively, "Works") made available to the District pursuant to this Agreement are protected via copyrights, trademarks, service marks, patents, trade secrets, and/or other proprietary laws and/or regulations, and FLVS retains all right, title, and interest in and to

the Works. The District further acknowledges that it has no ownership of or proprietary interest in the Works except as expressly granted in this Agreement.

Absent the express written authorization by and consent of FLVS, the District will not sell, license, sublicense, lease, modify, distribute, copy, reproduce, transmit, publicly display, publicly perform, publish, adapt, edit, or create the Works or any other component of the Licensed Materials. Further, the District will not take or knowingly permit any action or omission that jeopardizes or impairs FLVS's rights in the Works or Licensed Materials. For instance, the District will not: (a) disassemble, reverse compile, reverse engineer, or otherwise attempt to discover the source code of or trade secrets embodied in the Works; (b) transfer, assign, distribute, rent, sell, or grant sublicenses to or otherwise make available the Works or any element thereof to any third parties; (c) embed or incorporate in any manner the Works or any element thereof into other applications or products belonging to and/or utilized by the District; (d) use or transmit the Works in violation of this any state or federal law or regulation applicable to the terms of this Agreement or the Licensed Materials; (e) access, use, or copy any portion of the Works (including any component of its logic, structure, and architecture) to develop, promote, distribute, sell, or support any other product or service; or (f) remove, obscure, or alter any FLVS symbol, copyright notice, mark, name, logo, tagline, or other similar designation displayed on or through any portion of the Works.

13. CHILDREN'S ONLINE PRIVACY PROTECTION ACT ("COPPA")

The District shall be responsible for ensuring full compliance with COPPA and all rules promulgated thereunder.

14. SOFTWARE SECURITY

The District will ensure all reasonable measures are taken to protect the Licensed Materials from any unauthorized use. The District shall strictly limit access to the Licensed Materials to Authorized Users and Authorized Third Parties. FLVS will ensure all reasonable measures are taken to protect the District Data while in use at the FLVS site. Reasonable measures are defined as the District Data being stored on a secure server in a secured building behind an internet firewall with role-based level password protection for all access to such Data.

15. DATA/SECURITY BREACH

The Parties acknowledge their respective obligations to comply with all data privacy laws, including Section 501.171, Florida Statutes. Upon knowledge of a data security breach, the breached Party shall notify the other Party immediately, and in no event later than thirty (30) days following a determination of a breach of data security involving the other Party's data. Additionally, each Party shall fully cooperate with the other regarding their respective statutory obligations with respect to security breaches, including all statutory and regulatory notification requirements.

16. E-VERIFY

In accordance with Section 448.095, Florida Statutes, the Parties shall utilize the U.S. Agency of Homeland Security's E-Verify system, https://e-verify.uscis.gov/emp, to verify the employment eligibility of all employees hired during the term of this Agreement.

17. THIRD PARTY REQUIREMENTS

The District is solely responsible for ensuring that the Licensed Materials/FLVS courses meet the requirements of any third-party organization that the District seeks to satisfy. For example, the National Collegiate Athletic Association ("NCAA") has specific guidelines regarding the acceptance of distance learning or credit recovery courses for student-athletes. The District accepts responsibility for these criteria to the extent that it uses the Licensed Materials for students who desire to meet NCAA eligibility criteria. Similarly, the District is responsible for completing any College Board audit procedures required with respect to any Advanced Placement ("AP") courses if the District intends to offer any Licensed Materials courses as AP courses.

18. WARRANTIES OF FLVS

FLVS warrants that all components of the Licensed Materials shall be free from claims of patent, copyright, and trademark infringement. Notwithstanding any other provision of this Agreement, FLVS shall, to the extent permitted by law, indemnify and hold harmless the District, its officers, directors, employees, agents, assigns, and servants from and against any and all liability, including expenses, legal or otherwise, for actual or alleged infringement of any patent, copyright, or trademark arising or resulting from use of the Licensed Materials.

If a component of the Licensed Materials becomes or is likely to become the subject of an infringement claim, FLVS may, at its option and expense: (a) procure for the District the right to continue using such component; (b) replace or modify the affected component so it becomes non-infringing and remains functionally equivalent; or (c) require the return of the affected component, allow the District to return other components intended to operate with the affected component, and refund to the District that portion of the license fees attributable to the returned product, prorated in accordance with the unused portion of the term.

19. CONFIDENTIAL INFORMATION

To the extent permitted by law, each Party agrees to maintain the Confidential Information of the other Party. For the purposes of this Agreement, FLVS is hereby designated a school official for the purposes of receiving confidential student information and District Data. FLVS acknowledges and agrees that it will not disclose the confidential student information to any other person or entity and will only use the confidential student information for the purposes of this Agreement and for no other purpose. Upon the termination or expiration of this Agreement, FLVS shall maintain the confidential student information for the time period required by Florida law.

As FLVS may receive District Data that is otherwise confidential, FLVS shall fully comply with the applicable requirements of Sections 1002.22, 1002.221, and 1006.1494, Florida Statutes, the State Board of Education rules 6A-1.0955 and 6A-1.09550, the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C. §1232g, and the federal regulations issued pursuant thereto (34 CFR Part 99); and any other law or regulation, either federal or State of Florida, regarding confidentiality of student information and records.

20. ACCOMMODATIONS FOR STUDENTS WITH EXCEPTIONALITIES

The District is responsible for complying with all federal and state requirements, including IDEA and Section 504 in connection with its use and implementation of the Licensed Materials. Furthermore, the District is responsible for providing any required services to support and accommodate students with special needs. The District acknowledges that virtual learning programs are not appropriate for all students, and it is the District's responsibility to ensure that its delivery and implementation of the Licensed Materials are

appropriate for each participating student. FLVS will not be responsible to make such a determination and is not required to make any associated modifications to the Licensed Materials. The District may opt to share information about students with exceptionalities by ensuring the students' IEP or 504 plan is shared with FLVS.

21. ENGLISH LANGUAGE LEARNER STUDENTS

The District is responsible for providing appropriate equal access to all students, including ELL students. It is also responsible for ensuring compliance with the Florida META Consent Decree and other federal and state laws and regulations in connection with its use and implementation of the Licensed Materials.

22. PUBLIC RECORDS NOTICE

The Parties are required to comply with the Florida Public Records Law, Chapter 119, Florida Statutes, in the performance of their duties under this Agreement. Accordingly, the Parties shall:

a) Keep, maintain, and produce upon request and within a reasonable period of time all data created or collected in the performance of its duties under this Agreement ("Agreement Data") which come within the definition of a "public record" under Chapter 119, Florida Statutes.

b) Provide to each other, upon request and free of charge, a copy of each record which either Party seeks to produce in response to a public records request.

c) Ensure that Agreement Data that are considered exempt under Chapter 119, Florida Statutes, are not disclosed except as authorized by law.

d) Upon completion of their obligations under the Agreement, transfer to each other, at no cost, all Agreement Data in their possession or otherwise keep and maintain such data/records as required by law.

Either Party's failure to comply with the provisions set forth in this Section shall constitute a default and material breach of this Agreement, which may result in immediate termination by the non-breaching Party without penalty to them.

IF THE DISTRICT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, OR THE DISTRICT DUTY TO

PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, THE DISTRICT SHALL CONTACT FLVS's CUSTODIAN OF PUBLIC RECORDS AT 5422 CARRIER DRIVE, SUITE 201 ORLANDO, FLORIDA 32819 OR AT 407-490-2879, OR AT: custodianofrecords@flvs.net. IN TURN, IF FLVS HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, OR ITS DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, FLVS SHALL CONTACT THE DISTRICT CUSTODIAN OF PUBLIC RECORDS AT [business address]:270 S Blvd East Macclenny FL 32063 OR AT [phone #]: 904-259-0401_Or AT [email address]:_amy.sapp@bakerk12.org__.

23. RESERVATION OF SOVEREIGN IMMUNITY

FLVS and the District acknowledge and affirm the limited waiver of sovereign immunity as to tort claims arising from the negligent or wrongful conduct of an officer or employee as specified in Section 768.28, Florida Statutes. Subject to and within the limitations of Sections 163.01 and 768.28, Florida Statutes, FLVS and the District agree to be responsible only for such claims and damages caused by the actions or inaction of their own respective officers and employees while functioning within the scope of their official duties. Nothing herein shall be construed or interpreted as an agreement by one Party to indemnify the other, nor as an obligation to or consent to be sued by a third party. Furthermore, nothing herein shall be construed or interpreted as an agreement by either Party to waive the monetary limitations (*i.e.*, "statutory caps") of liability set forth in Chapters 163 and 768, Florida Statutes.

24. INDEMNIFICATION

To the extent permitted by law, FLVS and the District hereby acknowledge their respective entitlement to sovereign immunity and the limited waiver of sovereign immunity as to certain tort and negligence claims pursuant to Section 768.28, Florida Statutes. Nothing herein shall be construed as a waiver of any such immunity nor as an agreement by either Party to indemnify or defend the other. Furthermore, nothing herein shall be construed as an obligation of either Party to defend, sue, or consent to be sued by a third party. Rather, FLVS and the District agree to be responsible only for such claims and damages caused by the tortious or otherwise negligent action or inaction of their own officers and employees while functioning within the scope of their official duties, and their

respective liability for such damages shall be limited to the amounts set forth in Section 768.28, Florida Statutes.

25. FORCE MAJEURE

Neither Party to this Agreement shall be liable for delays or failures in performance under this Agreement resulting from acts or events beyond the reasonable control of such Party ("Force Majeure Event"), including acts of war, terrorism, acts of God, epidemic or pandemic, any police action of the federal, state, or local government, an earthquake, flood, embargo, riot, sabotage, labor dispute, governmental act, failure of the internet, power failure, or energy, utility, or telecommunications interruptions. The Party so affected, upon giving prompt notice to the other Party, shall be excused from such performance to the extent of such prevention, restriction, or interference; provided however, that the Party so affected shall take all reasonable steps to avoid or remove such cause of nonperformance and shall resume performance hereunder with dispatch whenever such causes are removed.

26. DISCLAIMERS AND OTHER LIMITATIONS OF LIABILITY

TO THE MAXIMUM EXTENT PERMITTED BY LAW AND EXCEPT FOR THE EXPRESS WARRANTIES HEREIN STATED, ALL INFORMATION, PRODUCTS, GOODS, AND/OR SERVICES PROVIDED BY OR THROUGH FLVS PURSUANT TO THIS AGREEMENT ARE PROVIDED "AS IS" AND WITHOUT WARRANTY OR CONDITION OF ANY KIND. EXCEPT FOR THE EXPRESS WARRANTIES HEREIN STATED, FLVS SPECIFICALLY DISCLAIMS ALL OTHER WARRANTIES AND CONDITIONS WITH REGARD TO THE LICENSED MATERIALS, INCLUDING ALL IMPLIED WARRANTIES OR CONDITIONS OF MERCHANTABILITY, TITLE, OR FITNESS FOR A PARTICULAR PURPOSE.

THE LIABILITY OF FLVS IS LIMITED IN ACCORDANCE WITH FLORIDA LAW AND THE TERMS OF THIS AGREEMENT. TO THE MAXIMUM EXTENT PERMITTED BY LAW, IN NO EVENT WILL FLVS BE LIABLE FOR ANY SPECIAL, EXEMPLARY, DIRECT, INDIRECT, PUNITIVE, INCIDENTAL, SPECIAL, CONSEQUENTIAL DAMAGES TO THE DISTRICT OR TO ANY THIRD PARTY FOR LOSS OF USE, DATA, OR PROFITS ARISING OUT OF OR IN ANY WAY CONNECTED TO THIS AGREEMENT OR THE USE OR PERFORMANCE OF THE LICENSED MATERIALS.

SUBJECT TO THE LIMITS SET FORTH IN SECTION 768.28, FLORIDA STATUTES, THE DISTRICT RECOVERY, IF ANY, SHALL BE LIMITED TO THE DISTRICT ACTUAL AND DIRECT DAMAGES AND THE MAXIMUM AGGREGATE AMOUNT OF ANY SUCH DAMAGES RECOVERABLE TO THE DISTRICT SHALL BE NO GREATER THAN THE SUMS PAID BY THE DISTRICT TO FLVS FOR THE LICENSED MATERIALS PURSUANT TO THIS AGREEMENT.

27. DISCLAIMER OF OTHER WARRANTIES AND CONDITIONS.

EXCEPT AS EXPRESSLY SET FORTH HEREIN, THERE ARE NO EXPRESS OR IMPLIED WARRANTIES OR CONDITIONS IN RELATION TO THE LICENSED MATERIALS, SUPPORT, OR SERVICES THAT ARE THE SUBJECT MATTER OF THE AGREEMENT, INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTIES OR CONDITIONS OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, OR ANY OTHER IMPLIED WARRANTIES OR CONDITIONS ARISING BY LAW, OR FROM A COURSE OF DEALING OR USAGE OF TRADE. THE LIMITED WARRANTIES SET FORTH ABOVE GIVE THE DISTRICT SPECIFIC LEGAL RIGHTS. THE DISTRICT MAY HAVE OTHER RIGHTS, WHICH VARY FROM JURISDICTION TO JURISDICTION.

28. RELATIONSHIP OF THE PARTIES

At all times during the term of this Agreement, the Parties shall be considered independent contractors and not employees of each other, and nothing herein shall be deemed to create a joint venture or principal-agent relationship between the Parties. Neither Party is authorized to, nor shall either Party act toward third persons or the public in any manner that would indicate anything other than an independent contractor relationship with the other Party.

29. NO PRESUMED CONSTRUCTION AGAINST DRAFTER(S)

The Parties acknowledge that they have both had an opportunity to craft the terms and scope of this Agreement. Accordingly, each and every term of this Agreement shall be construed in accordance with the fair meaning of such term and there shall be no

presumption against either Party for having drafted or participated in the drafting of this Agreement.

30. DESCRIPTIVE HEADINGS

The headings used herein are descriptive only and are not determinative as to the meaning or effect of any term of this Agreement.

31. BINDING EFFECT

This Agreement shall be binding upon and exclusively inure to the benefit of the Parties and their respective officers, employees, and authorized agents. The Parties do not intend for this Agreement to be binding upon or inure to the benefit of any other person, entity, or party.

32. NOTICES

All notices, demands, and other communications required or permitted pursuant to this Agreement shall be provided in writing and directed to the following contacts:

As to FLVS:

Larry Banks, Senior Director of Partner Services, Florida
Florida Virtual School
5422 Carrier Drive, Suite 201
Orlando, FL 32819
Email: lbanks@flvs.net and procurement@flvs.net

With a copy to:

Office of General Counsel
Florida Virtual School
5422 Carrier Drive, Suite 201
Orlando, FL 32819
Email: ogc@flvs.net

As to the District:

_Sherrie Raulerson_____, Superintendent of Schools
District Name: Baker County School District
Address: 270 S Blvd East
City/State:Macclenny, FL 32063
Email: sherrie.raulerson@bakerk12.org

With a copy to:

Name/Title: Thomas Hill, Executive Director to Teaching and Learning
Address: 270 S Blvd East
City/State: Macclenny, FL 32063
Email: Thomas.hill@bakerk12.org

33. NO WAIVER

No delay or failure to act on the part of either Party in exercising any right, power, or privilege under this Agreement shall impair any such right, power, or privilege or constitute a legal waiver or acquiescence regarding any such right, power, or privilege. Nor shall any single or partial exercise of any right, power, or privilege arising from this Agreement preclude any other or further exercise thereof or the exercise of any other right, power, or privilege. No waiver shall be valid and enforceable against either Party unless it is agreed upon in writing that is authorized and signed by the Party against whom enforcement of such waiver is sought.

34. OPPORTUNITY TO CONSULT WITH COUNSEL

Each Party acknowledges that it had an opportunity to consult with counsel of their own choice regarding the development and drafting of this Agreement.

35. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the State of Florida without regard to any choice of law provisions.

36. DISPUTE RESOLUTION

The Parties agree that they will use their best efforts to settle any and all disputes arising out of or in connection with this Agreement, including disputes as to its validity, interpretation, performance, and alleged breach, prior to initiating any legal proceeding, whether judicial or administrative in nature.

37. PARTICIPATION IN SIMILAR ACTIVITIES

This Agreement in no way restricts FLVS or the District from participating in similar activities with other public or private agencies, organizations, and individuals.

38. SEVERABILITY

The terms of this Agreement shall be severable such that, if any term herein is deemed unlawful, invalid, or unenforceable, such term shall not affect the validity and enforceability of any other terms of the Agreement.

39. NO ASSIGNMENT

This Agreement may not be assigned, transferred, or conveyed in whole or in part by either Party.

40. EXECUTION

Each Party acknowledges that it has executed or caused the execution of this Agreement on its own behalf in reliance on their own judgment and without coercion, duress, or undue influence. Each person signing this Agreement on behalf of either Party individually warrants that each has full legal power to execute this Agreement on behalf of the Party for whom each is signing and to bind and obligate such Party with respect to all provisions contained in this Agreement. This Agreement may be executed via electronic signature and in counterparts, any one of which shall be deemed an original and all of which collectively shall be deemed a single instrument.

41. ENTIRE AGREEMENT

This Agreement constitutes and contains the entire agreement and understanding between the Parties with respect to the subject matter herein and the terms of this Agreement supersede and replace any conflicting or inconsistent terms of any other agreement(s) between the Parties. Any amendment or modification of this Agreement and any waiver of its terms must be reduced to a writing which is authorized and signed by both Parties.

[Signatures follow on next page]

[Signature page to Blended Learning Community Agreement between
Florida Virtual School and
The School Board of ___Baker_____, County, Florida
Dated Upon Full Execution]

WHEREFORE, the Parties agree upon the foregoing terms and conditions of this Agreement and bind themselves to each other and to the covenants and promises herein stated through each of their authorized representatives/signatories below:

FLORIDA VIRTUAL SCHOOL	
By *(Authorized Signature)*	Date
Printed Name and Title of Person Signing: Louis J. Algaze, Ph.D. – President and CEO	
Address: 5422 Carrier Drive, Suite 201, Orlando, FL 32819.	
Approved as to legal form and sufficiency by:	
FLVS Office of General Counsel	
THE SCHOOL BOARD OF _____Baker_____ COUNTY, FLORIDA	
By *(Authorized Signature)*	Date
Printed Name and Title of Person Signing: Tiffany McInarnay, Baker County School Board Chairperson	
Address: 270 S BLVD East, Macclenny FL 32063	
Approved as to legal form and sufficiency by:	
School Board Attorney/Legal Counsel for The School Board of ___Baker____ County, Florida	

AGENDA ITEM NO. 8.6

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE: May 6, 2024

SUBMITTED BY: Teri Ambrose - (259-0418)

ITEM TYPE: Finance

AGENDA SECTION: **APPROVAL OF ROUTINE ITEMS**

SUBJECT: Approval of the Financial Reports for the Month Ending March 31, 2024.

ATTACHMENTS:
05.06.2024.Approval of Financial Reports Month Ending 03.31.24.pdf

Baker County School Board

Revenue and Expenditure Report - General Fund

For the Month Ending March 31, 2024

Revenues	2023-2024 Budgeted Revenues	Actual Revenues
Federal - R3200 - 3299	255,000.00	157,013.41
State - R3300-3399	41,854,321.76	28,107,429.99
Local - R3400-3499	6,741,765.00	6,653,465.05
Other Local Revenue - R3700-3799	42,000.00	120,524.75
Transfers In	-	-
Loss Recoveries	-	-
Beg Fund Balance	7,476,456.00	
	56,369,542.76	35,038,433.20

Expenditures	Current Year Budgeted Expenditures	Current Year Actual Expenditures	Difference	Prior Year 31-Mar-23 Actual Exp.	Difference (Current - Prior)
K-12 Instruction - Function 5000-5500	$ 29,384,043.96	17,696,467.90	11,687,576.06	16,009,856.36	1,686,611.54
Pupil Personnel Services - Function 6100	3,214,391.62	1,919,041.27	1,295,350.35	1,717,832.93	201,208.34
Instructional Media Services - Function 6200	705,347.93	330,767.62	374,580.31	341,923.66	(11,156.04)
Instruction & Curriculum Development Services - Function 6300	755,512.25	527,684.90	227,827.35	479,715.36	47,969.54
Instructional Staff Training Services - Function 6400	254,047.38	144,321.11	109,726.27	133,380.77	10,940.34
Instructional Related Technology - Function 6500	346,700.00	237,924.04	108,775.96	218,668.46	19,255.58
School Board - Function 7100	685,250.00	311,527.17	373,722.83	356,553.84	(45,026.67)
General Administration - Function 7200	377,853.00	249,653.14	128,199.86	263,087.83	(13,434.69)
School Administration - Function 7300	2,713,496.52	1,647,037.04	1,066,459.48	1,596,730.59	50,306.45
Facilities Acquisition & Construction - Function 7400	329,786.31	197,888.96	131,897.35	131,729.74	66,159.22
Fiscal Services - Function 7500	881,500.00	610,394.21	271,105.79	575,261.25	35,132.96
School Food Services - Function 7600	-	20,198.69	(20,198.69)	9,562.85	10,635.84
Central Services - Function 7700	806,768.58	390,634.26	416,134.32	363,616.76	27,017.50
Pupil Transportation Services - Function 7800	3,081,534.53	1,764,245.24	1,317,289.29	1,862,999.40	(98,754.16)
Operation of Plant - Function 7900	6,387,171.96	4,746,903.55	1,640,268.41	4,084,799.11	662,104.44
Maintenance of Plant - Function 8100	1,373,750.00	861,875.02	511,874.98	833,618.63	28,256.39
Administrative Technology Services - Function 8200	1,174,926.38	697,853.21	477,073.17	760,913.80	(63,060.59)
Community Services - Function 9100	361,962.34	263,209.80	98,752.54	178,494.28	84,715.52
Debt Service - Function 9200	-	-	-	-	-
Other Financing Uses	-	-	-	-	-
Ending Fund Balance	3,535,500.00		3,535,500.00		
	56,369,542.76	32,617,627.13	23,751,915.63	29,918,745.62	2,698,881.51

Baker County School Board

Revenue and Expenditure Report - School Food Service

For the Month Ending March 31, 2024

Revenues	2023-2024 Budgeted Revenues	Actual Revenues
Federal - R3200 - 3299	2,850,000.00	2,090,417.44
State - R3300-3399	35,000.00	20,447.00
Local - R3400-3499	31,000.00	26,941.33
Other Financing Sources	-	-
Beg Fund Balance	1,853,035.00	
	4,769,035.00	2,137,805.77

	Current Year			Prior Year	
Expenditures	**Budgeted Expenditures**	**Actual Expenditures**	**Difference**	**31-Mar-23 Actual Exp.**	**Difference (Current - Prior)**
Food Service - Function 7600	3,245,000.00	2,212,659.47	1,032,340.53	2,194,015.15	18,644.32
Other Financing Uses	-	-	-	-	-
Ending Fund Balance	1,524,035.00		1,524,035.00		
	4,769,035.00	2,212,659.47	2,556,375.53	2,194,015.15	18,644.32

Baker County School Board

Revenue and Expenditure Report - Federal Programs

For the Month Ending March 31, 2024

Revenues	2023-2024 Budgeted Revenues	Actual Revenues
Federal - R3200 - 3299	4,006,459.06	2,161,461.39
State - R3300-3399	-	-
Local - R3400-3499	-	1,382.31
Other/Transfers	-	-
	4,006,459.06	2,162,843.70

Expenditures	Current Year Budgeted Expenditures	Current Year Actual Expenditures	Difference	Prior Year 31-Mar-23 Actual Exp.	Difference (Current - Prior)
K-12 Instruction - Function 5000-5500	$ 2,368,111.27	$ 1,447,872.12	920,239.15	$ 1,315,706.83	132,165.29
Pupil Personnel Services - Function 6100	355,129.04	169,514.43	185,614.61	154,698.17	14,816.26
Instructional Media Services - Function 6200	2,880.00	-	2,880.00	-	-
Instruction & Curriculum Development Services - Function 6300	442,833.75	310,589.72	132,244.03	285,506.95	25,082.77
Instructional Staff Training Services - Function 6400	555,880.99	190,987.54	364,893.45	135,792.32	55,195.22
Instructional Related Technology - Function 6500	11,500.00	686.25	10,813.75	9,264.79	(8,578.54)
School Board - Function 7100	-	-	-	-	-
General Administration - Function 7200	160,638.09	-	160,638.09	2,219.78	(2,219.78)
School Administration - Function 7300	12,381.92	6,211.92	6,170.00	4,790.00	1,421.92
Facilities Acquisition & Construction - Function 7400	-	-	-	-	-
Fiscal Services - Function 7500	-	-	-	-	-
School Food Services - Function 7600	-	-	-	-	-
Central Services - Function 7700	17,687.00	13,547.12	4,139.88	11,553.11	1,994.01
Pupil Transportation Services - Function 7800	79,417.00	35,884.37	43,532.63	38,485.43	(2,601.06)
Operation of Plant - Function 7900	-	-	-	-	-
Maintenance of Plant - Function 8100	-	-	-	-	-
Administrative Technology Services - Function 8200	-	-	-	-	-
Community Services - Function 9100	-	-	-	-	-
Debt Service - Function 9200					
	$ 4,006,459.06	$ 2,175,293.47	1,831,165.59	$ 1,958,017.38	217,276.09

Baker County School Board

Revenue and Expenditure Report - ESSER II

For the Month Ending March 31, 2024

Revenues	2023-2024 Budgeted Revenues	Actual Revenues
Federal - R3200 - 3299	557,376.26	490,724.84
State - R3300-3399	-	-
Local - R3400-3499	-	-
Other/Transfers	-	-
	557,376.26	490,724.84

Expenditures	Current Year Budgeted Expenditures	Current Year Actual Expenditures	Current Year Difference	Prior Year 31-Mar-23 Actual Exp.	Difference (Current - Prior)
K-12 Instruction - Function 5000-5500	$ 535,042.18	$ 474,485.55	60,556.63	$ 296,256.61	178,228.94
Pupil Personnel Services - Function 6100	-	-	-	1,584.81	(1,584.81)
Instructional Media Services - Function 6200	-	-	-	29,975.30	(29,975.30)
Instruction & Curriculum Development Services - Function 6300	-	-	-	-	-
Instructional Staff Training Services - Function 6400	3,792.84	-	3,792.84	-	-
Instructional Related Technology - Function 6500	-	-	-	-	-
School Board - Function 7100	-	-	-	-	-
General Administration - Function 7200	3,806.04	3,504.84	301.20	-	3,504.84
School Administration - Function 7300	-	-	-	-	-
Facilities Acquisition & Construction - Function 7400	-	-	-	1,321,222.04	(1,321,222.04)
Fiscal Services - Function 7500	-	-	-	-	-
School Food Services - Function 7600	-	-	-	-	-
Central Services - Function 7700	-	-	-	-	-
Pupil Transportation Services - Function 7800	8,268.45	6,268.45	2,000.00	-	6,268.45
Operation of Plant - Function 7900	6,466.75	6,466.00	0.75	7,350.00	(884.00)
Maintenance of Plant - Function 8100	-	-	-	-	-
Administrative Technology Services - Function 8200	-	-	-	-	-
Community Services - Function 9100	-	-	-	-	-
Debt Service - Function 9200	-	-	-	-	-
Other Financing Uses	-	-	-	-	-
	$ 557,376.26	$ 490,724.84	66,651.42	$ 1,656,388.76	(1,165,663.92)

Baker County School Board

Revenue and Expenditure Report - ESSER III

For the Month Ending March 31, 2024

Revenues	2023-2024 Budgeted Revenues	Actual Revenues
Federal - R3200 - 3299	6,281,299.65	3,546,901.78
State - R3300-3399	-	-
Local - R3400-3499	-	-
Other/Transfers	-	-
	6,281,299.65	3,546,901.78

Expenditures	Current Year Budgeted Expenditures	Current Year Actual Expenditures	Difference	Prior Year 31-Mar-23 Actual Exp.	Difference (Current - Prior)
K-12 Instruction - Function 5000-5500	$ 1,973,901.61	$ 987,079.50	986,822.11	$ 963,277.77	23,801.73
Pupil Personnel Services - Function 6100	353,254.12	193,179.26	160,074.86	81,290.47	111,888.79
Instructional Media Services - Function 6200	8,612.00	8,612.00	-	-	8,612.00
Instruction & Curriculum Development Services - Function 6300	11,543.24	11,303.24	240.00	1,298.72	10,004.52
Instructional Staff Training Services - Function 6400	206,104.12	52,557.58	153,546.54	10,645.18	41,912.40
Instructional Related Technology - Function 6500	3,229.50	3,229.50	-	-	3,229.50
School Board - Function 7100	-	-	-	-	-
General Administration - Function 7200	64,728.09	2,153.00	62,575.09	9,723.63	(7,570.63)
School Administration - Function 7300	39,135.09	32,783.85	6,351.24	-	32,783.85
Facilities Acquisition & Construction - Function 7400	1,993,349.58	1,441,215.67	552,133.91	894,574.78	546,640.89
Fiscal Services - Function 7500	80,987.96	59,928.96	21,059.00	47,241.35	12,687.61
School Food Services - Function 7600	45,154.10	38,177.67	6,976.43	20,417.31	17,760.36
Central Services - Function 7700	3,767.76	3,767.76	-	-	3,767.76
Pupil Transportation Services - Function 7800	1,429,903.92	758,500.00	671,403.92	49,711.17	708,788.83
Operation of Plant - Function 7900	56,863.56	48,442.50	8,421.06	21,103.00	27,339.50
Maintenance of Plant - Function 8100	8,612.00	8,612.00	-	-	8,612.00
Administrative Technology Services - Function 8200	2,153.00	2,153.00	-	-	2,153.00
Community Services - Function 9100	-	-	-	-	-
Debt Service - Function 9200	-	-	-	-	-
Other Financing Uses	-	-	-	-	-
	$ 6,281,299.65	$ 3,651,695.49	2,629,604.16	$ 2,099,283.38	1,552,412.11

Baker County School Board

Revenue and Expenditure Report - ARP - Other Relief

For the Month Ending March 31, 2024

Revenues	2023-2024 Budgeted Revenues	Actual Revenues
Federal - R3200 - 3299	170,350.85	116,846.77
State - R3300-3399	-	-
Local - R3400-3499	-	-
Other/Transfers	-	-
	170,350.85	116,846.77

Expenditures	Current Year Budgeted Expenditures	Current Year Actual Expenditures	Difference	Prior Year 31-Mar-23 Actual Exp.	Difference (Current - Prior)
K-12 Instruction - Function 5000-5500	$ 126,523.28	$ 86,937.21	39,586.07	$ 14,372.53	72,564.68
Pupil Personnel Services - Function 6100	6,710.88	2,273.18	4,437.70	884.48	1,388.70
Instructional Media Services - Function 6200	-	-	-	-	-
Instruction & Curriculum Development Services - Function 6300	30,348.99	24,151.99	6,197.00	64,772.50	(40,620.51)
Instructional Staff Training Services - Function 6400	2,456.70	2,280.25	176.45	1,073.30	1,206.95
Instructional Related Technology - Function 6500	-	-	-	-	-
School Board - Function 7100	-	-	-	-	-
General Administration - Function 7200	1,406.47	-	1,406.47	-	-
School Administration - Function 7300	-	-	-	-	-
Facilities Acquisition & Construction - Function 7400	-	-	-	-	-
Fiscal Services - Function 7500	-	-	-	-	-
School Food Services - Function 7600	-	-	-	-	-
Central Services - Function 7700	-	-	-	-	-
Pupil Transportation Services - Function 7800	-	-	-	-	-
Operation of Plant - Function 7900	-	-	-	-	-
Maintenance of Plant - Function 8100	-	-	-	-	-
Administrative Technology Services - Function 8200	-	-	-	-	-
Community Services - Function 9100	2,904.53	1,119.88	1,784.65	286.00	833.88
Debt Service - Function 9200	-	-	-	-	-
Other Financing Uses	-	-	-	-	-
	$ 170,350.85	$ 116,762.51	53,588.34	$ 81,388.81	35,373.70

Baker County School Board

Revenue and Expenditure Report - PECO

For the Month Ending March 31, 2024

Revenues	2023-2024 Budgeted Revenues	2023-2024 Actual Revenues
Federal - R3200 - 3299	-	-
State - R3300-3399	-	-
Local - R3400-3499	-	1,021.66
Other/Transfers	-	-
Beg Fund Balance	3,052,518.04	
	3,052,518.04	1,021.66

Expenditures	Current Year Budgeted Expenditures	Current Year Actual Expenditures	Difference	Prior Year 31-Mar-23 Actual Exp.	Difference (Current - Prior)
Facilities Acquisition & Construction - Function 7400	3,052,518.04	914,901.59	2,137,616.45	8,868,444.92	(7,953,543.33)
Other Financing Uses	-	-	-	-	-
Ending Fund Balance	-		-		
	3,052,518.04	914,901.59	2,137,616.45	8,868,444.92	(7,953,543.33)

Baker County School Board

Revenue and Expenditure Report - CO & DS

For the Month Ending March 31, 2024

Revenues	2023-2024 Budgeted Revenues	Actual Revenues
Federal - R3200 - 3299	-	-
State - R3300-3399	167,000.00	-
Local - R3400-3499	-	-
Other/Transfers	-	-
Beg Fund Balance	169,209.09	
	336,209.09	-

Expenditures	Current Year Budgeted Expenditures	Current Year Actual Expenditures	Current Year Difference	Prior Year 31-Mar-23 Actual Exp.	Difference (Current - Prior)
Facilities Acquisition & Construction - Function 7400	336,209.09	-	336,209.09	-	-
Other Financing Uses	-	-	-	329,447.00	(329,447.00)
Ending Fund Balance	-		-		
	336,209.09	-	336,209.09	329,447.00	(329,447.00)

Baker County School Board

Revenue and Expenditure Report - LCIF (1.5 MIL)

For the Month Ending March 31, 2024

Revenues	2023-2024 Budgeted Revenues	Actual Revenues
Federal - R3200 - 3299	-	-
State - R3300-3399	2,302,607.00	-
Local - R3400-3499	-	2,159,171.27
Other/Transfers		
Beg Fund Balance	410,942.61	
	2,713,549.61	2,159,171.27

Expenditures	Current Year Budgeted Expenditures	Current Year Actual Expenditures	Difference	Prior Year 31-Mar-23 Actual Exp.	Difference (Current - Prior)
Facilities Acquisition & Construction - Function 7400	2,713,549.61	204,528.73	2,509,020.88	-	204,528.73
Buses	-	-	-	-	-
Other Financing Uses	-	57,224.00	(57,224.00)	5,365,926.37	(5,308,702.37)
Ending Fund Balance	-		-		
	2,713,549.61	261,752.73	2,451,796.88	5,365,926.37	(5,104,173.64)

Baker County School Board

Revenue and Expenditure Report - Impact Fees

For the Month Ending March 31, 2024

Revenues	2023-2024 Budgeted Revenues	Actual Revenues
Federal - R3200 - 3299	-	-
State - R3300-3399	-	-
Local - R3400-3499	250,000.00	118,779.92
Other/Transfers	-	-
Beg Fund Balance	85,778.28	
	335,778.28	118,779.92

Expenditures	Current Year Budgeted Expenditures	Actual Expenditures	Difference	Prior Year 31-Mar-23 Actual Exp.	Difference (Current - Prior)
Facilities Acquisition & Construction - Function 7400	335,778.28	-	335,778.28	13,250.00	(13,250.00)
Other Financing Uses	-	-	-	1,536,715.08	(1,536,715.08)
Ending Fund Balance	-		-		
	335,778.28	-	335,778.28	1,549,965.08	(1,549,965.08)

FundTFunc Obj Fac Proj Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000A1111 0001 0000 00000 00000 00000	GENERAL FUND/CASH/Fund Check	47,328,536.35	44,914,418.01	2,414,118.34	8,115,058.26
1000A1111 0002 0000 00000 00000 00000	GENERAL FUND/CASH/Payroll Ch	27,232,396.18	27,212,090.10	20,306.08	691,682.79
1000A1111 0003 0000 00000 00000 00000	GENERAL FUND/CASH/Accounts P	15,687,701.54	15,601,096.95	86,604.59	59,426.46
1000A1115 0000 0000 00000 00000 00000	GENERAL FUND/CASH INT EARNIN	28,326.21	0.00	28,326.21	1,907,853.35
1000A1141 0000 0000 00000 00000 00000	GENERAL FUND/DUE FROM OTHER	11,492,405.64	11,922,328.55	429,922.91CR	215,015.84
1000A1150 0000 0000 00000 00000 00000	GENERAL FUND/MAINTENANCE INV	0.00	0.00	0.00	25,699.19
1000A1151 0000 0000 00000 00000 00000	GENERAL FUND/TRANSPORTATION	0.00	0.00	0.00	51,415.53
1000A1152 0000 0000 00000 00000 00000	GENERAL FUND/WAREHOUSE INVEN	0.00	0.00	0.00	16,058.00
1000A1153 0000 0000 00000 00000 00000	GENERAL FUND/CUSTODIAL INVEN	0.00	0.00	0.00	67,529.52
1000A1164 0000 0000 00000 00000 00000	GENERAL FUND/INVESTMENTS SBA	14,964.58	0.00	14,964.58	365,600.18
1000A1220 0000 0000 00000 00000 00000	GENERAL FUND/DUE FROM OTHER	0.00	45,006.02	45,006.02CR	0.00
1000L2110 0000 0000 00000 00000 00000	GENERAL FUND/SAL, BEN & PYRL	25,590,808.70	25,590,808.70	0.00	7,703.63CR
1000L2120 0000 0000 00000 00000 00000	GENERAL FUND/ACCOUNTS PAYABL	10,674,363.92	10,614,720.35	59,643.57	37.60
1000L2160 0000 0000 00000 00000 00000	GENERAL FUND/DUE TO OTHER FU	11,922,328.55	11,898,613.65	23,714.90	3,504.84CR
1000L2170 0000 0000 00000 00000 00000	GENERAL FUND/FEDERAL INCOME	1,321,154.56	1,321,154.56	0.00	0.00
1000L2171 0000 0000 00000 00000 00000	GENERAL FUND/F.I.C.A. TAX PA	2,751,239.39	2,750,421.39	818.00	799.61
1000L2172 0000 0000 00000 00000 00000	GENERAL FUND/RETIREMENT PAYA	3,193,324.02	3,194,146.04	822.02CR	367,597.66CR
1000L2173 0000 0000 00000 00000 00000	GENERAL FUND/INSURANCE PAYAB	3,260,351.15	3,005,724.55	254,626.60	354,486.30CR
1000L2174 0000 0000 00000 00000 00000	GENERAL FUND/ANNUITIES PAYAB	674,828.46	674,828.46	0.00	0.00
1000L2177 0000 0000 00000 00000 00000	GENERAL FUND/FOUNDATION PAYA	11,206.06	11,206.06	0.00	0.00
1000L2178 0000 0000 00000 00000 00000	GENERAL FUND/GARNISHMENT/NON	13,284.08	16,411.82	3,127.74CR	3,271.06CR
1000L2179 0000 0000 00000 00000 00000	GENERAL FUND/OTHER DEDUCTION	159.40	159.40	0.00	0.00
1000L2220 0000 0000 00000 00000 00000	GENERAL FUND/DEPOSITS PAYABL	134,198.36	137,366.47	3,168.11CR	5,641.70
1000L2230 0000 0000 00000 00000 00000	GENERAL FUND/DUE TO OTHER AG	1,200.00	1,470.00	270.00CR	270.00CR
1000L2632 0000 0000 00000 00000 00000	GENERAL FUND/DEFERRED REV UN	0.00	0.00	0.00	887,721.85CR
1000Q1520 0000 0000 00000 00000 00000	GENERAL FUND/ENCUMBRANCES/NO	3,057,706.16	3,235,619.85	177,913.69CR	265,379.41
1000Q1530 0000 0000 00000 00000 00000	GENERAL FUND/EXPENDITURES/NO	32,959,159.64	341,532.51	32,617,627.13	508,531,339.11
1000Q2520 0000 0000 00000 00000 00000	GENERAL FUND/REVENUE/NON-DES	135,793.25	35,174,226.45	35,038,433.20CR	510,838,359.37CR
1000Q2710 0000 0000 00000 00000 00000	GENERAL FUND/RESERVED STATE	0.00	0.00	0.00	183,973.49CR
1000Q2720 0000 0000 00000 00000 00000	GENERAL FUND/RESERVED FOR EN	3,235,619.85	3,057,706.16	177,913.69	265,379.41CR
1000Q2760 0000 0000 00000 00000 00000	GENERAL FUND/UNRESERVED FUND	0.00	0.00	0.00	7,258,724.44CR
1000Q2762 0000 0000 00000 00000 00000	GENERAL FUND/DESG INS LOSS R	0.00	0.00	0.00	147,544.50CR
** Total Fund 1000 Balance Sheet	Count 32	200,721,056.05	200,721,056.05	0.00	0.00
1000R0000 3191 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	5,513.10	23,749.16	18,236.06CR	
1000R0000 3202 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	23,721.00	138,204.56	114,483.56CR	
1000R0000 3294 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	21,285.02	45,578.81	24,293.79CR	
1000R0000 3310 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	23,017,380.00	23,017,380.00CR	
1000R0000 3315 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	188,784.00	188,784.00CR	

FundTFunc Obj Fac Proj Subpr Prog	Fund/Function/Source/Project	Debits	Credits	Net DB-CR	Ending Bal
1000R0000 3317 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	13,463.00	13,463.00CR	
1000R0000 3341 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	143,875.00	143,875.00CR	
1000R0000 3342 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	63,826.02	63,826.02CR	
1000R0000 3343 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	14,377.13	14,377.13CR	
1000R0000 3355 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	3,438,926.00	3,438,926.00CR	
1000R0000 3361 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	427,060.00	427,060.00CR	
1000R0000 3371 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	84,810.00	462,541.29	377,731.29CR	
1000R0000 3372 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	35,039.81	35,039.81CR	
1000R0000 3390 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	356,295.74	356,295.74CR	
1000R0000 3399 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	30,672.00	30,672.00CR	
1000R0000 3411 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	5,560,743.33	5,560,743.33CR	
1000R0000 3425 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	26,790.77	26,790.77CR	
1000R0000 3430 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	91.13	102,596.99	102,505.86CR	
1000R0000 3440 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	14,145.00	14,145.00CR	
1000R0000 3461 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	4,470.00	4,470.00CR	
1000R0000 3462 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	6,109.98	6,109.98CR	
1000R0000 3465 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	120.00	120.00CR	
1000R0000 3469 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	2,710.42	2,710.42CR	
1000R0000 3472 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	130.00	272,292.10	272,162.10CR	
1000R0000 3473 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	148.00	258,757.67	258,609.67CR	
1000R0000 3490 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	95.00	287,199.09	287,104.09CR	
1000R0000 3494 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	3,504.84	3,504.84CR	
1000R0000 3495 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	7,877.89	7,877.89CR	
1000R0000 3497 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	106,611.10	106,611.10CR	
1000R0000 3741 0000 00000 00000 00000	GENERAL FUND/TO CORRECT FUNC	0.00	120,524.75	120,524.75CR	
** Total Fund 1000 Operating Revenue Count 30		135,793.25	35,174,226.45	35,038,433.20CR	
1000E5100 0120 0012 00000 00000 00000	GENERAL FUND/K-12 INSTRUCTIO	1,917,194.52	8,083.32	1,909,111.20	
1000E5100 0120 0012 01024 00000 00000	GENERAL FUND/K-12 INSTRUCTIO	35,765.23	0.00	35,765.23	
1000E5100 0120 0012 01150 00000 00000	GENERAL FUND/K-12 INSTRUCTIO	22,294.48	0.00	22,294.48	
1000E5100 0120 0012 01304 00000 00000	GENERAL FUND/K-12 INSTRUCTIO	1,710.00	0.00	1,710.00	
1000E5100 0120 0012 01705 00000 00000	GENERAL FUND/K-12 INSTRUCTIO	1,050.00	0.00	1,050.00	
1000E5100 0120 0013 00000 00000 00000	GENERAL FUND/K-12 INSTRUCTIO	1,150,888.37	3,652.47	1,147,235.90	
1000E5100 0120 0013 01026 00000 00000	GENERAL FUND/K-12 INSTRUCTIO	250.00	0.00	250.00	
1000E5100 0120 0013 01150 00000 00000	GENERAL FUND/K-12 INSTRUCTIO	2,786.81	0.00	2,786.81	
1000E5100 0120 0013 01180 00000 00000	GENERAL FUND/K-12 INSTRUCTIO	35,541.23	0.00	35,541.23	
1000E5100 0120 0013 01705 00000 00000	GENERAL FUND/K-12 INSTRUCTIO	950.00	0.00	950.00	
1000E5100 0120 0021 00000 00000 00000	GENERAL FUND/K-12 INSTRUCTIO	1,016,382.03	2,892.02	1,013,490.01	
1000E5100 0120 0021 01026 00000 00000	GENERAL FUND/K-12 INSTRUCTIO	500.00	0.00	500.00	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E5100	0120	0021	01150	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	8,360.43	0.00	8,360.43	
1000E5100	0120	0021	01180	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	30,135.20	0.00	30,135.20	
1000E5100	0120	0021	01705	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	2,100.00	0.00	2,100.00	
1000E5100	0120	0022	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	703,431.96	2,938.34	700,493.62	
1000E5100	0120	0022	01705	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	550.00	0.00	550.00	
1000E5100	0120	0032	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	2,287,698.21	4,415.44	2,283,282.77	
1000E5100	0120	0032	01150	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	8,360.43	0.00	8,360.43	
1000E5100	0120	0032	01303	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,575.00	0.00	1,575.00	
1000E5100	0120	0032	01705	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,925.00	0.00	1,925.00	
1000E5100	0120	0091	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,108,045.55	14,204.63	1,093,840.92	
1000E5100	0120	0091	01026	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	500.00	0.00	500.00	
1000E5100	0120	0091	01125	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	3,715.74	0.00	3,715.74	
1000E5100	0120	0091	01150	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	2,786.81	0.00	2,786.81	
1000E5100	0120	0091	01180	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	30,135.20	0.00	30,135.20	
1000E5100	0120	0091	01705	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,125.00	0.00	1,125.00	
1000E5100	0140	0012	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	7,229.00	0.00	7,229.00	
1000E5100	0140	0021	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	10,317.40	0.00	10,317.40	
1000E5100	0140	0022	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	5,814.82	0.00	5,814.82	
1000E5100	0140	0032	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	5,145.77	0.00	5,145.77	
1000E5100	0140	0091	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,288.16	118.13	1,170.03	
1000E5100	0150	0012	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	43,643.70	171.08	43,472.62	
1000E5100	0150	0012	01304	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	900.00	0.00	900.00	
1000E5100	0150	0012	01705	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	50.00	0.00	50.00	
1000E5100	0150	0013	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	91,274.61	505.70	90,768.91	
1000E5100	0150	0013	01026	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	125.00	0.00	125.00	
1000E5100	0150	0013	01705	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	50.00	0.00	50.00	
1000E5100	0150	0013	01871	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	10,050.48	0.00	10,050.48	
1000E5100	0150	0021	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	33,025.79	0.00	33,025.79	
1000E5100	0150	0021	01705	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	150.00	0.00	150.00	
1000E5100	0150	0021	01871	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	9,202.71	234.75	8,967.96	
1000E5100	0150	0022	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	47,652.22	249.83	47,402.39	
1000E5100	0150	0022	01705	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	400.00	0.00	400.00	
1000E5100	0150	0032	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	16,983.89	0.00	16,983.89	
1000E5100	0150	0091	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	45,552.46	0.00	45,552.46	
1000E5100	0150	0091	01705	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	500.00	0.00	500.00	
1000E5100	0150	0091	01871	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	5,399.05	352.14	5,046.91	
1000E5100	0160	0012	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,072.93	0.00	1,072.93	
1000E5100	0160	0012	01304	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,860.00	0.00	1,860.00	
1000E5100	0160	0022	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	101.25	0.00	101.25	
1000E5100	0160	0032	01303	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	112.50	0.00	112.50	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E5100	0210	0012	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	272,882.94	1,074.25	271,808.69	
1000E5100	0210	0012	01024	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	4,853.30	0.00	4,853.30	
1000E5100	0210	0012	01304	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	606.68	0.00	606.68	
1000E5100	0210	0013	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	176,743.49	565.03	176,178.46	
1000E5100	0210	0013	01180	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	4,822.94	0.00	4,822.94	
1000E5100	0210	0013	01871	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,363.89	0.00	1,363.89	
1000E5100	0210	0021	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	140,648.35	392.46	140,255.89	
1000E5100	0210	0021	01180	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	4,089.35	0.00	4,089.35	
1000E5100	0210	0021	01871	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,248.82	31.85	1,216.97	
1000E5100	0210	0022	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	106,559.17	408.01	106,151.16	
1000E5100	0210	0032	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	315,114.82	599.17	314,515.65	
1000E5100	0210	0032	01303	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	229.00	0.00	229.00	
1000E5100	0210	0091	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	162,430.16	1,927.59	160,502.57	
1000E5100	0210	0091	01180	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	4,089.35	0.00	4,089.35	
1000E5100	0210	0091	01871	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	732.66	47.79	684.87	
1000E5100	0220	0012	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	144,060.68	624.38	143,436.30	
1000E5100	0220	0012	01024	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	2,736.05	0.00	2,736.05	
1000E5100	0220	0012	01150	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,696.81	0.00	1,696.81	
1000E5100	0220	0012	01304	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	311.60	0.00	311.60	
1000E5100	0220	0012	01705	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	79.60	0.00	79.60	
1000E5100	0220	0013	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	89,749.29	302.72	89,446.57	
1000E5100	0220	0013	01026	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	26.98	0.00	26.98	
1000E5100	0220	0013	01150	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	213.19	0.00	213.19	
1000E5100	0220	0013	01180	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	2,718.86	0.00	2,718.86	
1000E5100	0220	0013	01705	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	70.08	0.00	70.08	
1000E5100	0220	0013	01871	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	426.01	0.00	426.01	
1000E5100	0220	0021	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	76,722.22	205.09	76,517.13	
1000E5100	0220	0021	01026	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	36.96	0.00	36.96	
1000E5100	0220	0021	01150	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	639.57	0.00	639.57	
1000E5100	0220	0021	01180	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	2,143.45	0.00	2,143.45	
1000E5100	0220	0021	01705	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	154.52	0.00	154.52	
1000E5100	0220	0021	01871	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	642.78	17.95	624.83	
1000E5100	0220	0022	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	53,800.29	306.96	53,493.33	
1000E5100	0220	0022	01705	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	70.07	0.00	70.07	
1000E5100	0220	0032	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	166,670.72	272.18	166,398.54	
1000E5100	0220	0032	01150	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	639.57	0.00	639.57	
1000E5100	0220	0032	01303	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	117.77	0.00	117.77	
1000E5100	0220	0032	01705	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	140.33	0.00	140.33	
1000E5100	0220	0091	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	82,919.27	1,101.35	81,817.92	
1000E5100	0220	0091	01026	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	37.06	0.00	37.06	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E5100	0220	0091	01125	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	284.26	0.00	284.26	
1000E5100	0220	0091	01150	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	213.20	0.00	213.20	
1000E5100	0220	0091	01180	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	2,305.32	0.00	2,305.32	
1000E5100	0220	0091	01705	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	114.74	0.00	114.74	
1000E5100	0220	0091	01871	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	396.93	25.74	371.19	
1000E5100	0230	0012	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	139,839.30	535.02	139,304.28	
1000E5100	0230	0012	01024	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	21.60	0.00	21.60	
1000E5100	0230	0013	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	102,554.32	2,397.46	100,156.86	
1000E5100	0230	0013	01180	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	21.60	0.00	21.60	
1000E5100	0230	0013	01871	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	4,278.73	0.00	4,278.73	
1000E5100	0230	0021	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	91,789.64	0.00	91,789.64	
1000E5100	0230	0021	01180	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	4,403.36	0.00	4,403.36	
1000E5100	0230	0021	01871	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	2,752.10	0.00	2,752.10	
1000E5100	0230	0022	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	77,289.80	1,604.40	75,685.40	
1000E5100	0230	0032	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	213,545.46	949.76	212,595.70	
1000E5100	0230	0091	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	125,476.38	1,531.10	123,945.28	
1000E5100	0230	0091	01180	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	21.60	0.00	21.60	
1000E5100	0230	0091	01871	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	367.97	0.00	367.97	
1000E5100	0310	0012	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	7,446.25	0.00	7,446.25	
1000E5100	0310	0012	01005	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	10,876.00	325.00	10,551.00	
1000E5100	0310	0012	01030	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	7,650.00	0.00	7,650.00	
1000E5100	0310	9001	01030	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	5,400.00	0.00	5,400.00	
1000E5100	0310	9001	01871	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	5,000.00	0.00	5,000.00	
1000E5100	0330	0022	01017	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	706.54	0.00	706.54	
1000E5100	0350	0032	00032	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	672.00	0.00	672.00	
1000E5100	0360	0012	01052	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	6,190.03	0.00	6,190.03	
1000E5100	0360	0013	01052	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	7,721.55	0.00	7,721.55	
1000E5100	0360	0021	01052	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	7,721.55	0.00	7,721.55	
1000E5100	0360	0022	01052	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	4,498.11	0.00	4,498.11	
1000E5100	0360	0032	01052	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	2,919.60	0.00	2,919.60	
1000E5100	0360	0091	01052	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	7,721.55	0.00	7,721.55	
1000E5100	0369	0012	01002	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	27,644.75	0.00	27,644.75	
1000E5100	0369	0012	01012	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	5,774.00	0.00	5,774.00	
1000E5100	0369	0012	01015	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	95.88	0.00	95.88	
1000E5100	0369	0021	01002	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	3,295.00	0.00	3,295.00	
1000E5100	0369	0032	01012	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	5,774.00	0.00	5,774.00	
1000E5100	0369	0091	00091	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	125.00	0.00	125.00	
1000E5100	0369	9001	01012	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	5,503.30	0.00	5,503.30	
1000E5100	0369	9001	01015	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	84.23	0.00	84.23	
1000E5100	0369	9001	01030	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	13,686.50	0.00	13,686.50	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E5100	0370	0012	00012	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	980.00	0.00	980.00	
1000E5100	0370	0013	00013	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	517.00	0.00	517.00	
1000E5100	0370	0021	00021	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,142.00	0.00	1,142.00	
1000E5100	0370	0032	00032	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,822.87	0.00	1,822.87	
1000E5100	0370	0091	00091	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	660.00	0.00	660.00	
1000E5100	0390	0012	01025	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	9,913.80	0.00	9,913.80	
1000E5100	0390	9001	01030	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	12,060.00	0.00	12,060.00	
1000E5100	0510	0012	00012	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	7,728.70	0.00	7,728.70	
1000E5100	0510	0012	01028	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,750.00	0.00	1,750.00	
1000E5100	0510	0012	01140	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	16,800.00	0.00	16,800.00	
1000E5100	0510	0013	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	518.85	518.85	0.00	
1000E5100	0510	0013	00013	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	6,358.57	112.45	6,246.12	
1000E5100	0510	0013	01028	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,103.96	0.00	1,103.96	
1000E5100	0510	0013	01140	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	10,500.00	0.00	10,500.00	
1000E5100	0510	0021	00021	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	18,147.74	9,486.41	8,661.33	
1000E5100	0510	0021	01028	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	775.00	0.00	775.00	
1000E5100	0510	0021	01140	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	9,900.00	0.00	9,900.00	
1000E5100	0510	0022	00022	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	6,100.63	385.97	5,714.66	
1000E5100	0510	0022	01028	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	5,496.01	0.00	5,496.01	
1000E5100	0510	0022	01084	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,245.00	0.00	1,245.00	
1000E5100	0510	0022	01140	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	6,300.00	0.00	6,300.00	
1000E5100	0510	0032	00032	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	2,245.27	136.58	2,108.69	
1000E5100	0510	0032	01012	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,504.89	312.40	1,192.49	
1000E5100	0510	0032	01028	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,393.04	0.00	1,393.04	
1000E5100	0510	0032	01045	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	505.55	0.00	505.55	
1000E5100	0510	0032	01140	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	21,000.00	0.00	21,000.00	
1000E5100	0510	0091	00091	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	7,301.19	169.11	7,132.08	
1000E5100	0510	0091	01028	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	187.50	0.00	187.50	
1000E5100	0510	0091	01140	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	10,200.00	0.00	10,200.00	
1000E5100	0510	9001	01015	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	197.60	0.00	197.60	
1000E5100	0510	9001	01710	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	4,127.90	0.00	4,127.90	
1000E5100	0510	9001	01871	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	3,876.60	0.00	3,876.60	
1000E5100	0519	0012	00012	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	3,497.56	0.00	3,497.56	
1000E5100	0519	0013	00013	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	591.11	6.73	584.38	
1000E5100	0519	0021	00021	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,194.67	0.00	1,194.67	
1000E5100	0519	0022	00022	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,567.60	0.00	1,567.60	
1000E5100	0519	0032	00032	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	638.45	0.00	638.45	
1000E5100	0519	0032	01028	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	136.63	0.00	136.63	
1000E5100	0519	0091	00091	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,090.59	67.18	1,023.41	
1000E5100	0519	9001	01015	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	297.98	0.00	297.98	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E5100	0519	9001	01710	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,496.28	0.00	1,496.28	
1000E5100	0520	0012	01002	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	43,493.56	0.00	43,493.56	
1000E5100	0520	0012	01212	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	50,073.73	0.00	50,073.73	
1000E5100	0520	0013	01002	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	19,026.83	0.00	19,026.83	
1000E5100	0520	0021	01002	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	23,671.50	0.00	23,671.50	
1000E5100	0520	0022	01002	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	20,436.35	0.00	20,436.35	
1000E5100	0520	0032	01002	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	42,116.29	0.00	42,116.29	
1000E5100	0520	0091	01002	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	4,757.90	0.00	4,757.90	
1000E5100	0530	0032	00032	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	2,034.91	0.00	2,034.91	
1000E5100	0642	0012	00012	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	5,409.00	209.90	5,199.10	
1000E5100	0642	0013	00013	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	396.26	0.00	396.26	
1000E5100	0642	0032	00032	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,229.82	0.00	1,229.82	
1000E5100	0642	0091	00091	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	2,297.15	0.00	2,297.15	
1000E5100	0643	9001	01710	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	24,800.00	0.00	24,800.00	
1000E5100	0644	0022	00022	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	57.66	0.00	57.66	
1000E5100	0644	0091	00091	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	167.17	0.00	167.17	
1000E5100	0649	0032	00032	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	286.42	0.00	286.42	
1000E5100	0649	0032	01028	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	249.99	0.00	249.99	
1000E5100	0649	9001	01710	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,647.00	0.00	1,647.00	
1000E5100	0691	9001	01871	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	5,000.00	0.00	5,000.00	
1000E5100	0730	0011	01017	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,200.00	0.00	1,200.00	
1000E5100	0730	0012	00012	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	12.42	0.00	12.42	
1000E5100	0730	0012	01017	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,200.00	0.00	1,200.00	
1000E5100	0730	0012	01212	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	40,257.21	0.00	40,257.21	
1000E5100	0730	0013	01017	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,200.00	0.00	1,200.00	
1000E5100	0730	0021	01017	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,200.00	0.00	1,200.00	
1000E5100	0730	0022	01017	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	900.00	0.00	900.00	
1000E5100	0730	0032	01017	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,200.00	0.00	1,200.00	
1000E5100	0730	0091	01017	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	1,200.00	0.00	1,200.00	
1000E5100	0730	9001	01017	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	7,200.00	0.00	7,200.00	
1000E5100	0750	0012	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	122,733.66	0.00	122,733.66	
1000E5100	0750	0013	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	60,782.51	0.00	60,782.51	
1000E5100	0750	0021	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	78,191.34	0.00	78,191.34	
1000E5100	0750	0022	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	41,839.97	824.70	41,015.27	
1000E5100	0750	0032	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	159,209.45	0.00	159,209.45	
1000E5100	0750	0091	00000	00000	00000	GENERAL FUND/K-12 INSTRUCTIO	100,145.04	1,181.25	98,963.79	
1000E5200	0120	0012	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	271,508.93	1,423.97	270,084.96	
1000E5200	0120	0012	01150	00000	00000	GENERAL FUND/EXCEPTIONAL STU	2,786.81	0.00	2,786.81	
1000E5200	0120	0012	01705	00000	00000	GENERAL FUND/EXCEPTIONAL STU	350.00	0.00	350.00	
1000E5200	0120	0013	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	100,477.13	2,687.28	97,789.85	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E5200	0120	0021	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	97,081.91	2,692.03	94,389.88	
1000E5200	0120	0021	01180	00000	00000	GENERAL FUND/EXCEPTIONAL STU	35,541.23	0.00	35,541.23	
1000E5200	0120	0021	01705	00000	00000	GENERAL FUND/EXCEPTIONAL STU	100.00	0.00	100.00	
1000E5200	0120	0022	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	127,415.10	193.28	127,221.82	
1000E5200	0120	0022	01705	00000	00000	GENERAL FUND/EXCEPTIONAL STU	400.00	0.00	400.00	
1000E5200	0120	0032	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	237,175.35	0.00	237,175.35	
1000E5200	0120	0091	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	83,964.06	1,177.50	82,786.56	
1000E5200	0120	9006	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	94.06	0.00	94.06	
1000E5200	0120	9021	00000	00000	00250	GENERAL FUND/EXCEPTIONAL STU	178.86	178.86	0.00	
1000E5200	0140	0012	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	5,527.50	0.00	5,527.50	
1000E5200	0140	0032	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	4,372.50	0.00	4,372.50	
1000E5200	0150	0012	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	146,688.78	5,363.23	141,325.55	
1000E5200	0150	0012	01705	00000	00000	GENERAL FUND/EXCEPTIONAL STU	200.00	0.00	200.00	
1000E5200	0150	0013	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	72,007.16	731.70	71,275.46	
1000E5200	0150	0021	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	147,804.83	5,139.14	142,665.69	
1000E5200	0150	0021	01705	00000	00000	GENERAL FUND/EXCEPTIONAL STU	350.00	0.00	350.00	
1000E5200	0150	0022	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	83,540.26	458.14	83,082.12	
1000E5200	0150	0022	01602	00000	00000	GENERAL FUND/EXCEPTIONAL STU	30,300.65	27.08	30,273.57	
1000E5200	0150	0022	01705	00000	00000	GENERAL FUND/EXCEPTIONAL STU	200.00	0.00	200.00	
1000E5200	0150	0031	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	150.00	0.00	150.00	
1000E5200	0150	0032	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	128,621.69	1,791.60	126,830.09	
1000E5200	0150	0032	01303	00000	00000	GENERAL FUND/EXCEPTIONAL STU	157.50	0.00	157.50	
1000E5200	0150	0032	01705	00000	00000	GENERAL FUND/EXCEPTIONAL STU	350.00	0.00	350.00	
1000E5200	0150	0091	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	21,039.50	6,208.58	14,830.92	
1000E5200	0210	0012	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	56,688.65	921.05	55,767.60	
1000E5200	0210	0013	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	26,851.64	463.96	26,387.68	
1000E5200	0210	0021	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	32,523.49	1,046.45	31,477.04	
1000E5200	0210	0021	01180	00000	00000	GENERAL FUND/EXCEPTIONAL STU	4,823.05	0.00	4,823.05	
1000E5200	0210	0022	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	31,197.97	103.01	31,094.96	
1000E5200	0210	0022	01602	00000	00000	GENERAL FUND/EXCEPTIONAL STU	4,106.90	3.67	4,103.23	
1000E5200	0210	0032	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	49,557.28	243.13	49,314.15	
1000E5200	0210	0032	01303	00000	00000	GENERAL FUND/EXCEPTIONAL STU	21.37	0.00	21.37	
1000E5200	0210	0091	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	14,405.95	1,281.37	13,124.58	
1000E5200	0210	9006	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	12.76	0.00	12.76	
1000E5200	0210	9021	00000	00000	00250	GENERAL FUND/EXCEPTIONAL STU	24.27	24.27	0.00	
1000E5200	0220	0012	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	30,258.24	453.53	29,804.71	
1000E5200	0220	0012	01150	00000	00000	GENERAL FUND/EXCEPTIONAL STU	213.19	0.00	213.19	
1000E5200	0220	0012	01705	00000	00000	GENERAL FUND/EXCEPTIONAL STU	38.08	0.00	38.08	
1000E5200	0220	0013	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	12,819.86	204.23	12,615.63	
1000E5200	0220	0021	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	18,995.12	570.27	18,424.85	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E5200	0220	0021	01180	00000	00000	GENERAL FUND/EXCEPTIONAL STU	2,184.48	0.00	2,184.48	
1000E5200	0220	0021	01705	00000	00000	GENERAL FUND/EXCEPTIONAL STU	32.89	0.00	32.89	
1000E5200	0220	0022	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	13,922.35	32.27	13,890.08	
1000E5200	0220	0022	01602	00000	00000	GENERAL FUND/EXCEPTIONAL STU	2,084.35	2.07	2,082.28	
1000E5200	0220	0022	01705	00000	00000	GENERAL FUND/EXCEPTIONAL STU	37.15	0.00	37.15	
1000E5200	0220	0031	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	9.65	0.00	9.65	
1000E5200	0220	0032	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	26,154.56	119.89	26,034.67	
1000E5200	0220	0032	01303	00000	00000	GENERAL FUND/EXCEPTIONAL STU	9.44	0.00	9.44	
1000E5200	0220	0032	01705	00000	00000	GENERAL FUND/EXCEPTIONAL STU	26.23	0.00	26.23	
1000E5200	0220	0091	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	7,620.27	530.59	7,089.68	
1000E5200	0220	9006	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	6.70	0.00	6.70	
1000E5200	0220	9021	00000	00000	00250	GENERAL FUND/EXCEPTIONAL STU	11.30	11.30	0.00	
1000E5200	0230	0012	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	43,339.73	0.00	43,339.73	
1000E5200	0230	0013	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	19,685.12	0.00	19,685.12	
1000E5200	0230	0021	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	11,189.90	803.55	10,386.35	
1000E5200	0230	0021	01180	00000	00000	GENERAL FUND/EXCEPTIONAL STU	5,532.48	0.00	5,532.48	
1000E5200	0230	0022	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	34,237.40	0.00	34,237.40	
1000E5200	0230	0022	01602	00000	00000	GENERAL FUND/EXCEPTIONAL STU	4,719.84	0.00	4,719.84	
1000E5200	0230	0032	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	37,867.05	275.21	37,591.84	
1000E5200	0230	0091	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	10,415.26	583.58	9,831.68	
1000E5200	0290	0091	02100	00000	00000	GENERAL FUND/EXCEPTIONAL STU	1,689.26	0.00	1,689.26	
1000E5200	0310	0012	01006	00000	00000	GENERAL FUND/EXCEPTIONAL STU	13,929.96	0.00	13,929.96	
1000E5200	0310	0013	01006	00000	00000	GENERAL FUND/EXCEPTIONAL STU	36,011.84	0.00	36,011.84	
1000E5200	0310	0021	01006	00000	00000	GENERAL FUND/EXCEPTIONAL STU	80,622.10	0.00	80,622.10	
1000E5200	0310	0022	01006	00000	00000	GENERAL FUND/EXCEPTIONAL STU	28,014.89	0.00	28,014.89	
1000E5200	0310	0032	01006	00000	00000	GENERAL FUND/EXCEPTIONAL STU	49,300.36	0.00	49,300.36	
1000E5200	0310	0091	01006	00000	00000	GENERAL FUND/EXCEPTIONAL STU	84,216.56	0.00	84,216.56	
1000E5200	0310	9006	01006	00000	00000	GENERAL FUND/EXCEPTIONAL STU	11,893.05	0.00	11,893.05	
1000E5200	0330	9006	01026	00000	00000	GENERAL FUND/EXCEPTIONAL STU	522.54	0.00	522.54	
1000E5200	0370	0032	00032	00000	00000	GENERAL FUND/EXCEPTIONAL STU	247.98	0.00	247.98	
1000E5200	0510	0012	00012	00000	00000	GENERAL FUND/EXCEPTIONAL STU	1,078.86	0.00	1,078.86	
1000E5200	0510	0012	01140	00000	00000	GENERAL FUND/EXCEPTIONAL STU	2,100.00	0.00	2,100.00	
1000E5200	0510	0013	00013	00000	00000	GENERAL FUND/EXCEPTIONAL STU	63.48	0.00	63.48	
1000E5200	0510	0013	01140	00000	00000	GENERAL FUND/EXCEPTIONAL STU	600.00	0.00	600.00	
1000E5200	0510	0021	00021	00000	00000	GENERAL FUND/EXCEPTIONAL STU	889.41	0.00	889.41	
1000E5200	0510	0021	01140	00000	00000	GENERAL FUND/EXCEPTIONAL STU	1,500.00	0.00	1,500.00	
1000E5200	0510	0022	01140	00000	00000	GENERAL FUND/EXCEPTIONAL STU	1,200.00	0.00	1,200.00	
1000E5200	0510	0032	00032	00000	00000	GENERAL FUND/EXCEPTIONAL STU	165.26	0.00	165.26	
1000E5200	0510	0032	01140	00000	00000	GENERAL FUND/EXCEPTIONAL STU	1,500.00	0.00	1,500.00	
1000E5200	0510	0091	01140	00000	00000	GENERAL FUND/EXCEPTIONAL STU	600.00	0.00	600.00	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E5200	0510	9006	01026	00000	00000	GENERAL FUND/EXCEPTIONAL STU	572.53	0.00	572.53	
1000E5200	0519	0012	00012	00000	00000	GENERAL FUND/EXCEPTIONAL STU	920.28	0.00	920.28	
1000E5200	0519	0032	00032	00000	00000	GENERAL FUND/EXCEPTIONAL STU	524.44	0.00	524.44	
1000E5200	0642	0012	00012	00000	00000	GENERAL FUND/EXCEPTIONAL STU	1,920.34	0.00	1,920.34	
1000E5200	0642	0032	00032	00000	00000	GENERAL FUND/EXCEPTIONAL STU	199.99	0.00	199.99	
1000E5200	0649	0032	00032	00000	00000	GENERAL FUND/EXCEPTIONAL STU	73.49	0.00	73.49	
1000E5200	0730	9006	01026	00000	00000	GENERAL FUND/EXCEPTIONAL STU	14.39	0.00	14.39	
1000E5200	0750	0012	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	39,468.00	0.00	39,468.00	
1000E5200	0750	0013	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	32,775.47	0.00	32,775.47	
1000E5200	0750	0021	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	34,983.40	0.00	34,983.40	
1000E5200	0750	0022	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	35,460.03	0.00	35,460.03	
1000E5200	0750	0022	01602	00000	00000	GENERAL FUND/EXCEPTIONAL STU	3,258.96	0.00	3,258.96	
1000E5200	0750	0032	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	13,112.22	0.00	13,112.22	
1000E5200	0750	0091	00000	00000	00000	GENERAL FUND/EXCEPTIONAL STU	23,855.67	0.00	23,855.67	
1000E5300	0120	0012	00000	00000	00000	GENERAL FUND/CAREER EDUCATIO	655,339.86	5,371.52	649,968.34	
1000E5300	0120	0012	01705	00000	00000	GENERAL FUND/CAREER EDUCATIO	100.00	0.00	100.00	
1000E5300	0120	0032	00000	00000	00000	GENERAL FUND/CAREER EDUCATIO	79,750.77	0.00	79,750.77	
1000E5300	0140	0012	00000	00000	00000	GENERAL FUND/CAREER EDUCATIO	5,001.00	0.00	5,001.00	
1000E5300	0210	0012	00000	00000	00000	GENERAL FUND/CAREER EDUCATIO	93,470.40	756.32	92,714.08	
1000E5300	0210	0032	00000	00000	00000	GENERAL FUND/CAREER EDUCATIO	10,761.23	0.00	10,761.23	
1000E5300	0210	9002	01050	00000	00000	GENERAL FUND/CAREER EDUCATIO	20.07	0.00	20.07	
1000E5300	0220	0012	00000	00000	00000	GENERAL FUND/CAREER EDUCATIO	45,637.03	385.37	45,251.66	
1000E5300	0220	0012	01705	00000	00000	GENERAL FUND/CAREER EDUCATIO	7.03	0.00	7.03	
1000E5300	0220	0032	00000	00000	00000	GENERAL FUND/CAREER EDUCATIO	6,024.31	0.00	6,024.31	
1000E5300	0220	9002	01050	00000	00000	GENERAL FUND/CAREER EDUCATIO	7.98	0.00	7.98	
1000E5300	0230	0012	00000	00000	00000	GENERAL FUND/CAREER EDUCATIO	67,456.42	122.34	67,334.08	
1000E5300	0230	0032	00000	00000	00000	GENERAL FUND/CAREER EDUCATIO	5,228.88	0.00	5,228.88	
1000E5300	0290	0012	02100	00000	00000	GENERAL FUND/CAREER EDUCATIO	4,888.43	0.00	4,888.43	
1000E5300	0310	0012	01830	00000	00000	GENERAL FUND/CAREER EDUCATIO	1,440.00	0.00	1,440.00	
1000E5300	0330	0012	00012	00000	00000	GENERAL FUND/CAREER EDUCATIO	30.30	0.00	30.30	
1000E5300	0330	0012	01050	00000	00000	GENERAL FUND/CAREER EDUCATIO	199.89	0.00	199.89	
1000E5300	0330	0012	01830	00000	00000	GENERAL FUND/CAREER EDUCATIO	2,448.00	0.00	2,448.00	
1000E5300	0350	0012	01830	00000	00000	GENERAL FUND/CAREER EDUCATIO	4,464.50	946.00	3,518.50	
1000E5300	0369	0012	01830	00000	00000	GENERAL FUND/CAREER EDUCATIO	28,226.12	0.00	28,226.12	
1000E5300	0369	0032	01830	00000	00000	GENERAL FUND/CAREER EDUCATIO	54.04	0.00	54.04	
1000E5300	0420	0012	01830	00000	00000	GENERAL FUND/CAREER EDUCATIO	732.92	0.00	732.92	
1000E5300	0510	0012	00012	00000	00000	GENERAL FUND/CAREER EDUCATIO	2,003.27	0.00	2,003.27	
1000E5300	0510	0012	01140	00000	00000	GENERAL FUND/CAREER EDUCATIO	5,100.00	0.00	5,100.00	
1000E5300	0510	0012	01830	00000	00000	GENERAL FUND/CAREER EDUCATIO	13,845.49	16.24	13,829.25	
1000E5300	0510	0032	01140	00000	00000	GENERAL FUND/CAREER EDUCATIO	300.00	0.00	300.00	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E5300	0519	0012	00012	00000	00000	GENERAL FUND/CAREER EDUCATIO	542.90	0.00	542.90	
1000E5300	0519	0012	01830	00000	00000	GENERAL FUND/CAREER EDUCATIO	1,183.11	0.00	1,183.11	
1000E5300	0520	0012	01830	00000	00000	GENERAL FUND/CAREER EDUCATIO	3,180.62	248.98	2,931.64	
1000E5300	0641	0012	01830	00000	00000	GENERAL FUND/CAREER EDUCATIO	14,901.01	0.00	14,901.01	
1000E5300	0642	0012	00012	00000	00000	GENERAL FUND/CAREER EDUCATIO	927.87	0.00	927.87	
1000E5300	0642	0012	01830	00000	00000	GENERAL FUND/CAREER EDUCATIO	5,525.33	261.30	5,264.03	
1000E5300	0643	0012	01830	00000	00000	GENERAL FUND/CAREER EDUCATIO	3,510.99	0.00	3,510.99	
1000E5300	0644	0012	01830	00000	00000	GENERAL FUND/CAREER EDUCATIO	1,635.04	0.00	1,635.04	
1000E5300	0648	0012	01830	00000	00000	GENERAL FUND/CAREER EDUCATIO	3,539.00	0.00	3,539.00	
1000E5300	0649	0012	01830	00000	00000	GENERAL FUND/CAREER EDUCATIO	5,167.66	137.31	5,030.35	
1000E5300	0681	0012	01830	00000	00000	GENERAL FUND/CAREER EDUCATIO	8,974.00	0.00	8,974.00	
1000E5300	0730	0012	01830	00000	00000	GENERAL FUND/CAREER EDUCATIO	27,466.06	0.00	27,466.06	
1000E5300	0730	0032	01830	00000	00000	GENERAL FUND/CAREER EDUCATIO	5,025.00	565.00	4,460.00	
1000E5300	0750	0012	00000	00000	00000	GENERAL FUND/CAREER EDUCATIO	45,098.05	0.00	45,098.05	
1000E5300	0750	0012	01050	00000	00000	GENERAL FUND/CAREER EDUCATIO	22,975.50	0.00	22,975.50	
1000E5300	0750	0013	01050	00000	00000	GENERAL FUND/CAREER EDUCATIO	7,245.00	0.00	7,245.00	
1000E5300	0750	0021	01050	00000	00000	GENERAL FUND/CAREER EDUCATIO	16,038.60	0.00	16,038.60	
1000E5300	0750	0022	01050	00000	00000	GENERAL FUND/CAREER EDUCATIO	9,199.50	0.00	9,199.50	
1000E5300	0750	0032	00000	00000	00000	GENERAL FUND/CAREER EDUCATIO	10,127.37	0.00	10,127.37	
1000E5300	0750	0032	01050	00000	00000	GENERAL FUND/CAREER EDUCATIO	12,248.70	0.00	12,248.70	
1000E5300	0750	0091	01050	00000	00000	GENERAL FUND/CAREER EDUCATIO	9,656.25	0.00	9,656.25	
1000E5300	0750	9002	01050	00000	00000	GENERAL FUND/CAREER EDUCATIO	1,842.29	0.00	1,842.29	
1000E5400	0120	0011	01111	00000	00400	GENERAL FUND/ADULT GENERAL/C	8,452.72	0.00	8,452.72	
1000E5400	0120	0011	01831	00000	00000	GENERAL FUND/ADULT GENERAL/C	4,212.40	0.00	4,212.40	
1000E5400	0120	0011	01835	00000	00000	GENERAL FUND/ADULT GENERAL/C	1,567.35	0.00	1,567.35	
1000E5400	0150	0011	01111	00000	00400	GENERAL FUND/ADULT GENERAL/A	150.00	0.00	150.00	
1000E5400	0150	0011	01115	00000	00400	GENERAL FUND/ADULT GENERAL/A	1,716.53	0.00	1,716.53	
1000E5400	0160	0011	01111	00000	00400	GENERAL FUND/ADULT GENERAL/O	462.88	0.00	462.88	
1000E5400	0160	0011	01835	00000	00000	GENERAL FUND/ADULT GENERAL/O	125.58	0.00	125.58	
1000E5400	0160	9001	01111	00000	00000	GENERAL FUND/ADULT GENERAL/O	34,058.94	0.00	34,058.94	
1000E5400	0210	0011	01111	00000	00400	GENERAL FUND/ADULT GENERAL/R	1,209.85	0.00	1,209.85	
1000E5400	0210	0011	01115	00000	00400	GENERAL FUND/ADULT GENERAL/R	232.95	0.00	232.95	
1000E5400	0210	0011	01831	00000	00000	GENERAL FUND/ADULT GENERAL/R	571.63	0.00	571.63	
1000E5400	0210	0011	01835	00000	00000	GENERAL FUND/ADULT GENERAL/R	348.22	0.00	348.22	
1000E5400	0210	9001	01111	00000	00000	GENERAL FUND/ADULT GENERAL/R	4,621.80	0.00	4,621.80	
1000E5400	0220	0011	01111	00000	00400	GENERAL FUND/ADULT GENERAL/S	690.59	0.00	690.59	
1000E5400	0220	0011	01115	00000	00400	GENERAL FUND/ADULT GENERAL/S	124.72	0.00	124.72	
1000E5400	0220	0011	01831	00000	00000	GENERAL FUND/ADULT GENERAL/S	322.25	0.00	322.25	
1000E5400	0220	0011	01835	00000	00000	GENERAL FUND/ADULT GENERAL/S	121.74	0.00	121.74	
1000E5400	0220	9001	01111	00000	00000	GENERAL FUND/ADULT GENERAL/S	2,443.33	0.00	2,443.33	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E5400	0230	9001	01111	00000	00000	GENERAL FUND/ADULT GENERAL/G	4,403.33	0.00	4,403.33	
1000E5400	0330	0011	01111	00000	00000	GENERAL FUND/ADULT GENERAL/T	1,412.75	0.00	1,412.75	
1000E5400	0369	0011	01113	00000	00400	GENERAL FUND/ADULT GENERAL/T	1,023.91	0.00	1,023.91	
1000E5400	0370	0011	01111	00000	00400	GENERAL FUND/ADULT GENERAL/C	12.24	0.00	12.24	
1000E5400	0379	0011	01115	00000	00000	GENERAL FUND/ADULT GENERAL/T	155.43	0.00	155.43	
1000E5400	0390	0011	01831	00000	00000	GENERAL FUND/ADULT GENERAL/O	938.52	0.00	938.52	
1000E5400	0510	0011	01111	00000	00400	GENERAL FUND/ADULT GENERAL/S	90.63	0.00	90.63	
1000E5400	0510	0011	01115	00000	00400	GENERAL FUND/ADULT GENERAL/S	825.00	0.00	825.00	
1000E5400	0510	0011	01116	00000	00000	GENERAL FUND/ADULT GENERAL/S	1,971.71	6.69	1,965.02	
1000E5400	0510	0011	01831	00000	00000	GENERAL FUND/ADULT GENERAL/S	245.52	0.00	245.52	
1000E5400	0510	0011	01846	00000	00000	GENERAL FUND/ADULT GENERAL/S	72.18	0.00	72.18	
1000E5400	0519	0011	01115	00000	00400	GENERAL FUND/ADULT GENERAL/T	164.99	0.00	164.99	
1000E5400	0520	0011	01831	00000	00000	GENERAL FUND/ADULT GENERAL/T	989.80	0.00	989.80	
1000E5400	0641	0011	01111	00000	00400	GENERAL FUND/ADULT GENERAL/C	2,695.00	0.00	2,695.00	
1000E5400	0642	0011	01111	00000	00400	GENERAL FUND/ADULT GENERAL/N	9,395.00	0.00	9,395.00	
1000E5400	0642	0011	01115	00000	00400	GENERAL FUND/ADULT GENERAL/N	175.99	0.00	175.99	
1000E5400	0642	0011	01831	00000	00000	GENERAL FUND/ADULT GENERAL/N	118.90	0.00	118.90	
1000E5400	0643	0011	01113	00000	00400	GENERAL FUND/ADULT GENERAL/C	49.03	0.00	49.03	
1000E5400	0643	0011	01831	00000	00000	GENERAL FUND/ADULT GENERAL/C	769.99	0.00	769.99	
1000E5400	0644	0011	01113	00000	00400	GENERAL FUND/ADULT GENERAL/N	238.86	0.00	238.86	
1000E5400	0730	0011	01111	00000	00400	GENERAL FUND/ADULT GENERAL/D	2,575.00	0.00	2,575.00	
1000E5400	0730	0011	01831	00000	00000	GENERAL FUND/ADULT GENERAL/D	1,080.52	0.00	1,080.52	
1000E5400	0730	0011	01846	00000	00000	GENERAL FUND/ADULT GENERAL/D	550.00	0.00	550.00	
1000E5500	0120	0011	01308	00000	00000	GENERAL FUND/OTHER INSTRUCTI	1,293.63	0.00	1,293.63	
1000E5500	0120	0022	01173	00000	00000	GENERAL FUND/OTHER INSTRUCTI	590.88	0.00	590.88	
1000E5500	0120	0022	01601	00000	00000	GENERAL FUND/OTHER INSTRUCTI	3,133.19	0.00	3,133.19	
1000E5500	0150	0022	00000	00000	00000	GENERAL FUND/OTHER INSTRUCTI	300.00	0.00	300.00	
1000E5500	0150	0022	01166	00000	00000	GENERAL FUND/OTHER INSTRUCTI	5,573.62	0.00	5,573.62	
1000E5500	0150	0022	01173	00000	00000	GENERAL FUND/OTHER INSTRUCTI	24,932.31	1,394.74	23,537.57	
1000E5500	0150	0022	01174	00000	00000	GENERAL FUND/OTHER INSTRUCTI	1,394.74	0.00	1,394.74	
1000E5500	0150	0022	01414	00000	00000	GENERAL FUND/OTHER INSTRUCTI	126,604.40	87.50	126,516.90	
1000E5500	0150	0022	01420	00000	00000	GENERAL FUND/OTHER INSTRUCTI	2,340.92	0.00	2,340.92	
1000E5500	0150	0022	01600	00000	00000	GENERAL FUND/OTHER INSTRUCTI	172,950.53	14,208.08	158,742.45	
1000E5500	0150	0022	01601	00000	00000	GENERAL FUND/OTHER INSTRUCTI	190.63	0.00	190.63	
1000E5500	0150	0022	01602	00000	00000	GENERAL FUND/OTHER INSTRUCTI	445.02	0.00	445.02	
1000E5500	0150	0022	01705	00000	00000	GENERAL FUND/OTHER INSTRUCTI	1,325.00	0.00	1,325.00	
1000E5500	0210	0011	01308	00000	00000	GENERAL FUND/OTHER INSTRUCTI	175.55	0.00	175.55	
1000E5500	0210	0022	01173	00000	00000	GENERAL FUND/OTHER INSTRUCTI	3,075.22	189.28	2,885.94	
1000E5500	0210	0022	01174	00000	00000	GENERAL FUND/OTHER INSTRUCTI	189.28	0.00	189.28	
1000E5500	0210	0022	01414	00000	00000	GENERAL FUND/OTHER INSTRUCTI	17,701.36	11.88	17,689.48	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E5500	0210	0022	01600	00000	00000	GENERAL FUND/OTHER INSTRUCTI	23,990.17	1,539.78	22,450.39	
1000E5500	0210	0022	01601	00000	00000	GENERAL FUND/OTHER INSTRUCTI	687.91	0.00	687.91	
1000E5500	0210	0022	01602	00000	00000	GENERAL FUND/OTHER INSTRUCTI	60.53	0.00	60.53	
1000E5500	0220	0011	01308	00000	00000	GENERAL FUND/OTHER INSTRUCTI	98.97	0.00	98.97	
1000E5500	0220	0022	00000	00000	00000	GENERAL FUND/OTHER INSTRUCTI	20.64	0.00	20.64	
1000E5500	0220	0022	01166	00000	00000	GENERAL FUND/OTHER INSTRUCTI	426.39	0.00	426.39	
1000E5500	0220	0022	01173	00000	00000	GENERAL FUND/OTHER INSTRUCTI	1,946.86	101.06	1,845.80	
1000E5500	0220	0022	01174	00000	00000	GENERAL FUND/OTHER INSTRUCTI	101.06	0.00	101.06	
1000E5500	0220	0022	01414	00000	00000	GENERAL FUND/OTHER INSTRUCTI	8,731.48	6.69	8,724.79	
1000E5500	0220	0022	01420	00000	00000	GENERAL FUND/OTHER INSTRUCTI	179.08	0.00	179.08	
1000E5500	0220	0022	01600	00000	00000	GENERAL FUND/OTHER INSTRUCTI	12,120.76	1,086.92	11,033.84	
1000E5500	0220	0022	01601	00000	00000	GENERAL FUND/OTHER INSTRUCTI	254.28	0.00	254.28	
1000E5500	0220	0022	01602	00000	00000	GENERAL FUND/OTHER INSTRUCTI	31.23	0.00	31.23	
1000E5500	0220	0022	01705	00000	00000	GENERAL FUND/OTHER INSTRUCTI	93.72	0.00	93.72	
1000E5500	0230	0022	01414	00000	00000	GENERAL FUND/OTHER INSTRUCTI	18,455.76	0.00	18,455.76	
1000E5500	0230	0022	01600	00000	00000	GENERAL FUND/OTHER INSTRUCTI	23,155.52	0.00	23,155.52	
1000E5500	0310	0022	01174	00000	00000	GENERAL FUND/OTHER INSTRUCTI	5,145.00	0.00	5,145.00	
1000E5500	0330	0022	01414	00000	00000	GENERAL FUND/OTHER INSTRUCTI	28.70	0.00	28.70	
1000E5500	0330	0022	01415	00000	00000	GENERAL FUND/OTHER INSTRUCTI	1,200.00	0.00	1,200.00	
1000E5500	0369	0022	01414	00000	00000	GENERAL FUND/OTHER INSTRUCTI	3,440.00	0.00	3,440.00	
1000E5500	0510	0022	01167	00000	00000	GENERAL FUND/OTHER INSTRUCTI	570.30	0.00	570.30	
1000E5500	0510	0022	01173	00000	00000	GENERAL FUND/OTHER INSTRUCTI	75.00	0.00	75.00	
1000E5500	0510	0022	01174	00000	00000	GENERAL FUND/OTHER INSTRUCTI	98,262.20	244.06	98,018.14	
1000E5500	0510	0022	01414	00000	00000	GENERAL FUND/OTHER INSTRUCTI	169.66	0.00	169.66	
1000E5500	0519	0022	01174	00000	00000	GENERAL FUND/OTHER INSTRUCTI	1,343.50	45.20	1,298.30	
1000E5500	0560	0011	01308	00000	00000	GENERAL FUND/OTHER INSTRUCTI	830.00	0.00	830.00	
1000E5500	0641	0022	01174	00000	00000	GENERAL FUND/OTHER INSTRUCTI	38,662.84	0.00	38,662.84	
1000E5500	0642	0022	01173	00000	00000	GENERAL FUND/OTHER INSTRUCTI	5,539.54	0.00	5,539.54	
1000E5500	0642	0022	01174	00000	00000	GENERAL FUND/OTHER INSTRUCTI	59,289.63	87.30	59,202.33	
1000E5500	0643	0022	01174	00000	00000	GENERAL FUND/OTHER INSTRUCTI	101,661.75	67.67	101,594.08	
1000E5500	0644	0022	01174	00000	00000	GENERAL FUND/OTHER INSTRUCTI	160,755.01	0.00	160,755.01	
1000E5500	0670	0022	01174	00000	00000	GENERAL FUND/OTHER INSTRUCTI	452,062.03	0.00	452,062.03	
1000E5500	0730	0022	01414	00000	00000	GENERAL FUND/OTHER INSTRUCTI	134.66	0.00	134.66	
1000E5500	0750	0022	00000	00000	00000	GENERAL FUND/OTHER INSTRUCTI	85.55	0.00	85.55	
1000E5500	0750	0022	01414	00000	00000	GENERAL FUND/OTHER INSTRUCTI	7,283.16	0.00	7,283.16	
1000E5500	0750	0022	01600	00000	00000	GENERAL FUND/OTHER INSTRUCTI	6,583.21	0.00	6,583.21	
1000E5500	0750	0022	01602	00000	00000	GENERAL FUND/OTHER INSTRUCTI	81.65	0.00	81.65	
1000E6100	0160	0012	00000	00000	00000	GENERAL FUND/PUPIL PERSONNEL	35,203.76	0.00	35,203.76	
1000E6100	0160	9006	01146	00000	00000	GENERAL FUND/PUPIL PERSONNEL	4,905.00	0.00	4,905.00	
1000E6100	0210	0012	00000	00000	00000	GENERAL FUND/PUPIL PERSONNEL	4,777.22	0.00	4,777.22	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E6100	0210	9006	01146	00000	00000	GENERAL FUND/PUPIL PERSONNEL	665.61	0.00	665.61	
1000E6100	0220	0012	00000	00000	00000	GENERAL FUND/PUPIL PERSONNEL	2,693.10	0.00	2,693.10	
1000E6100	0220	9006	01146	00000	00000	GENERAL FUND/PUPIL PERSONNEL	374.71	0.00	374.71	
1000E6100	0230	0012	00000	00000	00000	GENERAL FUND/PUPIL PERSONNEL	22.95	0.00	22.95	
1000E6100	0230	9006	01146	00000	00000	GENERAL FUND/PUPIL PERSONNEL	2.70	0.00	2.70	
1000E6110	0130	9006	01046	00000	00000	GENERAL FUND/ATTENDANCE & SO	67,866.98	11,511.17	56,355.81	
1000E6110	0150	9006	01046	00000	00000	GENERAL FUND/ATTENDANCE & SO	22,726.48	557.04	22,169.44	
1000E6110	0210	9006	01046	00000	00000	GENERAL FUND/ATTENDANCE & SO	12,252.77	1,637.63	10,615.14	
1000E6110	0220	9006	01046	00000	00000	GENERAL FUND/ATTENDANCE & SO	6,717.97	808.71	5,909.26	
1000E6110	0230	9006	01046	00000	00000	GENERAL FUND/ATTENDANCE & SO	5,636.37	1,201.96	4,434.41	
1000E6110	0330	9006	01046	00000	00000	GENERAL FUND/ATTENDANCE & SO	149.00	0.00	149.00	
1000E6120	0130	0012	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	202,606.05	0.00	202,606.05	
1000E6120	0130	0012	01008	00000	00000	GENERAL FUND/GUIDANCE SERVIC	2,874.38	0.00	2,874.38	
1000E6120	0130	0012	01150	00000	00000	GENERAL FUND/GUIDANCE SERVIC	2,786.81	0.00	2,786.81	
1000E6120	0130	0013	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	45,776.66	0.00	45,776.66	
1000E6120	0130	0021	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	30,877.39	0.00	30,877.39	
1000E6120	0130	0021	01705	00000	00000	GENERAL FUND/GUIDANCE SERVIC	100.00	0.00	100.00	
1000E6120	0130	0022	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	30,135.20	0.00	30,135.20	
1000E6120	0130	0032	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	126,777.90	0.00	126,777.90	
1000E6120	0130	0032	01150	00000	00000	GENERAL FUND/GUIDANCE SERVIC	2,786.81	0.00	2,786.81	
1000E6120	0130	0091	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	48,028.57	0.00	48,028.57	
1000E6120	0130	0091	01705	00000	00000	GENERAL FUND/GUIDANCE SERVIC	200.00	0.00	200.00	
1000E6120	0150	0013	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	12,055.52	0.00	12,055.52	
1000E6120	0150	0021	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	18,565.48	0.00	18,565.48	
1000E6120	0150	0021	01705	00000	00000	GENERAL FUND/GUIDANCE SERVIC	100.00	0.00	100.00	
1000E6120	0150	0022	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	24,111.04	542.88	23,568.16	
1000E6120	0150	0022	01705	00000	00000	GENERAL FUND/GUIDANCE SERVIC	50.00	0.00	50.00	
1000E6120	0150	0032	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	27,337.10	0.00	27,337.10	
1000E6120	0150	0032	01705	00000	00000	GENERAL FUND/GUIDANCE SERVIC	100.00	0.00	100.00	
1000E6120	0150	0091	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	12,776.28	0.00	12,776.28	
1000E6120	0150	0091	01705	00000	00000	GENERAL FUND/GUIDANCE SERVIC	200.00	0.00	200.00	
1000E6120	0160	0012	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	35,220.39	470.66	34,749.73	
1000E6120	0160	0012	01705	00000	00000	GENERAL FUND/GUIDANCE SERVIC	200.00	0.00	200.00	
1000E6120	0210	0012	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	33,447.97	63.86	33,384.11	
1000E6120	0210	0012	01008	00000	00000	GENERAL FUND/GUIDANCE SERVIC	344.27	0.00	344.27	
1000E6120	0210	0013	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	8,728.72	0.00	8,728.72	
1000E6120	0210	0021	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	6,709.38	0.00	6,709.38	
1000E6120	0210	0022	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	9,184.09	114.72	9,069.37	
1000E6120	0210	0032	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	22,529.33	0.00	22,529.33	
1000E6120	0210	0091	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	12,753.00	0.00	12,753.00	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E6120	0220	0012	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	17,639.21	30.05	17,609.16	
1000E6120	0220	0012	01008	00000	00000	GENERAL FUND/GUIDANCE SERVIC	219.89	0.00	219.89	
1000E6120	0220	0012	01150	00000	00000	GENERAL FUND/GUIDANCE SERVIC	210.41	0.00	210.41	
1000E6120	0220	0012	01705	00000	00000	GENERAL FUND/GUIDANCE SERVIC	11.18	0.00	11.18	
1000E6120	0220	0013	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	4,343.24	0.00	4,343.24	
1000E6120	0220	0021	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	3,610.78	0.00	3,610.78	
1000E6120	0220	0021	01705	00000	00000	GENERAL FUND/GUIDANCE SERVIC	14.58	0.00	14.58	
1000E6120	0220	0022	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	3,658.19	40.91	3,617.28	
1000E6120	0220	0022	01705	00000	00000	GENERAL FUND/GUIDANCE SERVIC	3.78	0.00	3.78	
1000E6120	0220	0032	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	11,248.58	0.00	11,248.58	
1000E6120	0220	0032	01150	00000	00000	GENERAL FUND/GUIDANCE SERVIC	213.19	0.00	213.19	
1000E6120	0220	0032	01705	00000	00000	GENERAL FUND/GUIDANCE SERVIC	7.56	0.00	7.56	
1000E6120	0220	0091	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	4,126.88	0.00	4,126.88	
1000E6120	0220	0091	01705	00000	00000	GENERAL FUND/GUIDANCE SERVIC	25.40	0.00	25.40	
1000E6120	0230	0012	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	8,700.10	0.00	8,700.10	
1000E6120	0230	0013	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	1,545.92	0.00	1,545.92	
1000E6120	0230	0021	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	8,705.12	0.00	8,705.12	
1000E6120	0230	0022	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	5,505.28	0.00	5,505.28	
1000E6120	0230	0032	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	9,356.00	0.00	9,356.00	
1000E6120	0230	0091	00000	00000	00000	GENERAL FUND/GUIDANCE SERVIC	7,220.64	0.00	7,220.64	
1000E6120	0290	0012	02100	00000	00000	GENERAL FUND/GUIDANCE SERVIC	3,103.60	0.00	3,103.60	
1000E6120	0290	0013	02100	00000	00000	GENERAL FUND/GUIDANCE SERVIC	2,947.14	0.00	2,947.14	
1000E6120	0290	0032	02100	00000	00000	GENERAL FUND/GUIDANCE SERVIC	3,622.59	0.00	3,622.59	
1000E6120	0370	0012	00012	00000	00000	GENERAL FUND/GUIDANCE SERVIC	500.00	0.00	500.00	
1000E6120	0370	0013	00013	00000	00000	GENERAL FUND/GUIDANCE SERVIC	736.00	0.00	736.00	
1000E6120	0370	0032	00032	00000	00000	GENERAL FUND/GUIDANCE SERVIC	131.47	0.00	131.47	
1000E6120	0510	0012	00012	00000	00000	GENERAL FUND/GUIDANCE SERVIC	1,988.95	0.00	1,988.95	
1000E6120	0510	0012	01140	00000	00000	GENERAL FUND/GUIDANCE SERVIC	1,500.00	0.00	1,500.00	
1000E6120	0510	0013	00013	00000	00000	GENERAL FUND/GUIDANCE SERVIC	677.30	78.61	598.69	
1000E6120	0510	0013	01038	00000	00000	GENERAL FUND/GUIDANCE SERVIC	250.00	0.00	250.00	
1000E6120	0510	0013	01140	00000	00000	GENERAL FUND/GUIDANCE SERVIC	300.00	0.00	300.00	
1000E6120	0510	0021	00021	00000	00000	GENERAL FUND/GUIDANCE SERVIC	268.52	0.00	268.52	
1000E6120	0510	0021	01140	00000	00000	GENERAL FUND/GUIDANCE SERVIC	300.00	0.00	300.00	
1000E6120	0510	0022	00022	00000	00000	GENERAL FUND/GUIDANCE SERVIC	70.46	0.00	70.46	
1000E6120	0510	0022	01140	00000	00000	GENERAL FUND/GUIDANCE SERVIC	300.00	0.00	300.00	
1000E6120	0510	0032	00032	00000	00000	GENERAL FUND/GUIDANCE SERVIC	274.99	0.00	274.99	
1000E6120	0510	0032	01140	00000	00000	GENERAL FUND/GUIDANCE SERVIC	900.00	0.00	900.00	
1000E6120	0510	0091	00091	00000	00000	GENERAL FUND/GUIDANCE SERVIC	255.18	0.00	255.18	
1000E6120	0510	0091	01038	00000	00000	GENERAL FUND/GUIDANCE SERVIC	53.46	0.00	53.46	
1000E6120	0510	0091	01140	00000	00000	GENERAL FUND/GUIDANCE SERVIC	300.00	0.00	300.00	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E6120	0519	0012	00012	00000	00000	GENERAL FUND/GUIDANCE SERVIC	804.50	0.00	804.50	
1000E6120	0519	0013	01038	00000	00000	GENERAL FUND/GUIDANCE SERVIC	115.37	0.00	115.37	
1000E6120	0519	0032	00032	00000	00000	GENERAL FUND/GUIDANCE SERVIC	401.89	0.00	401.89	
1000E6120	0519	0091	00091	00000	00000	GENERAL FUND/GUIDANCE SERVIC	99.99	0.00	99.99	
1000E6120	0642	0012	00012	00000	00000	GENERAL FUND/GUIDANCE SERVIC	110.99	0.00	110.99	
1000E6120	0642	0032	00032	00000	00000	GENERAL FUND/GUIDANCE SERVIC	614.99	0.00	614.99	
1000E6130	0160	0012	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	52,912.65	0.00	52,912.65	
1000E6130	0160	0012	01705	00000	00000	GENERAL FUND/HEALTH SERVICES	200.00	0.00	200.00	
1000E6130	0160	0013	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	33,738.24	0.00	33,738.24	
1000E6130	0160	0013	01705	00000	00000	GENERAL FUND/HEALTH SERVICES	200.00	0.00	200.00	
1000E6130	0160	0021	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	31,495.99	0.00	31,495.99	
1000E6130	0160	0021	01705	00000	00000	GENERAL FUND/HEALTH SERVICES	200.00	0.00	200.00	
1000E6130	0160	0022	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	37,831.74	0.00	37,831.74	
1000E6130	0160	0022	01705	00000	00000	GENERAL FUND/HEALTH SERVICES	552.79	0.00	552.79	
1000E6130	0160	0032	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	36,354.59	0.00	36,354.59	
1000E6130	0160	0032	01705	00000	00000	GENERAL FUND/HEALTH SERVICES	200.00	0.00	200.00	
1000E6130	0160	0091	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	44,969.16	0.00	44,969.16	
1000E6130	0160	0091	01705	00000	00000	GENERAL FUND/HEALTH SERVICES	200.00	0.00	200.00	
1000E6130	0160	9005	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	98,967.01	0.00	98,967.01	
1000E6130	0160	9005	01705	00000	00000	GENERAL FUND/HEALTH SERVICES	300.00	0.00	300.00	
1000E6130	0210	0012	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	7,149.66	0.00	7,149.66	
1000E6130	0210	0013	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	4,578.25	0.00	4,578.25	
1000E6130	0210	0021	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	4,243.52	0.00	4,243.52	
1000E6130	0210	0022	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	5,103.27	0.00	5,103.27	
1000E6130	0210	0022	01705	00000	00000	GENERAL FUND/HEALTH SERVICES	47.87	0.00	47.87	
1000E6130	0210	0032	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	4,902.78	0.00	4,902.78	
1000E6130	0210	0091	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	6,071.74	0.00	6,071.74	
1000E6130	0210	9005	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	17,468.38	0.00	17,468.38	
1000E6130	0220	0012	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	4,062.27	0.00	4,062.27	
1000E6130	0220	0012	01705	00000	00000	GENERAL FUND/HEALTH SERVICES	15.30	0.00	15.30	
1000E6130	0220	0013	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	2,562.05	0.00	2,562.05	
1000E6130	0220	0013	01705	00000	00000	GENERAL FUND/HEALTH SERVICES	15.20	0.00	15.20	
1000E6130	0220	0021	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	2,409.44	0.00	2,409.44	
1000E6130	0220	0021	01705	00000	00000	GENERAL FUND/HEALTH SERVICES	15.30	0.00	15.30	
1000E6130	0220	0022	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	2,891.63	0.00	2,891.63	
1000E6130	0220	0022	01705	00000	00000	GENERAL FUND/HEALTH SERVICES	42.29	0.00	42.29	
1000E6130	0220	0032	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	2,781.21	0.00	2,781.21	
1000E6130	0220	0032	01705	00000	00000	GENERAL FUND/HEALTH SERVICES	15.29	0.00	15.29	
1000E6130	0220	0091	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	3,290.73	0.00	3,290.73	
1000E6130	0220	0091	01705	00000	00000	GENERAL FUND/HEALTH SERVICES	14.65	0.00	14.65	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E6130	0220	9005	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	7,189.42	0.00	7,189.42	
1000E6130	0220	9005	01705	00000	00000	GENERAL FUND/HEALTH SERVICES	21.11	0.00	21.11	
1000E6130	0230	0012	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	2,749.60	0.00	2,749.60	
1000E6130	0230	0013	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	1,103.68	0.00	1,103.68	
1000E6130	0230	0021	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	21.60	0.00	21.60	
1000E6130	0230	0022	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	51.88	0.00	51.88	
1000E6130	0230	0032	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	426.08	0.00	426.08	
1000E6130	0230	0091	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	123.20	0.00	123.20	
1000E6130	0230	9005	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	9,270.80	0.00	9,270.80	
1000E6130	0290	9005	02100	00000	00000	GENERAL FUND/HEALTH SERVICES	1,533.42	0.00	1,533.42	
1000E6130	0350	9005	01029	00000	00000	GENERAL FUND/HEALTH SERVICES	490.00	0.00	490.00	
1000E6130	0370	9005	01029	00000	00000	GENERAL FUND/HEALTH SERVICES	75.00	0.00	75.00	
1000E6130	0510	0013	00013	00000	00000	GENERAL FUND/HEALTH SERVICES	72.21	0.00	72.21	
1000E6130	0510	0021	00021	00000	00000	GENERAL FUND/HEALTH SERVICES	52.87	0.00	52.87	
1000E6130	0510	9005	01029	00000	00000	GENERAL FUND/HEALTH SERVICES	3,710.34	0.00	3,710.34	
1000E6130	0510	9005	01031	00000	00000	GENERAL FUND/HEALTH SERVICES	6,000.00	0.00	6,000.00	
1000E6130	0510	9005	01093	00000	00000	GENERAL FUND/HEALTH SERVICES	561.25	0.00	561.25	
1000E6130	0519	0021	00021	00000	00000	GENERAL FUND/HEALTH SERVICES	42.99	0.00	42.99	
1000E6130	0519	9005	01029	00000	00000	GENERAL FUND/HEALTH SERVICES	220.72	0.00	220.72	
1000E6130	0642	9005	01029	00000	00000	GENERAL FUND/HEALTH SERVICES	157.72	0.00	157.72	
1000E6130	0730	0091	00091	00000	00000	GENERAL FUND/HEALTH SERVICES	125.00	0.00	125.00	
1000E6130	0730	9005	01029	00000	00000	GENERAL FUND/HEALTH SERVICES	125.00	0.00	125.00	
1000E6130	0750	0012	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	187.50	0.00	187.50	
1000E6130	0750	9005	00000	00000	00000	GENERAL FUND/HEALTH SERVICES	1,542.41	0.00	1,542.41	
1000E6140	0130	9006	00000	00000	00000	GENERAL FUND/PSYCHOLOGICAL S	102,376.52	0.00	102,376.52	
1000E6140	0130	9006	01046	00000	00000	GENERAL FUND/PSYCHOLOGICAL S	101,865.60	0.00	101,865.60	
1000E6140	0130	9006	01705	00000	00000	GENERAL FUND/PSYCHOLOGICAL S	100.00	0.00	100.00	
1000E6140	0150	9006	01046	00000	00000	GENERAL FUND/PSYCHOLOGICAL S	475.94	0.00	475.94	
1000E6140	0210	9006	00000	00000	00000	GENERAL FUND/PSYCHOLOGICAL S	15,043.43	0.00	15,043.43	
1000E6140	0210	9006	01046	00000	00000	GENERAL FUND/PSYCHOLOGICAL S	13,826.82	0.00	13,826.82	
1000E6140	0220	9006	00000	00000	00000	GENERAL FUND/PSYCHOLOGICAL S	7,541.68	0.00	7,541.68	
1000E6140	0220	9006	01046	00000	00000	GENERAL FUND/PSYCHOLOGICAL S	7,637.96	0.00	7,637.96	
1000E6140	0220	9006	01705	00000	00000	GENERAL FUND/PSYCHOLOGICAL S	7.19	0.00	7.19	
1000E6140	0230	9006	00000	00000	00000	GENERAL FUND/PSYCHOLOGICAL S	4,372.08	1,718.34	2,653.74	
1000E6140	0230	9006	01046	00000	00000	GENERAL FUND/PSYCHOLOGICAL S	4,549.48	0.00	4,549.48	
1000E6140	0310	9006	01046	00000	00000	GENERAL FUND/PSYCHOLOGICAL S	89,224.89	0.00	89,224.89	
1000E6140	0330	9006	01046	00000	00000	GENERAL FUND/PSYCHOLOGICAL S	25.01	0.00	25.01	
1000E6140	0730	9006	01046	00000	00000	GENERAL FUND/PSYCHOLOGICAL S	267.65	0.00	267.65	
1000E6190	0150	0091	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	1,629.49	0.00	1,629.49	
1000E6190	0160	0013	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	24,997.00	0.00	24,997.00	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E6190	0160	0021	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	20,712.94	0.00	20,712.94	
1000E6190	0160	0021	01705	00000	00000	GENERAL FUND/OTHER PUPIL PER	200.00	0.00	200.00	
1000E6190	0160	0022	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	29,197.15	0.00	29,197.15	
1000E6190	0160	0022	01705	00000	00000	GENERAL FUND/OTHER PUPIL PER	200.00	0.00	200.00	
1000E6190	0160	0032	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	24,661.11	0.00	24,661.11	
1000E6190	0160	0091	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	24,415.34	0.00	24,415.34	
1000E6190	0160	0091	01705	00000	00000	GENERAL FUND/OTHER PUPIL PER	150.00	0.00	150.00	
1000E6190	0210	0013	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	5,083.24	0.00	5,083.24	
1000E6190	0210	0021	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	2,770.06	0.00	2,770.06	
1000E6190	0210	0022	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	3,962.06	0.00	3,962.06	
1000E6190	0210	0032	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	3,346.56	0.00	3,346.56	
1000E6190	0210	0091	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	3,513.96	0.00	3,513.96	
1000E6190	0220	0013	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	1,744.29	0.00	1,744.29	
1000E6190	0220	0021	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	1,584.61	0.00	1,584.61	
1000E6190	0220	0021	01705	00000	00000	GENERAL FUND/OTHER PUPIL PER	15.29	0.00	15.29	
1000E6190	0220	0022	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	2,197.93	0.00	2,197.93	
1000E6190	0220	0022	01705	00000	00000	GENERAL FUND/OTHER PUPIL PER	15.05	0.00	15.05	
1000E6190	0220	0032	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	1,886.62	0.00	1,886.62	
1000E6190	0220	0091	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	1,992.41	0.00	1,992.41	
1000E6190	0220	0091	01705	00000	00000	GENERAL FUND/OTHER PUPIL PER	11.47	0.00	11.47	
1000E6190	0230	0013	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	4,403.36	0.00	4,403.36	
1000E6190	0230	0021	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	1,002.08	0.00	1,002.08	
1000E6190	0230	0022	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	130.90	0.00	130.90	
1000E6190	0230	0032	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	21.60	0.00	21.60	
1000E6190	0230	0091	00000	00000	00000	GENERAL FUND/OTHER PUPIL PER	21.60	0.00	21.60	
1000E6190	0510	9005	01056	00000	00000	GENERAL FUND/OTHER PUPIL PER	630.36	0.00	630.36	
1000E6200	0130	0012	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	44,744.16	0.00	44,744.16	
1000E6200	0130	0013	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	47,221.07	0.00	47,221.07	
1000E6200	0130	0021	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	40,445.06	0.00	40,445.06	
1000E6200	0130	0032	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	27,563.12	0.00	27,563.12	
1000E6200	0150	0013	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	20,895.05	0.00	20,895.05	
1000E6200	0150	0021	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	20,568.12	439.21	20,128.91	
1000E6200	0150	0021	01705	00000	00000	GENERAL FUND/INSTRUCTIONAL M	200.00	0.00	200.00	
1000E6200	0150	0022	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	18,173.09	0.00	18,173.09	
1000E6200	0150	0022	01705	00000	00000	GENERAL FUND/INSTRUCTIONAL M	200.00	0.00	200.00	
1000E6200	0150	0091	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	16,872.37	0.00	16,872.37	
1000E6200	0210	0012	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	6,071.74	0.00	6,071.74	
1000E6200	0210	0013	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	14,297.85	0.00	14,297.85	
1000E6200	0210	0021	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	8,279.54	59.61	8,219.93	
1000E6200	0210	0022	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	2,466.10	0.00	2,466.10	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E6200	0210	0032	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	3,740.35	0.00	3,740.35	
1000E6200	0210	0091	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	2,289.55	0.00	2,289.55	
1000E6200	0220	0012	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	2,934.42	0.00	2,934.42	
1000E6200	0220	0013	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	4,761.68	0.00	4,761.68	
1000E6200	0220	0021	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	3,864.06	32.34	3,831.72	
1000E6200	0220	0021	01705	00000	00000	GENERAL FUND/INSTRUCTIONAL M	14.92	0.00	14.92	
1000E6200	0220	0022	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	1,390.22	0.00	1,390.22	
1000E6200	0220	0022	01705	00000	00000	GENERAL FUND/INSTRUCTIONAL M	15.30	0.00	15.30	
1000E6200	0220	0032	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	1,677.16	0.00	1,677.16	
1000E6200	0220	0091	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	1,276.64	0.00	1,276.64	
1000E6200	0230	0012	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	5,382.08	0.00	5,382.08	
1000E6200	0230	0013	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	10,037.44	0.00	10,037.44	
1000E6200	0230	0021	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	7,068.48	0.00	7,068.48	
1000E6200	0230	0022	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	21.60	0.00	21.60	
1000E6200	0230	0032	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	4,735.48	0.00	4,735.48	
1000E6200	0230	0091	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	123.20	0.00	123.20	
1000E6200	0290	0013	02100	00000	00000	GENERAL FUND/INSTRUCTIONAL M	1,824.95	0.00	1,824.95	
1000E6200	0510	0012	01140	00000	00000	GENERAL FUND/INSTRUCTIONAL M	300.00	0.00	300.00	
1000E6200	0510	0013	00013	00000	00000	GENERAL FUND/INSTRUCTIONAL M	399.15	0.00	399.15	
1000E6200	0510	0013	01140	00000	00000	GENERAL FUND/INSTRUCTIONAL M	300.00	0.00	300.00	
1000E6200	0510	0021	01140	00000	00000	GENERAL FUND/INSTRUCTIONAL M	300.00	0.00	300.00	
1000E6200	0510	0022	00022	00000	00000	GENERAL FUND/INSTRUCTIONAL M	86.77	0.00	86.77	
1000E6200	0510	0032	00032	00000	00000	GENERAL FUND/INSTRUCTIONAL M	328.21	0.00	328.21	
1000E6200	0510	0032	01140	00000	00000	GENERAL FUND/INSTRUCTIONAL M	300.00	0.00	300.00	
1000E6200	0519	0032	00032	00000	00000	GENERAL FUND/INSTRUCTIONAL M	93.82	0.00	93.82	
1000E6200	0530	0032	01033	00000	00000	GENERAL FUND/INSTRUCTIONAL M	30.00	0.00	30.00	
1000E6200	0610	0012	01033	00000	00000	GENERAL FUND/INSTRUCTIONAL M	1,253.85	0.00	1,253.85	
1000E6200	0610	0021	01033	00000	00000	GENERAL FUND/INSTRUCTIONAL M	2,118.40	0.00	2,118.40	
1000E6200	0610	0022	01033	00000	00000	GENERAL FUND/INSTRUCTIONAL M	102.97	0.00	102.97	
1000E6200	0610	0032	01033	00000	00000	GENERAL FUND/INSTRUCTIONAL M	4,301.33	19.79	4,281.54	
1000E6200	0750	0012	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	436.70	0.00	436.70	
1000E6200	0750	0013	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	293.14	0.00	293.14	
1000E6200	0750	0021	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	471.86	0.00	471.86	
1000E6200	0750	0022	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	411.22	0.00	411.22	
1000E6200	0750	0032	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	142.92	0.00	142.92	
1000E6200	0750	0091	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL M	493.43	0.00	493.43	
1000E6300	0110	0011	01705	00000	00000	GENERAL FUND/INSTR & CURRICU	75.00	0.00	75.00	
1000E6300	0110	9001	00000	00000	00000	GENERAL FUND/INSTR & CURRICU	115,554.44	0.00	115,554.44	
1000E6300	0110	9001	01011	00000	00000	GENERAL FUND/INSTR & CURRICU	1,011.29	1,011.29	0.00	
1000E6300	0110	9001	01111	00000	00000	GENERAL FUND/INSTR & CURRICU	43,276.48	0.00	43,276.48	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E6300	0110	9001	01705	00000	00000	GENERAL FUND/INSTR & CURRICU	75.00	0.00	75.00	
1000E6300	0110	9006	01032	00000	00000	GENERAL FUND/INSTR & CURRICU	68,252.41	0.00	68,252.41	
1000E6300	0110	9006	01705	00000	00000	GENERAL FUND/INSTR & CURRICU	200.00	0.00	200.00	
1000E6300	0130	9001	00000	00000	00000	GENERAL FUND/INSTR & CURRICU	450.00	0.00	450.00	
1000E6300	0130	9001	01008	00000	00000	GENERAL FUND/INSTR & CURRICU	3,636.92	0.00	3,636.92	
1000E6300	0130	9001	01150	00000	00000	GENERAL FUND/INSTR & CURRICU	2,786.81	0.00	2,786.81	
1000E6300	0130	9006	00000	00000	00000	GENERAL FUND/INSTR & CURRICU	47,388.93	0.00	47,388.93	
1000E6300	0130	9006	01032	00000	00000	GENERAL FUND/INSTR & CURRICU	20,824.92	0.00	20,824.92	
1000E6300	0130	9006	01414	00000	00000	GENERAL FUND/INSTR & CURRICU	694.21	0.00	694.21	
1000E6300	0130	9006	01705	00000	00000	GENERAL FUND/INSTR & CURRICU	200.00	0.00	200.00	
1000E6300	0160	9001	00000	00000	00000	GENERAL FUND/INSTR & CURRICU	47,801.46	0.00	47,801.46	
1000E6300	0160	9001	01705	00000	00000	GENERAL FUND/INSTR & CURRICU	200.00	0.00	200.00	
1000E6300	0160	9006	00000	00000	00000	GENERAL FUND/INSTR & CURRICU	40,789.57	0.00	40,789.57	
1000E6300	0210	9001	00000	00000	00000	GENERAL FUND/INSTR & CURRICU	40,476.62	0.00	40,476.62	
1000E6300	0210	9001	01008	00000	00000	GENERAL FUND/INSTR & CURRICU	246.58	0.00	246.58	
1000E6300	0210	9001	01011	00000	00000	GENERAL FUND/INSTR & CURRICU	137.20	137.20	0.00	
1000E6300	0210	9001	01111	00000	00000	GENERAL FUND/INSTR & CURRICU	7,148.15	0.00	7,148.15	
1000E6300	0210	9006	00000	00000	00000	GENERAL FUND/INSTR & CURRICU	11,935.11	0.00	11,935.11	
1000E6300	0210	9006	01032	00000	00000	GENERAL FUND/INSTR & CURRICU	12,087.81	0.00	12,087.81	
1000E6300	0210	9006	01414	00000	00000	GENERAL FUND/INSTR & CURRICU	94.22	0.00	94.22	
1000E6300	0220	0011	01705	00000	00000	GENERAL FUND/INSTR & CURRICU	5.32	0.00	5.32	
1000E6300	0220	9001	00000	00000	00000	GENERAL FUND/INSTR & CURRICU	11,750.87	0.00	11,750.87	
1000E6300	0220	9001	01008	00000	00000	GENERAL FUND/INSTR & CURRICU	278.23	0.00	278.23	
1000E6300	0220	9001	01011	00000	00000	GENERAL FUND/INSTR & CURRICU	74.03	74.03	0.00	
1000E6300	0220	9001	01111	00000	00000	GENERAL FUND/INSTR & CURRICU	3,109.20	0.00	3,109.20	
1000E6300	0220	9001	01150	00000	00000	GENERAL FUND/INSTR & CURRICU	213.19	0.00	213.19	
1000E6300	0220	9001	01705	00000	00000	GENERAL FUND/INSTR & CURRICU	19.87	0.00	19.87	
1000E6300	0220	9006	00000	00000	00000	GENERAL FUND/INSTR & CURRICU	6,125.62	0.00	6,125.62	
1000E6300	0220	9006	01032	00000	00000	GENERAL FUND/INSTR & CURRICU	5,912.05	0.00	5,912.05	
1000E6300	0220	9006	01414	00000	00000	GENERAL FUND/INSTR & CURRICU	46.47	0.00	46.47	
1000E6300	0220	9006	01705	00000	00000	GENERAL FUND/INSTR & CURRICU	27.98	0.00	27.98	
1000E6300	0230	9001	00000	00000	00000	GENERAL FUND/INSTR & CURRICU	9,714.52	14.26	9,700.26	
1000E6300	0230	9001	01011	00000	00000	GENERAL FUND/INSTR & CURRICU	57.87	57.87	0.00	
1000E6300	0230	9001	01111	00000	00000	GENERAL FUND/INSTR & CURRICU	2,573.12	0.00	2,573.12	
1000E6300	0230	9006	00000	00000	00000	GENERAL FUND/INSTR & CURRICU	8,481.08	688.86	7,792.22	
1000E6300	0230	9006	01032	00000	00000	GENERAL FUND/INSTR & CURRICU	9,534.99	60.67	9,474.32	
1000E6300	0230	9006	01414	00000	00000	GENERAL FUND/INSTR & CURRICU	88.14	2.02	86.12	
1000E6300	0290	9001	02100	00000	00000	GENERAL FUND/INSTR & CURRICU	3,996.85	0.00	3,996.85	
1000E6300	0330	9001	01012	00000	00000	GENERAL FUND/INSTR & CURRICU	383.41	0.00	383.41	
1000E6300	0330	9006	01010	00000	00000	GENERAL FUND/INSTR & CURRICU	611.36	0.00	611.36	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E6300	0350	9006	01026	00000	00000	GENERAL FUND/INSTR & CURRICU	438.83	0.00	438.83	
1000E6300	0370	9006	01026	00000	00000	GENERAL FUND/INSTR & CURRICU	100.00	0.00	100.00	
1000E6300	0390	9001	01027	00000	00000	GENERAL FUND/INSTR & CURRICU	168.32	0.00	168.32	
1000E6300	0510	9001	01027	00000	00000	GENERAL FUND/INSTR & CURRICU	572.65	18.90	553.75	
1000E6300	0519	9001	01027	00000	00000	GENERAL FUND/INSTR & CURRICU	62.90	0.00	62.90	
1000E6300	0730	9001	01012	00000	00000	GENERAL FUND/INSTR & CURRICU	60.00	0.00	60.00	
1000E6400	0130	0013	00000	00000	00000	GENERAL FUND/INST STAFF TRAI	225.00	0.00	225.00	
1000E6400	0130	0013	01705	00000	00000	GENERAL FUND/INST STAFF TRAI	200.00	0.00	200.00	
1000E6400	0130	0022	01180	00000	00000	GENERAL FUND/INST STAFF TRAI	43,436.48	0.00	43,436.48	
1000E6400	0130	0022	01705	00000	00000	GENERAL FUND/INST STAFF TRAI	200.00	0.00	200.00	
1000E6400	0130	0032	00000	00000	00000	GENERAL FUND/INST STAFF TRAI	450.00	0.00	450.00	
1000E6400	0130	0032	01180	00000	00000	GENERAL FUND/INST STAFF TRAI	36,652.67	0.00	36,652.67	
1000E6400	0130	0032	01705	00000	00000	GENERAL FUND/INST STAFF TRAI	150.00	0.00	150.00	
1000E6400	0210	0022	01180	00000	00000	GENERAL FUND/INST STAFF TRAI	5,894.38	0.00	5,894.38	
1000E6400	0210	0032	01180	00000	00000	GENERAL FUND/INST STAFF TRAI	4,973.74	0.00	4,973.74	
1000E6400	0220	0011	01111	00000	00000	GENERAL FUND/INST STAFF TRAI	1.57	0.00	1.57	
1000E6400	0220	0012	01001	00000	00000	GENERAL FUND/INST STAFF TRAI	5.04	0.00	5.04	
1000E6400	0220	0013	00000	00000	00000	GENERAL FUND/INST STAFF TRAI	15.85	0.00	15.85	
1000E6400	0220	0013	01705	00000	00000	GENERAL FUND/INST STAFF TRAI	13.94	0.00	13.94	
1000E6400	0220	0022	01001	00000	00000	GENERAL FUND/INST STAFF TRAI	342.76	0.00	342.76	
1000E6400	0220	0022	01180	00000	00000	GENERAL FUND/INST STAFF TRAI	3,126.90	0.00	3,126.90	
1000E6400	0220	0022	01705	00000	00000	GENERAL FUND/INST STAFF TRAI	14.39	0.00	14.39	
1000E6400	0220	0032	00000	00000	00000	GENERAL FUND/INST STAFF TRAI	34.12	0.00	34.12	
1000E6400	0220	0032	00032	00000	00000	GENERAL FUND/INST STAFF TRAI	3.24	0.00	3.24	
1000E6400	0220	0032	01001	00000	00000	GENERAL FUND/INST STAFF TRAI	1.66	0.00	1.66	
1000E6400	0220	0032	01180	00000	00000	GENERAL FUND/INST STAFF TRAI	2,779.63	0.00	2,779.63	
1000E6400	0220	0032	01705	00000	00000	GENERAL FUND/INST STAFF TRAI	11.36	0.00	11.36	
1000E6400	0220	0091	01001	00000	00000	GENERAL FUND/INST STAFF TRAI	6.35	0.00	6.35	
1000E6400	0230	0022	01180	00000	00000	GENERAL FUND/INST STAFF TRAI	4,403.36	0.00	4,403.36	
1000E6400	0230	0032	01180	00000	00000	GENERAL FUND/INST STAFF TRAI	1,002.08	0.00	1,002.08	
1000E6400	0310	9001	01012	00000	00000	GENERAL FUND/INST STAFF TRAI	1,500.00	0.00	1,500.00	
1000E6400	0330	0011	01111	00000	00000	GENERAL FUND/INST STAFF TRAI	62.93	0.00	62.93	
1000E6400	0330	0012	01001	00000	00000	GENERAL FUND/INST STAFF TRAI	1,786.28	0.00	1,786.28	
1000E6400	0330	0021	01001	00000	00000	GENERAL FUND/INST STAFF TRAI	83.84	0.00	83.84	
1000E6400	0330	0022	01001	00000	00000	GENERAL FUND/INST STAFF TRAI	5,163.84	0.00	5,163.84	
1000E6400	0330	0032	00032	00000	00000	GENERAL FUND/INST STAFF TRAI	603.12	0.00	603.12	
1000E6400	0330	0032	01001	00000	00000	GENERAL FUND/INST STAFF TRAI	285.84	0.00	285.84	
1000E6400	0330	0091	01001	00000	00000	GENERAL FUND/INST STAFF TRAI	275.36	22.70	252.66	
1000E6400	0330	9006	01001	00000	00000	GENERAL FUND/INST STAFF TRAI	167.68	0.00	167.68	
1000E6400	0390	9001	01001	00000	00000	GENERAL FUND/INST STAFF TRAI	28,545.40	0.00	28,545.40	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E6400	0510	0012	01140	00000	00000	GENERAL FUND/INST STAFF TRAI	300.00	0.00	300.00	
1000E6400	0510	0013	01140	00000	00000	GENERAL FUND/INST STAFF TRAI	300.00	0.00	300.00	
1000E6400	0510	0021	01140	00000	00000	GENERAL FUND/INST STAFF TRAI	300.00	0.00	300.00	
1000E6400	0510	0022	01140	00000	00000	GENERAL FUND/INST STAFF TRAI	300.00	0.00	300.00	
1000E6400	0510	0032	01140	00000	00000	GENERAL FUND/INST STAFF TRAI	300.00	0.00	300.00	
1000E6400	0510	0091	01140	00000	00000	GENERAL FUND/INST STAFF TRAI	300.00	0.00	300.00	
1000E6400	0730	0022	01001	00000	00000	GENERAL FUND/INST STAFF TRAI	75.00	0.00	75.00	
1000E6400	0730	0032	01001	00000	00000	GENERAL FUND/INST STAFF TRAI	50.00	0.00	50.00	
1000E6500	0160	9001	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL R	160,791.89	0.00	160,791.89	
1000E6500	0210	9001	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL R	21,480.27	0.00	21,480.27	
1000E6500	0220	9001	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL R	10,529.76	0.00	10,529.76	
1000E6500	0230	9001	00000	00000	00000	GENERAL FUND/INSTRUCTIONAL R	20,622.12	0.00	20,622.12	
1000E6500	0390	9001	01090	00000	00000	GENERAL FUND/INSTRUCTIONAL R	24,500.00	0.00	24,500.00	
1000E7100	0170	9001	00000	00000	00000	GENERAL FUND/BOARD/BOARD MEM	121,092.70	0.00	121,092.70	
1000E7100	0170	9001	01705	00000	00000	GENERAL FUND/BOARD/BOARD MEM	150.00	0.00	150.00	
1000E7100	0210	9001	00000	00000	00000	GENERAL FUND/BOARD/RETIREMEN	71,057.05	0.00	71,057.05	
1000E7100	0220	9001	00000	00000	00000	GENERAL FUND/BOARD/SOCIAL SE	7,663.39	0.00	7,663.39	
1000E7100	0220	9001	01025	00000	00000	GENERAL FUND/BOARD/SOCIAL SE	3.76	0.00	3.76	
1000E7100	0220	9001	01705	00000	00000	GENERAL FUND/BOARD/SOCIAL SE	9.48	0.00	9.48	
1000E7100	0230	9001	00000	00000	00000	GENERAL FUND/BOARD/GROUP INS	31,110.83	1,613.85	29,496.98	
1000E7100	0230	9001	02230	00000	00000	GENERAL FUND/BOARD/GROUP INS	1,913.04	0.00	1,913.04	
1000E7100	0250	9001	00000	00000	00000	GENERAL FUND/BOARD/UNEMPLOYM	2,530.48	0.00	2,530.48	
1000E7100	0310	9001	01025	00000	00000	GENERAL FUND/BOARD/PROFESSIO	59,894.17	16,107.13	43,787.04	
1000E7100	0320	9001	01025	00000	00000	GENERAL FUND/BOARD/INS. & BO	100.00	0.00	100.00	
1000E7100	0330	9001	01025	00000	00000	GENERAL FUND/BOARD/TRAVEL/SU	7,823.83	436.00	7,387.83	
1000E7100	0510	9001	01025	00000	00000	GENERAL FUND/BOARD/SUPPLIES/	434.42	0.00	434.42	
1000E7100	0730	9001	01025	00000	00000	GENERAL FUND/BOARD/DUES AND	25,901.00	0.00	25,901.00	
1000E7200	0110	9001	00000	00000	00000	GENERAL FUND/SUPERINTENDENT	124,799.41	0.00	124,799.41	
1000E7200	0160	9001	00000	00000	00000	GENERAL FUND/SUPERINTENDENT	43,340.40	339.22	43,001.18	
1000E7200	0210	9001	00000	00000	00000	GENERAL FUND/SUPERINTENDENT	21,655.93	46.03	21,609.90	
1000E7200	0220	9001	00000	00000	00000	GENERAL FUND/SUPERINTENDENT	12,292.54	24.54	12,268.00	
1000E7200	0230	9001	00000	00000	00000	GENERAL FUND/SUPERINTENDENT	5,023.33	0.00	5,023.33	
1000E7200	0330	9001	01025	00000	00000	GENERAL FUND/SUPERINTENDENT	2,684.10	0.00	2,684.10	
1000E7200	0360	9001	01025	00000	00000	GENERAL FUND/SUPERINTENDENT	9,228.33	0.00	9,228.33	
1000E7200	0370	9001	01025	00000	00000	GENERAL FUND/SUPERINTENDENT	1,710.69	1,058.14	652.55	
1000E7200	0370	9001	01027	00000	00000	GENERAL FUND/SUPERINTENDENT	459.48	0.00	459.48	
1000E7200	0390	9001	01039	00000	00000	GENERAL FUND/SUPERINTENDENT	15,880.35	0.00	15,880.35	
1000E7200	0510	9001	01025	00000	00000	GENERAL FUND/SUPERINTENDENT	2,382.27	0.00	2,382.27	
1000E7200	0519	9001	01025	00000	00000	GENERAL FUND/SUPERINTENDENT	361.24	0.00	361.24	
1000E7200	0730	9001	01025	00000	00000	GENERAL FUND/SUPERINTENDENT	11,303.00	0.00	11,303.00	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E7300	0110	0012	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	319,033.50	0.00	319,033.50	
1000E7300	0110	0012	01150	00000	00000	GENERAL FUND/SCHOOL ADMINIST	5,573.62	0.00	5,573.62	
1000E7300	0110	0013	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	128,944.01	0.00	128,944.01	
1000E7300	0110	0013	01705	00000	00000	GENERAL FUND/SCHOOL ADMINIST	50.00	0.00	50.00	
1000E7300	0110	0021	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	131,468.41	0.00	131,468.41	
1000E7300	0110	0022	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	78,319.35	0.00	78,319.35	
1000E7300	0110	0032	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	182,750.14	0.00	182,750.14	
1000E7300	0110	0032	01150	00000	00000	GENERAL FUND/SCHOOL ADMINIST	2,786.81	0.00	2,786.81	
1000E7300	0110	0032	01705	00000	00000	GENERAL FUND/SCHOOL ADMINIST	100.00	0.00	100.00	
1000E7300	0110	0091	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	117,683.14	0.00	117,683.14	
1000E7300	0110	0091	01705	00000	00000	GENERAL FUND/SCHOOL ADMINIST	75.00	0.00	75.00	
1000E7300	0160	0012	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	87,146.20	126.38	87,019.82	
1000E7300	0160	0012	01705	00000	00000	GENERAL FUND/SCHOOL ADMINIST	200.00	0.00	200.00	
1000E7300	0160	0013	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	46,343.54	0.00	46,343.54	
1000E7300	0160	0021	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	44,287.20	0.00	44,287.20	
1000E7300	0160	0021	01705	00000	00000	GENERAL FUND/SCHOOL ADMINIST	275.00	0.00	275.00	
1000E7300	0160	0022	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	39,303.06	0.00	39,303.06	
1000E7300	0160	0022	01705	00000	00000	GENERAL FUND/SCHOOL ADMINIST	250.00	0.00	250.00	
1000E7300	0160	0032	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	67,334.88	0.00	67,334.88	
1000E7300	0160	0032	01303	00000	00000	GENERAL FUND/SCHOOL ADMINIST	480.00	0.00	480.00	
1000E7300	0160	0032	01705	00000	00000	GENERAL FUND/SCHOOL ADMINIST	250.00	0.00	250.00	
1000E7300	0160	0091	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	42,389.36	0.00	42,389.36	
1000E7300	0210	0012	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	55,077.77	17.15	55,060.62	
1000E7300	0210	0013	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	23,725.46	0.00	23,725.46	
1000E7300	0210	0021	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	23,809.39	0.00	23,809.39	
1000E7300	0210	0022	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	15,941.02	0.00	15,941.02	
1000E7300	0210	0032	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	33,895.96	0.00	33,895.96	
1000E7300	0210	0032	01303	00000	00000	GENERAL FUND/SCHOOL ADMINIST	65.13	0.00	65.13	
1000E7300	0210	0091	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	21,640.50	0.00	21,640.50	
1000E7300	0220	0012	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	30,236.05	9.67	30,226.38	
1000E7300	0220	0012	01150	00000	00000	GENERAL FUND/SCHOOL ADMINIST	412.41	0.00	412.41	
1000E7300	0220	0012	01705	00000	00000	GENERAL FUND/SCHOOL ADMINIST	15.30	0.00	15.30	
1000E7300	0220	0013	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	12,992.77	0.00	12,992.77	
1000E7300	0220	0013	01705	00000	00000	GENERAL FUND/SCHOOL ADMINIST	3.33	0.00	3.33	
1000E7300	0220	0021	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	12,659.00	0.00	12,659.00	
1000E7300	0220	0021	01705	00000	00000	GENERAL FUND/SCHOOL ADMINIST	19.23	0.00	19.23	
1000E7300	0220	0022	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	8,016.11	0.00	8,016.11	
1000E7300	0220	0022	01705	00000	00000	GENERAL FUND/SCHOOL ADMINIST	15.12	0.00	15.12	
1000E7300	0220	0032	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	18,299.79	0.00	18,299.79	
1000E7300	0220	0032	01150	00000	00000	GENERAL FUND/SCHOOL ADMINIST	213.19	0.00	213.19	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E7300	0220	0032	01303	00000	00000	GENERAL FUND/SCHOOL ADMINIST	36.01	0.00	36.01	
1000E7300	0220	0032	01705	00000	00000	GENERAL FUND/SCHOOL ADMINIST	26.50	0.00	26.50	
1000E7300	0220	0091	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	11,796.09	0.00	11,796.09	
1000E7300	0220	0091	01705	00000	00000	GENERAL FUND/SCHOOL ADMINIST	5.71	0.00	5.71	
1000E7300	0230	0012	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	20,910.06	2,942.61	17,967.45	
1000E7300	0230	0013	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	7,587.59	0.00	7,587.59	
1000E7300	0230	0021	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	11,194.92	0.00	11,194.92	
1000E7300	0230	0022	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	11,317.89	0.00	11,317.89	
1000E7300	0230	0032	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	14,526.89	401.10	14,125.79	
1000E7300	0230	0091	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	8,149.11	7.70	8,141.41	
1000E7300	0330	0021	00021	00000	00000	GENERAL FUND/SCHOOL ADMINIST	29.82	0.00	29.82	
1000E7300	0330	0032	00032	00000	00000	GENERAL FUND/SCHOOL ADMINIST	303.22	0.00	303.22	
1000E7300	0369	0022	00022	00000	00000	GENERAL FUND/SCHOOL ADMINIST	99.00	0.00	99.00	
1000E7300	0370	0012	00012	00000	00000	GENERAL FUND/SCHOOL ADMINIST	500.00	0.00	500.00	
1000E7300	0370	0013	00013	00000	00000	GENERAL FUND/SCHOOL ADMINIST	132.00	0.00	132.00	
1000E7300	0370	0021	00021	00000	00000	GENERAL FUND/SCHOOL ADMINIST	275.06	0.00	275.06	
1000E7300	0370	0022	00022	00000	00000	GENERAL FUND/SCHOOL ADMINIST	488.78	0.00	488.78	
1000E7300	0370	0032	00032	00000	00000	GENERAL FUND/SCHOOL ADMINIST	699.18	0.00	699.18	
1000E7300	0510	0012	00012	00000	00000	GENERAL FUND/SCHOOL ADMINIST	1,506.05	0.00	1,506.05	
1000E7300	0510	0013	00013	00000	00000	GENERAL FUND/SCHOOL ADMINIST	923.10	182.19	740.91	
1000E7300	0510	0021	00021	00000	00000	GENERAL FUND/SCHOOL ADMINIST	402.31	0.00	402.31	
1000E7300	0510	0022	00022	00000	00000	GENERAL FUND/SCHOOL ADMINIST	1,422.61	40.49	1,382.12	
1000E7300	0510	0032	00032	00000	00000	GENERAL FUND/SCHOOL ADMINIST	414.55	0.00	414.55	
1000E7300	0510	0091	00091	00000	00000	GENERAL FUND/SCHOOL ADMINIST	1,388.25	0.00	1,388.25	
1000E7300	0519	0012	00012	00000	00000	GENERAL FUND/SCHOOL ADMINIST	1,298.51	0.00	1,298.51	
1000E7300	0519	0021	00021	00000	00000	GENERAL FUND/SCHOOL ADMINIST	376.80	0.00	376.80	
1000E7300	0519	0032	00032	00000	00000	GENERAL FUND/SCHOOL ADMINIST	584.65	0.00	584.65	
1000E7300	0519	0091	00091	00000	00000	GENERAL FUND/SCHOOL ADMINIST	142.99	0.00	142.99	
1000E7300	0642	0012	00012	00000	00000	GENERAL FUND/SCHOOL ADMINIST	538.00	0.00	538.00	
1000E7300	0642	0013	00013	00000	00000	GENERAL FUND/SCHOOL ADMINIST	54.32	24.31	30.01	
1000E7300	0642	0091	00091	00000	00000	GENERAL FUND/SCHOOL ADMINIST	303.63	0.00	303.63	
1000E7300	0644	0013	00013	00000	00000	GENERAL FUND/SCHOOL ADMINIST	164.99	0.00	164.99	
1000E7300	0644	0091	00091	00000	00000	GENERAL FUND/SCHOOL ADMINIST	430.02	0.00	430.02	
1000E7300	0649	0032	00032	00000	00000	GENERAL FUND/SCHOOL ADMINIST	59.14	0.00	59.14	
1000E7300	0750	0022	00000	00000	00000	GENERAL FUND/SCHOOL ADMINIST	620.14	0.00	620.14	
1000E7400	0670	9001	01390	00000	00000	GENERAL FUND/FACILITIES ACQU	131,109.50	0.00	131,109.50	
1000E7410	0390	0012	01827	00000	00000	GENERAL FUND/Facilities Acqu	16,504.13	0.00	16,504.13	
1000E7410	0644	0012	01827	00000	00000	GENERAL FUND/Facilities Acqu	14,361.76	0.00	14,361.76	
1000E7410	0644	0022	01827	00000	00000	GENERAL FUND/Facilities Acqu	11,432.55	0.00	11,432.55	
1000E7410	0644	0032	01827	00000	00000	GENERAL FUND/Facilities Acqu	13,361.78	0.00	13,361.78	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E7410	0670	0012	01827	00000	00000	GENERAL FUND/Facilities Acqu	2,524.17	0.00	2,524.17	
1000E7410	0670	0032	01827	00000	00000	GENERAL FUND/Facilities Acqu	1,646.70	0.00	1,646.70	
1000E7410	0680	0013	01827	00000	00000	GENERAL FUND/Facilities Acqu	6,948.37	0.00	6,948.37	
1000E7500	0110	9001	00000	00000	00000	GENERAL FUND/FISCAL SERVICES	80,146.18	0.00	80,146.18	
1000E7500	0160	9001	00000	00000	00000	GENERAL FUND/FISCAL SERVICES	338,867.84	578.83	338,289.01	
1000E7500	0160	9001	01705	00000	00000	GENERAL FUND/FISCAL SERVICES	750.00	0.00	750.00	
1000E7500	0210	9001	00000	00000	00000	GENERAL FUND/FISCAL SERVICES	80,468.62	122.31	80,346.31	
1000E7500	0220	9001	00000	00000	00000	GENERAL FUND/FISCAL SERVICES	30,137.88	43.77	30,094.11	
1000E7500	0220	9001	01705	00000	00000	GENERAL FUND/FISCAL SERVICES	53.91	0.00	53.91	
1000E7500	0230	9001	00000	00000	00000	GENERAL FUND/FISCAL SERVICES	25,175.70	0.00	25,175.70	
1000E7500	0290	9001	02100	00000	00000	GENERAL FUND/FISCAL SERVICES	14,402.84	0.00	14,402.84	
1000E7500	0310	9001	00000	00000	00000	GENERAL FUND/FISCAL SERVICES	31,200.00	2,000.00	29,200.00	
1000E7500	0330	9001	00000	00000	00000	GENERAL FUND/FISCAL SERVICES	1,493.22	0.00	1,493.22	
1000E7500	0370	9001	00000	00000	00000	GENERAL FUND/FISCAL SERVICES	1,854.07	3.78	1,850.29	
1000E7500	0390	9001	00000	00000	00000	GENERAL FUND/FISCAL SERVICES	2,735.52	0.00	2,735.52	
1000E7500	0510	9001	00000	00000	00000	GENERAL FUND/FISCAL SERVICES	4,657.32	7.70	4,649.62	
1000E7500	0519	9001	00000	00000	00000	GENERAL FUND/FISCAL SERVICES	707.50	0.00	707.50	
1000E7500	0730	9001	00000	00000	00000	GENERAL FUND/FISCAL SERVICES	1,750.00	1,250.00	500.00	
1000E7600	0110	9001	01705	00000	00000	GENERAL FUND/SCHOOL FOOD SER	150.00	0.00	150.00	
1000E7600	0160	0012	01705	00000	00000	GENERAL FUND/SCHOOL FOOD SER	50.00	0.00	50.00	
1000E7600	0160	0013	01705	00000	00000	GENERAL FUND/SCHOOL FOOD SER	100.00	0.00	100.00	
1000E7600	0210	9001	02100	00000	00000	GENERAL FUND/SCHOOL FOOD SER	2,443.81	0.00	2,443.81	
1000E7600	0220	0012	01705	00000	00000	GENERAL FUND/SCHOOL FOOD SER	3.52	0.00	3.52	
1000E7600	0220	0013	01705	00000	00000	GENERAL FUND/SCHOOL FOOD SER	7.03	0.00	7.03	
1000E7600	0220	9001	01705	00000	00000	GENERAL FUND/SCHOOL FOOD SER	11.23	0.00	11.23	
1000E7600	0290	1091	02100	00000	00000	GENERAL FUND/SCHOOL FOOD SER	3,127.15	0.00	3,127.15	
1000E7600	0290	9001	02100	00000	00000	GENERAL FUND/SCHOOL FOOD SER	14,305.95	0.00	14,305.95	
1000E7700	0110	9001	00000	00000	00000	GENERAL FUND/CENTRAL SERVICE	84,331.71	0.00	84,331.71	
1000E7700	0110	9001	01705	00000	00000	GENERAL FUND/CENTRAL SERVICE	75.00	0.00	75.00	
1000E7700	0160	9001	00000	00000	00000	GENERAL FUND/CENTRAL SERVICE	80,813.27	0.00	80,813.27	
1000E7700	0210	9001	00000	00000	00000	GENERAL FUND/CENTRAL SERVICE	28,985.18	0.00	28,985.18	
1000E7700	0210	9001	02100	00000	00000	GENERAL FUND/CENTRAL SERVICE	112.29	0.00	112.29	
1000E7700	0220	9001	00000	00000	00000	GENERAL FUND/CENTRAL SERVICE	11,605.41	0.00	11,605.41	
1000E7700	0220	9001	01705	00000	00000	GENERAL FUND/CENTRAL SERVICE	5.20	0.00	5.20	
1000E7700	0230	9001	00000	00000	00000	GENERAL FUND/CENTRAL SERVICE	15,343.35	0.00	15,343.35	
1000E7700	0290	9001	02100	00000	00000	GENERAL FUND/CENTRAL SERVICE	1,009.15	0.00	1,009.15	
1000E7700	0330	9001	01022	00000	00000	GENERAL FUND/CENTRAL SERVICE	320.00	0.00	320.00	
1000E7700	0330	9001	01130	00000	00000	GENERAL FUND/CENTRAL SERVICE	278.30	0.00	278.30	
1000E7700	0350	0012	01013	00000	00000	GENERAL FUND/CENTRAL SERVICE	9,748.09	0.00	9,748.09	
1000E7700	0350	0013	01013	00000	00000	GENERAL FUND/CENTRAL SERVICE	6,550.78	0.00	6,550.78	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E7700	0350	0021	01013	00000	00000	GENERAL FUND/CENTRAL SERVICE	7,124.61	0.00	7,124.61	
1000E7700	0350	0022	01013	00000	00000	GENERAL FUND/CENTRAL SERVICE	6,234.00	0.00	6,234.00	
1000E7700	0350	0032	01013	00000	00000	GENERAL FUND/CENTRAL SERVICE	8,919.83	0.00	8,919.83	
1000E7700	0350	0091	01013	00000	00000	GENERAL FUND/CENTRAL SERVICE	5,988.06	0.00	5,988.06	
1000E7700	0350	9001	01013	00000	00000	GENERAL FUND/CENTRAL SERVICE	4,438.45	0.00	4,438.45	
1000E7700	0350	9005	01013	00000	00000	GENERAL FUND/CENTRAL SERVICE	166.37	0.00	166.37	
1000E7700	0360	9001	01052	00000	00000	GENERAL FUND/CENTRAL SERVICE	2,572.64	0.00	2,572.64	
1000E7700	0370	9001	01022	00000	00000	GENERAL FUND/CENTRAL SERVICE	500.00	0.00	500.00	
1000E7700	0390	9001	00000	00000	00000	GENERAL FUND/CENTRAL SERVICE	779.00	0.00	779.00	
1000E7700	0390	9001	01022	00000	00000	GENERAL FUND/CENTRAL SERVICE	1,387.93	0.00	1,387.93	
1000E7700	0390	9001	01039	00000	00000	GENERAL FUND/CENTRAL SERVICE	8,426.25	0.00	8,426.25	
1000E7700	0390	9001	01130	00000	00000	GENERAL FUND/CENTRAL SERVICE	293.50	0.00	293.50	
1000E7700	0510	0012	01104	00000	00000	GENERAL FUND/CENTRAL SERVICE	6,928.36	9.14	6,919.22	
1000E7700	0510	0013	01104	00000	00000	GENERAL FUND/CENTRAL SERVICE	6,928.36	9.14	6,919.22	
1000E7700	0510	0021	01104	00000	00000	GENERAL FUND/CENTRAL SERVICE	6,923.96	9.16	6,914.80	
1000E7700	0510	0022	01104	00000	00000	GENERAL FUND/CENTRAL SERVICE	6,928.36	9.14	6,919.22	
1000E7700	0510	0032	01104	00000	00000	GENERAL FUND/CENTRAL SERVICE	6,928.36	9.14	6,919.22	
1000E7700	0510	0091	01104	00000	00000	GENERAL FUND/CENTRAL SERVICE	6,928.37	9.14	6,919.23	
1000E7700	0510	9001	01022	00000	00000	GENERAL FUND/CENTRAL SERVICE	1,526.38	8.46	1,517.92	
1000E7700	0510	9001	01030	00000	00000	GENERAL FUND/CENTRAL SERVICE	1,468.25	0.00	1,468.25	
1000E7700	0510	9001	01104	00000	00000	GENERAL FUND/CENTRAL SERVICE	2,006.23	9.14	1,997.09	
1000E7700	0510	9001	01130	00000	00000	GENERAL FUND/CENTRAL SERVICE	610.91	0.00	610.91	
1000E7700	0519	9001	01022	00000	00000	GENERAL FUND/CENTRAL SERVICE	219.85	0.00	219.85	
1000E7700	0641	9001	01030	00000	00000	GENERAL FUND/CENTRAL SERVICE	7,315.00	7,315.00	0.00	
1000E7700	0642	9001	01022	00000	00000	GENERAL FUND/CENTRAL SERVICE	393.28	40.53	352.75	
1000E7700	0730	9001	01022	00000	00000	GENERAL FUND/CENTRAL SERVICE	105.89	0.00	105.89	
1000E7710	0110	9001	00000	00000	00000	GENERAL FUND/PLANNING, RESEA	34,126.30	0.00	34,126.30	
1000E7710	0160	9001	01705	00000	00000	GENERAL FUND/PLANNING, RESEA	200.00	0.00	200.00	
1000E7710	0210	9001	00000	00000	00000	GENERAL FUND/PLANNING, RESEA	4,630.92	0.00	4,630.92	
1000E7710	0220	9001	00000	00000	00000	GENERAL FUND/PLANNING, RESEA	2,610.77	0.00	2,610.77	
1000E7710	0220	9001	01705	00000	00000	GENERAL FUND/PLANNING, RESEA	15.31	0.00	15.31	
1000E7730	0330	9001	01027	00000	00000	GENERAL FUND/STAFF SERVICES/	2,950.33	900.00	2,050.33	
1000E7730	0330	9005	01029	00000	00000	GENERAL FUND/STAFF SERVICES/	118.35	118.35	0.00	
1000E7730	0390	9001	01705	00000	00000	GENERAL FUND/STAFF SERVICES/	7,681.03	459.99	7,221.04	
1000E7730	0510	9001	01705	00000	00000	GENERAL FUND/STAFF SERVICES/	5,792.65	0.00	5,792.65	
1000E7730	0570	9001	01705	00000	00000	GENERAL FUND/STAFF SERVICES/	818.89	818.89	0.00	
1000E7730	0730	9005	01029	00000	00000	GENERAL FUND/STAFF SERVICES/	195.00	0.00	195.00	
1000E7800	0110	9002	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	64,749.12	0.00	64,749.12	
1000E7800	0160	0012	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	17,822.06	0.00	17,822.06	
1000E7800	0160	0013	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	138.48	0.00	138.48	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E7800	0160	0021	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	63.55	0.00	63.55	
1000E7800	0160	0022	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	29.66	0.00	29.66	
1000E7800	0160	0032	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	1,425.31	0.00	1,425.31	
1000E7800	0160	0091	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	38.14	0.00	38.14	
1000E7800	0160	9001	02100	00000	00000	GENERAL FUND/TRANSPORTATION/	2,359.80	0.00	2,359.80	
1000E7800	0160	9002	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	851,118.86	6,020.24	845,098.62	
1000E7800	0160	9002	01705	00000	00000	GENERAL FUND/TRANSPORTATION/	175.00	0.00	175.00	
1000E7800	0210	0012	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	2,418.47	0.00	2,418.47	
1000E7800	0210	0013	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	18.79	0.00	18.79	
1000E7800	0210	0021	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	8.62	0.00	8.62	
1000E7800	0210	0022	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	4.02	0.00	4.02	
1000E7800	0210	0032	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	186.92	0.00	186.92	
1000E7800	0210	0091	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	5.18	0.00	5.18	
1000E7800	0210	9001	02100	00000	00000	GENERAL FUND/TRANSPORTATION/	320.22	0.00	320.22	
1000E7800	0210	9002	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	123,736.93	680.53	123,056.40	
1000E7800	0210	9002	02100	00000	00000	GENERAL FUND/TRANSPORTATION/	2,243.21	0.00	2,243.21	
1000E7800	0220	0012	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	1,321.48	0.00	1,321.48	
1000E7800	0220	0013	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	10.10	0.00	10.10	
1000E7800	0220	0021	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	4.50	0.00	4.50	
1000E7800	0220	0022	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	2.21	0.00	2.21	
1000E7800	0220	0032	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	105.69	0.00	105.69	
1000E7800	0220	0091	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	2.62	0.00	2.62	
1000E7800	0220	9001	02100	00000	00000	GENERAL FUND/TRANSPORTATION/	180.53	0.00	180.53	
1000E7800	0220	9002	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	78,218.67	433.97	77,784.70	
1000E7800	0220	9002	01705	00000	00000	GENERAL FUND/TRANSPORTATION/	13.24	0.00	13.24	
1000E7800	0230	9002	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	80,189.81	3,419.03	76,770.78	
1000E7800	0290	9002	02100	00000	00000	GENERAL FUND/TRANSPORTATION/	20,981.81	0.00	20,981.81	
1000E7800	0350	9002	09002	00000	00000	GENERAL FUND/TRANSPORTATION/	717.33	0.00	717.33	
1000E7800	0360	9002	01030	00000	00000	GENERAL FUND/TRANSPORTATION/	2,030.56	0.00	2,030.56	
1000E7800	0370	9002	09002	00000	00000	GENERAL FUND/TRANSPORTATION/	462.00	0.00	462.00	
1000E7800	0390	9002	09002	00000	00000	GENERAL FUND/TRANSPORTATION/	14,814.30	319.56	14,494.74	
1000E7800	0450	9002	09002	00000	00000	GENERAL FUND/TRANSPORTATION/	21,962.22	0.00	21,962.22	
1000E7800	0460	9002	09002	00000	00000	GENERAL FUND/TRANSPORTATION/	244,408.47	23,642.00	220,766.47	
1000E7800	0510	9002	01851	00000	00000	GENERAL FUND/TRANSPORTATION/	563.82	0.00	563.82	
1000E7800	0510	9002	01860	00000	00000	GENERAL FUND/TRANSPORTATION/	1,415.61	0.00	1,415.61	
1000E7800	0510	9002	09002	00000	00000	GENERAL FUND/TRANSPORTATION/	5,980.99	22.99	5,958.00	
1000E7800	0540	9002	09002	00000	00000	GENERAL FUND/TRANSPORTATION/	10,777.35	0.00	10,777.35	
1000E7800	0550	9002	09002	00000	00000	GENERAL FUND/TRANSPORTATION/	75,590.96	5,674.01	69,916.95	
1000E7800	0560	9002	09002	00000	00000	GENERAL FUND/TRANSPORTATION/	21,739.76	420.00	21,319.76	
1000E7800	0641	9002	09002	00000	00000	GENERAL FUND/TRANSPORTATION/	4,500.00	0.00	4,500.00	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E7800	0730	9002	09002	00000	00000	GENERAL FUND/TRANSPORTATION/	1,098.61	0.00	1,098.61	
1000E7800	0750	9002	00000	00000	00000	GENERAL FUND/TRANSPORTATION/	151,470.12	547.53	150,922.59	
1000E7900	0110	9004	00000	00000	00000	GENERAL FUND/OPERATION OF PL	80,146.20	0.00	80,146.20	
1000E7900	0160	0012	00000	00000	00000	GENERAL FUND/OPERATION OF PL	220,068.75	323.02	219,745.73	
1000E7900	0160	0013	00000	00000	00000	GENERAL FUND/OPERATION OF PL	115,768.88	507.98	115,260.90	
1000E7900	0160	0021	00000	00000	00000	GENERAL FUND/OPERATION OF PL	136,062.42	0.00	136,062.42	
1000E7900	0160	0021	01705	00000	00000	GENERAL FUND/OPERATION OF PL	75.00	0.00	75.00	
1000E7900	0160	0022	00000	00000	00000	GENERAL FUND/OPERATION OF PL	105,517.60	137.19	105,380.41	
1000E7900	0160	0031	00000	00000	00000	GENERAL FUND/OPERATION OF PL	31,537.25	0.00	31,537.25	
1000E7900	0160	0032	00000	00000	00000	GENERAL FUND/OPERATION OF PL	139,194.22	856.14	138,338.08	
1000E7900	0160	0091	00000	00000	00000	GENERAL FUND/OPERATION OF PL	124,276.78	0.00	124,276.78	
1000E7900	0160	9003	00000	00000	00000	GENERAL FUND/OPERATION OF PL	272,383.75	0.00	272,383.75	
1000E7900	0210	0012	00000	00000	00000	GENERAL FUND/OPERATION OF PL	32,327.55	43.83	32,283.72	
1000E7900	0210	0013	00000	00000	00000	GENERAL FUND/OPERATION OF PL	15,710.03	68.91	15,641.12	
1000E7900	0210	0021	00000	00000	00000	GENERAL FUND/OPERATION OF PL	18,443.17	0.00	18,443.17	
1000E7900	0210	0022	00000	00000	00000	GENERAL FUND/OPERATION OF PL	14,318.52	18.62	14,299.90	
1000E7900	0210	0031	00000	00000	00000	GENERAL FUND/OPERATION OF PL	4,111.53	0.00	4,111.53	
1000E7900	0210	0032	00000	00000	00000	GENERAL FUND/OPERATION OF PL	18,868.50	116.19	18,752.31	
1000E7900	0210	0091	00000	00000	00000	GENERAL FUND/OPERATION OF PL	16,864.39	0.00	16,864.39	
1000E7900	0210	9003	00000	00000	00000	GENERAL FUND/OPERATION OF PL	36,601.18	0.00	36,601.18	
1000E7900	0210	9004	00000	00000	00000	GENERAL FUND/OPERATION OF PL	18,982.58	0.00	18,982.58	
1000E7900	0220	0012	00000	00000	00000	GENERAL FUND/OPERATION OF PL	15,517.63	24.68	15,492.95	
1000E7900	0220	0013	00000	00000	00000	GENERAL FUND/OPERATION OF PL	8,251.63	38.90	8,212.73	
1000E7900	0220	0021	00000	00000	00000	GENERAL FUND/OPERATION OF PL	9,623.39	0.00	9,623.39	
1000E7900	0220	0021	01705	00000	00000	GENERAL FUND/OPERATION OF PL	5.43	0.00	5.43	
1000E7900	0220	0022	00000	00000	00000	GENERAL FUND/OPERATION OF PL	7,689.80	10.40	7,679.40	
1000E7900	0220	0031	00000	00000	00000	GENERAL FUND/OPERATION OF PL	2,285.88	0.00	2,285.88	
1000E7900	0220	0032	00000	00000	00000	GENERAL FUND/OPERATION OF PL	9,556.63	58.92	9,497.71	
1000E7900	0220	0091	00000	00000	00000	GENERAL FUND/OPERATION OF PL	8,317.10	0.00	8,317.10	
1000E7900	0220	9003	00000	00000	00000	GENERAL FUND/OPERATION OF PL	19,325.04	0.00	19,325.04	
1000E7900	0220	9004	00000	00000	00000	GENERAL FUND/OPERATION OF PL	17,605.50	0.00	17,605.50	
1000E7900	0230	0012	00000	00000	00000	GENERAL FUND/OPERATION OF PL	23,971.32	0.00	23,971.32	
1000E7900	0230	0013	00000	00000	00000	GENERAL FUND/OPERATION OF PL	12,249.30	0.00	12,249.30	
1000E7900	0230	0021	00000	00000	00000	GENERAL FUND/OPERATION OF PL	19,097.29	0.00	19,097.29	
1000E7900	0230	0022	00000	00000	00000	GENERAL FUND/OPERATION OF PL	8,499.91	0.00	8,499.91	
1000E7900	0230	0031	00000	00000	00000	GENERAL FUND/OPERATION OF PL	4,403.36	0.00	4,403.36	
1000E7900	0230	0032	00000	00000	00000	GENERAL FUND/OPERATION OF PL	19,925.73	0.00	19,925.73	
1000E7900	0230	0091	00000	00000	00000	GENERAL FUND/OPERATION OF PL	23,287.92	0.00	23,287.92	
1000E7900	0230	9003	00000	00000	00000	GENERAL FUND/OPERATION OF PL	33,917.64	0.00	33,917.64	
1000E7900	0230	9004	00000	00000	00000	GENERAL FUND/OPERATION OF PL	5,986.21	0.00	5,986.21	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E7900	0290	0012	02100	00000	00000	GENERAL FUND/OPERATION OF PL	8,163.98	0.00	8,163.98	
1000E7900	0320	9001	00000	00000	00000	GENERAL FUND/OPERATION OF PL	912,640.86	0.00	912,640.86	
1000E7900	0330	9004	01058	00000	00000	GENERAL FUND/OPERATION OF PL	4.89	0.00	4.89	
1000E7900	0350	9003	01057	00000	00000	GENERAL FUND/OPERATION OF PL	1,753.11	0.00	1,753.11	
1000E7900	0350	9004	01058	00000	00000	GENERAL FUND/OPERATION OF PL	5,000.00	0.00	5,000.00	
1000E7900	0360	9003	01057	00000	00000	GENERAL FUND/OPERATION OF PL	679.57	0.00	679.57	
1000E7900	0369	9001	01030	00000	00000	GENERAL FUND/OPERATION OF PL	884.00	0.00	884.00	
1000E7900	0370	9001	00000	00000	00000	GENERAL FUND/OPERATION OF PL	2,930.00	0.00	2,930.00	
1000E7900	0379	0012	00000	00000	00000	GENERAL FUND/OPERATION OF PL	6,412.23	0.00	6,412.23	
1000E7900	0379	0013	00000	00000	00000	GENERAL FUND/OPERATION OF PL	2,958.48	0.00	2,958.48	
1000E7900	0379	0021	00000	00000	00000	GENERAL FUND/OPERATION OF PL	2,158.56	0.00	2,158.56	
1000E7900	0379	0022	00000	00000	00000	GENERAL FUND/OPERATION OF PL	1,511.01	0.00	1,511.01	
1000E7900	0379	0022	01414	00000	00000	GENERAL FUND/OPERATION OF PL	155.43	0.00	155.43	
1000E7900	0379	0032	00000	00000	00000	GENERAL FUND/OPERATION OF PL	4,619.34	0.00	4,619.34	
1000E7900	0379	0091	00000	00000	00000	GENERAL FUND/OPERATION OF PL	2,656.26	0.00	2,656.26	
1000E7900	0379	9001	00000	00000	00000	GENERAL FUND/OPERATION OF PL	14,372.21	0.00	14,372.21	
1000E7900	0379	9002	00000	00000	00000	GENERAL FUND/OPERATION OF PL	1,266.84	0.00	1,266.84	
1000E7900	0379	9003	00000	00000	00000	GENERAL FUND/OPERATION OF PL	1,470.39	0.00	1,470.39	
1000E7900	0379	9004	00000	00000	00000	GENERAL FUND/OPERATION OF PL	819.31	0.00	819.31	
1000E7900	0380	0012	00000	00000	00000	GENERAL FUND/OPERATION OF PL	48,308.64	0.00	48,308.64	
1000E7900	0380	0013	00000	00000	00000	GENERAL FUND/OPERATION OF PL	19,953.59	0.00	19,953.59	
1000E7900	0380	0021	00000	00000	00000	GENERAL FUND/OPERATION OF PL	20,049.92	0.00	20,049.92	
1000E7900	0380	0022	00000	00000	00000	GENERAL FUND/OPERATION OF PL	3,430.93	0.00	3,430.93	
1000E7900	0380	0031	00000	00000	00000	GENERAL FUND/OPERATION OF PL	11,105.13	0.00	11,105.13	
1000E7900	0380	0032	00000	00000	00000	GENERAL FUND/OPERATION OF PL	65,369.84	0.00	65,369.84	
1000E7900	0380	0091	00000	00000	00000	GENERAL FUND/OPERATION OF PL	16,649.73	0.00	16,649.73	
1000E7900	0380	9001	00000	00000	00000	GENERAL FUND/OPERATION OF PL	15,462.93	0.00	15,462.93	
1000E7900	0380	9002	00000	00000	00000	GENERAL FUND/OPERATION OF PL	4,055.50	0.00	4,055.50	
1000E7900	0380	9003	00000	00000	00000	GENERAL FUND/OPERATION OF PL	3,794.19	0.00	3,794.19	
1000E7900	0390	0012	00000	00000	00000	GENERAL FUND/OPERATION OF PL	8,587.52	0.00	8,587.52	
1000E7900	0390	0012	01016	00000	00000	GENERAL FUND/OPERATION OF PL	50,258.83	5,345.05	44,913.78	
1000E7900	0390	0012	01036	00000	00000	GENERAL FUND/OPERATION OF PL	8,861.87	0.00	8,861.87	
1000E7900	0390	0013	00000	00000	00000	GENERAL FUND/OPERATION OF PL	879.73	0.00	879.73	
1000E7900	0390	0013	01016	00000	00000	GENERAL FUND/OPERATION OF PL	59,592.72	7,959.62	51,633.10	
1000E7900	0390	0013	01036	00000	00000	GENERAL FUND/OPERATION OF PL	8,861.87	0.00	8,861.87	
1000E7900	0390	0021	00000	00000	00000	GENERAL FUND/OPERATION OF PL	352.45	0.00	352.45	
1000E7900	0390	0021	01016	00000	00000	GENERAL FUND/OPERATION OF PL	42,874.64	0.00	42,874.64	
1000E7900	0390	0021	01036	00000	00000	GENERAL FUND/OPERATION OF PL	8,861.82	0.00	8,861.82	
1000E7900	0390	0022	00000	00000	00000	GENERAL FUND/OPERATION OF PL	308.08	0.00	308.08	
1000E7900	0390	0022	01016	00000	00000	GENERAL FUND/OPERATION OF PL	67,682.77	8,568.79	59,113.98	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E7900	0390	0022	01036	00000	00000	GENERAL FUND/OPERATION OF PL	8,861.83	0.00	8,861.83	
1000E7900	0390	0031	00000	00000	00000	GENERAL FUND/OPERATION OF PL	397.96	0.00	397.96	
1000E7900	0390	0031	01016	00000	00000	GENERAL FUND/OPERATION OF PL	7,018.98	7,018.98	0.00	
1000E7900	0390	0032	00000	00000	00000	GENERAL FUND/OPERATION OF PL	1,112.92	0.00	1,112.92	
1000E7900	0390	0032	01016	00000	00000	GENERAL FUND/OPERATION OF PL	68,511.50	7,096.30	61,415.20	
1000E7900	0390	0032	01036	00000	00000	GENERAL FUND/OPERATION OF PL	8,861.82	0.00	8,861.82	
1000E7900	0390	0091	00000	00000	00000	GENERAL FUND/OPERATION OF PL	1,231.55	0.00	1,231.55	
1000E7900	0390	0091	01016	00000	00000	GENERAL FUND/OPERATION OF PL	56,257.25	6,849.26	49,407.99	
1000E7900	0390	0091	01036	00000	00000	GENERAL FUND/OPERATION OF PL	8,861.82	0.00	8,861.82	
1000E7900	0390	9001	00000	00000	00000	GENERAL FUND/OPERATION OF PL	322.14	0.00	322.14	
1000E7900	0390	9001	01058	00000	00000	GENERAL FUND/OPERATION OF PL	2,267.08	129.26	2,137.82	
1000E7900	0390	9003	01057	00000	00000	GENERAL FUND/OPERATION OF PL	7,926.07	0.00	7,926.07	
1000E7900	0390	9004	01058	00000	00000	GENERAL FUND/OPERATION OF PL	5,253.75	0.00	5,253.75	
1000E7900	0420	0012	00000	00000	00000	GENERAL FUND/OPERATION OF PL	3,779.37	0.00	3,779.37	
1000E7900	0420	0013	00000	00000	00000	GENERAL FUND/OPERATION OF PL	82.47	0.00	82.47	
1000E7900	0420	0032	00000	00000	00000	GENERAL FUND/OPERATION OF PL	68.93	0.00	68.93	
1000E7900	0420	0091	00000	00000	00000	GENERAL FUND/OPERATION OF PL	6.40	0.00	6.40	
1000E7900	0430	0012	00000	00000	00000	GENERAL FUND/OPERATION OF PL	270,795.68	0.00	270,795.68	
1000E7900	0430	0013	00000	00000	00000	GENERAL FUND/OPERATION OF PL	127,672.35	0.00	127,672.35	
1000E7900	0430	0021	00000	00000	00000	GENERAL FUND/OPERATION OF PL	86,557.02	0.00	86,557.02	
1000E7900	0430	0022	00000	00000	00000	GENERAL FUND/OPERATION OF PL	54,773.55	0.00	54,773.55	
1000E7900	0430	0031	00000	00000	00000	GENERAL FUND/OPERATION OF PL	21,450.56	0.00	21,450.56	
1000E7900	0430	0032	00000	00000	00000	GENERAL FUND/OPERATION OF PL	139,663.97	0.00	139,663.97	
1000E7900	0430	0091	00000	00000	00000	GENERAL FUND/OPERATION OF PL	99,202.06	387.00	98,815.06	
1000E7900	0430	9001	00000	00000	00000	GENERAL FUND/OPERATION OF PL	35,378.10	0.00	35,378.10	
1000E7900	0430	9002	00000	00000	00000	GENERAL FUND/OPERATION OF PL	15,992.21	1,130.00	14,862.21	
1000E7900	0430	9003	00000	00000	00000	GENERAL FUND/OPERATION OF PL	14,272.76	0.00	14,272.76	
1000E7900	0460	9003	01057	00000	00000	GENERAL FUND/OPERATION OF PL	758.22	0.00	758.22	
1000E7900	0510	9003	01057	00000	00000	GENERAL FUND/OPERATION OF PL	29,540.37	245.02	29,295.35	
1000E7900	0510	9004	01053	00000	00000	GENERAL FUND/OPERATION OF PL	38,345.43	324.83	38,020.60	
1000E7900	0510	9004	01058	00000	00000	GENERAL FUND/OPERATION OF PL	46,057.99	997.20	45,060.79	
1000E7900	0519	9004	01058	00000	00000	GENERAL FUND/OPERATION OF PL	176.78	0.00	176.78	
1000E7900	0560	9003	01057	00000	00000	GENERAL FUND/OPERATION OF PL	3,095.46	0.00	3,095.46	
1000E7900	0642	9003	01057	00000	00000	GENERAL FUND/OPERATION OF PL	726.47	0.00	726.47	
1000E7900	0642	9004	01058	00000	00000	GENERAL FUND/OPERATION OF PL	4,470.59	0.00	4,470.59	
1000E7900	0652	9001	01030	00000	00000	GENERAL FUND/OPERATION OF PL	49,909.00	49,909.00	0.00	
1000E7900	0730	9003	01057	00000	00000	GENERAL FUND/OPERATION OF PL	72.40	0.00	72.40	
1000E7900	0750	9004	00000	00000	00000	GENERAL FUND/OPERATION OF PL	538,801.65	0.00	538,801.65	
1000E8100	0110	9003	00000	00000	00000	GENERAL FUND/MAINTENANCE OF	60,864.23	0.00	60,864.23	
1000E8100	0160	9003	00000	00000	00000	GENERAL FUND/MAINTENANCE OF	286,459.79	0.00	286,459.79	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E8100	0210	9003	00000	00000	00000	GENERAL FUND/MAINTENANCE OF	47,896.83	0.00	47,896.83	
1000E8100	0210	9003	02100	00000	00000	GENERAL FUND/MAINTENANCE OF	433.71	0.00	433.71	
1000E8100	0220	9003	00000	00000	00000	GENERAL FUND/MAINTENANCE OF	25,113.13	0.00	25,113.13	
1000E8100	0230	9003	00000	00000	00000	GENERAL FUND/MAINTENANCE OF	22,911.07	0.00	22,911.07	
1000E8100	0290	9003	02100	00000	00000	GENERAL FUND/MAINTENANCE OF	2,538.91	0.00	2,538.91	
1000E8100	0330	9003	09003	00000	00000	GENERAL FUND/MAINTENANCE OF	2,185.11	0.00	2,185.11	
1000E8100	0350	0012	01059	00000	00000	GENERAL FUND/MAINTENANCE OF	34,406.47	0.00	34,406.47	
1000E8100	0350	0013	01059	00000	00000	GENERAL FUND/MAINTENANCE OF	6,679.27	0.00	6,679.27	
1000E8100	0350	0021	01059	00000	00000	GENERAL FUND/MAINTENANCE OF	7,706.85	0.00	7,706.85	
1000E8100	0350	0022	01059	00000	00000	GENERAL FUND/MAINTENANCE OF	8,560.71	0.00	8,560.71	
1000E8100	0350	0032	01059	00000	00000	GENERAL FUND/MAINTENANCE OF	12,330.96	0.00	12,330.96	
1000E8100	0350	0091	01059	00000	00000	GENERAL FUND/MAINTENANCE OF	5,651.69	0.00	5,651.69	
1000E8100	0350	9001	01030	00000	00000	GENERAL FUND/MAINTENANCE OF	9,424.93	9,424.93	0.00	
1000E8100	0350	9003	01059	00000	00000	GENERAL FUND/MAINTENANCE OF	7,108.85	0.00	7,108.85	
1000E8100	0360	9003	01059	00000	00000	GENERAL FUND/MAINTENANCE OF	28,950.04	0.00	28,950.04	
1000E8100	0360	9003	09003	00000	00000	GENERAL FUND/MAINTENANCE OF	375.00	0.00	375.00	
1000E8100	0369	9003	01059	00000	00000	GENERAL FUND/MAINTENANCE OF	6,973.76	0.00	6,973.76	
1000E8100	0390	0012	01030	00000	00000	GENERAL FUND/MAINTENANCE OF	10,500.00	0.00	10,500.00	
1000E8100	0390	0031	01059	00000	00000	GENERAL FUND/MAINTENANCE OF	12,500.00	0.00	12,500.00	
1000E8100	0390	9001	00000	00000	00000	GENERAL FUND/MAINTENANCE OF	25,180.29	0.00	25,180.29	
1000E8100	0390	9001	01030	00000	00000	GENERAL FUND/MAINTENANCE OF	5,488.34	0.00	5,488.34	
1000E8100	0390	9003	01059	00000	00000	GENERAL FUND/MAINTENANCE OF	75,852.52	0.00	75,852.52	
1000E8100	0390	9003	09003	00000	00000	GENERAL FUND/MAINTENANCE OF	8,047.22	143.04	7,904.18	
1000E8100	0510	9003	01059	00000	00000	GENERAL FUND/MAINTENANCE OF	31,209.15	460.64	30,748.51	
1000E8100	0510	9003	09003	00000	00000	GENERAL FUND/MAINTENANCE OF	116,632.45	48.73	116,583.72	
1000E8100	0519	9003	01059	00000	00000	GENERAL FUND/MAINTENANCE OF	364.15	0.00	364.15	
1000E8100	0560	9003	09003	00000	00000	GENERAL FUND/MAINTENANCE OF	453.85	0.00	453.85	
1000E8100	0641	9003	01059	00000	00000	GENERAL FUND/MAINTENANCE OF	1,240.86	0.00	1,240.86	
1000E8100	0642	9003	01059	00000	00000	GENERAL FUND/MAINTENANCE OF	692.94	0.00	692.94	
1000E8100	0642	9003	09003	00000	00000	GENERAL FUND/MAINTENANCE OF	1,092.69	0.00	1,092.69	
1000E8100	0680	9003	01059	00000	00000	GENERAL FUND/MAINTENANCE OF	5,161.59	0.00	5,161.59	
1000E8100	0692	9003	01059	00000	00000	GENERAL FUND/MAINTENANCE OF	440.00	0.00	440.00	
1000E8100	0750	9003	00000	00000	00000	GENERAL FUND/MAINTENANCE OF	525.00	0.00	525.00	
1000E8200	0160	9001	00000	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	122,440.71	0.00	122,440.71	
1000E8200	0160	9001	01038	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	10,068.37	0.00	10,068.37	
1000E8200	0210	9001	00000	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	20,862.82	0.00	20,862.82	
1000E8200	0210	9001	01038	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	2,127.52	0.00	2,127.52	
1000E8200	0220	9001	00000	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	9,233.27	0.00	9,233.27	
1000E8200	0220	9001	01038	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	746.96	0.00	746.96	
1000E8200	0230	9001	00000	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	5,058.44	0.00	5,058.44	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E8200	0230	9001	01038	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	684.84	0.00	684.84	
1000E8200	0290	9001	02100	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	1,057.47	0.00	1,057.47	
1000E8200	0310	9001	01105	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	1,000.00	0.00	1,000.00	
1000E8200	0319	0022	01105	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	139.50	0.00	139.50	
1000E8200	0319	0091	01105	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	125.50	0.00	125.50	
1000E8200	0319	9001	01105	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	18,469.85	0.00	18,469.85	
1000E8200	0330	9001	01038	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	291.54	0.00	291.54	
1000E8200	0330	9001	01105	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	647.26	0.00	647.26	
1000E8200	0369	0012	01105	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	6,177.30	0.00	6,177.30	
1000E8200	0369	0013	01105	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	6,346.69	0.00	6,346.69	
1000E8200	0369	0021	01105	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	6,346.69	0.00	6,346.69	
1000E8200	0369	0022	01105	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	6,346.69	0.00	6,346.69	
1000E8200	0369	0032	01105	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	6,346.69	0.00	6,346.69	
1000E8200	0369	0091	01105	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	6,346.69	0.00	6,346.69	
1000E8200	0369	9001	01105	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	173,171.90	2,700.00	170,471.90	
1000E8200	0370	9001	01105	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	383.58	0.00	383.58	
1000E8200	0390	0011	01090	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	6,661.74	0.00	6,661.74	
1000E8200	0390	0012	01090	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	68,768.41	0.00	68,768.41	
1000E8200	0390	0013	01090	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	32,205.37	0.00	32,205.37	
1000E8200	0390	0021	01090	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	35,325.06	0.00	35,325.06	
1000E8200	0390	0022	01090	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	19,124.01	0.00	19,124.01	
1000E8200	0390	0032	01090	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	51,638.58	0.00	51,638.58	
1000E8200	0390	0091	01090	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	26,349.83	0.00	26,349.83	
1000E8200	0510	9001	01038	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	31.38	0.00	31.38	
1000E8200	0519	9001	01105	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	8,823.00	33.72	8,789.28	
1000E8200	0642	0091	01105	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	273.08	0.00	273.08	
1000E8200	0643	0022	01105	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	20,880.00	0.00	20,880.00	
1000E8200	0643	9001	01105	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	6,537.60	0.00	6,537.60	
1000E8200	0644	9001	01105	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	19,314.85	66.26	19,248.59	
1000E8200	0730	9001	01105	00000	00000	GENERAL FUND/ADMIN TECHNOLOG	300.00	0.00	300.00	
1000E9100	0160	0013	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	27,051.67	0.00	27,051.67	
1000E9100	0160	0021	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	34,831.31	0.00	34,831.31	
1000E9100	0160	0022	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	23,576.40	0.00	23,576.40	
1000E9100	0160	0091	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	26,946.37	0.00	26,946.37	
1000E9100	0210	0013	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	3,670.91	0.00	3,670.91	
1000E9100	0210	0021	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	4,726.64	0.00	4,726.64	
1000E9100	0210	0022	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	3,203.84	0.00	3,203.84	
1000E9100	0210	0091	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	3,656.60	0.00	3,656.60	
1000E9100	0220	0013	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	4,278.81	0.00	4,278.81	
1000E9100	0220	0021	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	4,193.58	0.00	4,193.58	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
1000E9100	0220	0022	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	3,307.91	0.00	3,307.91	
1000E9100	0220	0091	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	3,481.93	0.00	3,481.93	
1000E9100	0390	0091	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	197.00	0.00	197.00	
1000E9100	0510	0013	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	1,228.31	126.48	1,101.83	
1000E9100	0510	0021	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	1,156.98	0.00	1,156.98	
1000E9100	0510	0022	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	1,808.64	0.00	1,808.64	
1000E9100	0510	0091	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	1,562.86	18.99	1,543.87	
1000E9100	0510	9001	01350	00000	00000	GENERAL FUND/COMMUNITY SERVI	27,542.73	533.70	27,009.03	
1000E9100	0519	0013	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	31.86	0.00	31.86	
1000E9100	0519	0022	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	159.87	0.00	159.87	
1000E9100	0644	0021	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	99.99	0.00	99.99	
1000E9100	0730	0022	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	75.00	0.00	75.00	
1000E9100	0750	0013	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	28,880.41	0.00	28,880.41	
1000E9100	0750	0021	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	19,985.70	0.00	19,985.70	
1000E9100	0750	0022	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	19,664.82	0.00	19,664.82	
1000E9100	0750	0091	01009	00000	00000	GENERAL FUND/COMMUNITY SERVI	18,568.83	0.00	18,568.83	
** Total Fund 1000	Operating Expenses	Count	1228				32,959,159.64	341,532.51	32,617,627.13	
** Total Fund 1000	Operating Statement	Count	1258				33,094,952.89	35,515,758.96	2,420,806.07CR	

FundTFunc Obj Fac Proj Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
2100Q1530 0000 0000 00000 00000 00000	SBE/COBI BONDS/EXPENDITURES/	0.00	0.00	0.00	737,255.97
2100Q2520 0000 0000 00000 00000 00000	SBE/COBI BONDS/REVENUE/NON-D	0.00	0.00	0.00	722,063.59CR
2100Q2760 0000 0000 00000 00000 00000	SBE/COBI BONDS/UNRESERVED FU	0.00	0.00	0.00	15,192.38CR
** Total Fund 2100 Balance Sheet	Count 3	0.00	0.00	0.00	0.00
** Total Fund 2100 Operating Statement	Count 0	0.00	0.00	0.00	

FundTFunc Obj Fac Proj Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
2300Q1530 0000 0000 00000 00000 00000	SECTION 237.161/237.162 F.S.	0.00	0.00	0.00	3,190,020.00
2300Q2520 0000 0000 00000 00000 00000	SECTION 237.161/237.162 F.S.	0.00	0.00	0.00	2,481,713.80CR
2300Q2760 0000 0000 00000 00000 00000	SECTION 237.161/237.162 F.S.	0.00	0.00	0.00	708,306.20CR
** Total Fund 2300 Balance Sheet	Count 3	0.00	0.00	0.00	0.00
** Total Fund 2300 Operating Statement	Count 0	0.00	0.00	0.00	

FundTFunc Obj Fac Proj Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
3400A1111 0001 0000 00000 00000 00000	PECO/CASH/Fund Checking/NON-	14,874.10	1,006,422.58	991,548.48CR	2,137,376.94
3400A1111 0003 0000 00000 00000 00000	PECO/CASH/Accounts Payable/N	1,007,502.09	988,617.37	18,884.72	1,261.17
3400A1141 0000 0000 00000 00000 00000	PECO/DUE FROM OTHER FUNDS/NO	0.00	14,874.10	14,874.10CR	0.00
3400A1220 0000 0000 00000 00000 00000	PECO/DUE FROM OTHER AGENCIES	0.00	0.00	0.00	5,643,755.00
3400L2120 0000 0000 00000 00000 00000	PECO/ACCOUNTS PAYABLE/NON-DE	986,552.22	986,552.22	0.00	0.00
3400L2140 0000 0000 00000 00000 00000	PECO/CONST CONTRACTS PAYABLE	73,657.93	0.00	73,657.93	0.00
3400L2160 0000 0000 00000 00000 00000	PECO/DUE TO OTHER FUNDS/NON-	14,874.10	14,874.10	0.00	0.00
3400L2632 0000 0000 00000 00000 00000	PECO/DEFERRED REV UNAVAILABL	0.00	0.00	0.00	5,643,755.00CR
3400Q1520 0000 0000 00000 00000 00000	PECO/ENCUMBRANCES/NON-DESIGN	655,693.13	928,682.79	272,989.66CR	120,665.73
3400Q1530 0000 0000 00000 00000 00000	PECO/EXPENDITURES/NON-DESIGN	988,617.37	73,715.78	914,901.59	40,941,987.40
3400Q2520 0000 0000 00000 00000 00000	PECO/REVENUE/NON-DESIGNATED/	0.00	1,021.66	1,021.66CR	48,933,531.51CR
3400Q2720 0000 0000 00000 00000 00000	PECO/RESERVED FOR ENCUMBRANC	928,682.79	655,693.13	272,989.66	120,665.73CR
3400Q2760 0000 0000 00000 00000 00000	PECO/UNRESERVED FUND BALANCE	0.00	0.00	0.00	5,852,906.00
** Total Fund 3400 Balance Sheet	Count 13	4,670,453.73	4,670,453.73	0.00	0.00
3400R0000 3495 0000 00000 00000 00000	PECO/TO CORRECT FUNCTION/OTH	0.00	1,021.66	1,021.66CR	
** Total Fund 3400 Operating Revenue	Count 1	0.00	1,021.66	1,021.66CR	
3400E7400 0610 0031 03120 00000 00000	PECO/FACILITIES ACQUISITION	29,114.80	0.00	29,114.80	
3400E7400 0630 0031 03120 00000 00000	PECO/FACILITIES ACQUISITION	232,662.93	73,657.93	159,005.00	
3400E7400 0641 0021 03120 00000 00000	PECO/FACILITIES ACQUISITION	885.06	0.00	885.06	
3400E7400 0641 0031 03120 00000 00000	PECO/FACILITIES ACQUISITION	7,639.07	0.00	7,639.07	
3400E7400 0642 0021 03120 00000 00000	PECO/FACILITIES ACQUISITION	23,199.77	0.00	23,199.77	
3400E7400 0642 0031 03120 00000 00000	PECO/FACILITIES ACQUISITION	53,148.84	57.85	53,090.99	
3400E7400 0643 0021 03120 00000 00000	PECO/FACILITIES ACQUISITION	173,642.73	0.00	173,642.73	
3400E7400 0644 0021 03120 00000 00000	PECO/FACILITIES ACQUISITION	88,082.42	0.00	88,082.42	
3400E7400 0670 0021 03120 00000 00000	PECO/FACILITIES ACQUISITION	248,820.00	0.00	248,820.00	
3400E7400 0670 0031 03120 00000 00000	PECO/FACILITIES ACQUISITION	131,421.75	0.00	131,421.75	
** Total Fund 3400 Operating Expenses	Count 10	988,617.37	73,715.78	914,901.59	
** Total Fund 3400 Operating Statement	Count 11	988,617.37	74,737.44	913,879.93	

FundTFunc Obj Fac Proj Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
3600A1111 0001 0000 00000 00000 00000	CO & DS/CASH/Fund Checking/N	1,343.69	0.00	1,343.69	169,037.42
3600A1141 0000 0000 00000 00000 00000	CO & DS/DUE FROM OTHER FUNDS	0.00	1,343.69	1,343.69CR	0.00
3600A1220 0000 0000 00000 00000 00000	CO & DS/DUE FROM OTHER AGENC	0.00	0.00	0.00	200.78
3600L2160 0000 0000 00000 00000 00000	CO & DS/DUE TO OTHER FUNDS/N	1,343.69	1,343.69	0.00	0.00
3600L2230 0000 0000 00000 00000 00000	CO & DS/DUE TO OTHER AGENCIE	0.00	0.00	0.00	29.11CR
3600Q1530 0000 0000 00000 00000 00000	CO & DS/EXPENDITURES/NON-DES	0.00	0.00	0.00	1,636,445.32
3600Q2520 0000 0000 00000 00000 00000	CO & DS/REVENUE/NON-DESIGNAT	0.00	0.00	0.00	1,540,157.71CR
3600Q2760 0000 0000 00000 00000 00000	CO & DS/UNRESERVED FUND BALA	0.00	0.00	0.00	265,496.70CR
** Total Fund 3600	Balance Sheet Count 8	2,687.38	2,687.38	0.00	0.00
** Total Fund 3600	Operating Statement Count 0	0.00	0.00	0.00	

FundTFunc Obj Fac Proj Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
3700A1111 0001 0000 00000 00000 00000	CAPITAL IMPROVEMENT/CASH/Fun	2,157,037.80	283,793.29	1,873,244.51	2,256,238.87
3700A1111 0003 0000 00000 00000 00000	CAPITAL IMPROVEMENT/CASH/Acc	195,103.80	195,103.80	0.00	0.00
3700A1141 0000 0000 00000 00000 00000	CAPITAL IMPROVEMENT/DUE FROM	88,689.49	88,689.49	0.00	0.00
3700A1164 0000 0000 00000 00000 00000	CAPITAL IMPROVEMENT/INVESTME	2,133.47	0.00	2,133.47	52,122.28
3700L2120 0000 0000 00000 00000 00000	CAPITAL IMPROVEMENT/ACCOUNTS	195,103.80	195,103.80	0.00	0.00
3700L2160 0000 0000 00000 00000 00000	CAPITAL IMPROVEMENT/DUE TO O	88,689.49	66,648.93	22,040.56	0.00
3700Q1520 0000 0000 00000 00000 00000	CAPITAL IMPROVEMENT/ENCUMBRA	45,192.90	0.00	45,192.90	45,192.90
3700Q1530 0000 0000 00000 00000 00000	CAPITAL IMPROVEMENT/EXPENDIT	261,752.73	0.00	261,752.73	22,301,886.72
3700Q2520 0000 0000 00000 00000 00000	CAPITAL IMPROVEMENT/REVENUE/	0.00	2,159,171.27	2,159,171.27CR	20,857,463.28CR
3700Q2720 0000 0000 00000 00000 00000	CAPITAL IMPROVEMENT/RESERVED	0.00	45,192.90	45,192.90CR	45,192.90CR
3700Q2760 0000 0000 00000 00000 00000	CAPITAL IMPROVEMENT/UNRESERV	0.00	0.00	0.00	3,752,784.59CR
** Total Fund 3700 Balance Sheet	Count 11	3,033,703.48	3,033,703.48	0.00	0.00
3700R0000 3411 0000 00000 00000 00000	CAPITAL IMPROVEMENT/TO CORRE	0.00	2,127,194.43	2,127,194.43CR	
3700R0000 3430 0000 00000 00000 00000	CAPITAL IMPROVEMENT/TO CORRE	0.00	31,976.84	31,976.84CR	
** Total Fund 3700 Operating Revenue	Count 2	0.00	2,159,171.27	2,159,171.27CR	
3700E7400 0350 9001 03110 00000 00000	CAPITAL IMPROVEMENT/FACILITI	204,528.73	0.00	204,528.73	
3700E7900 0641 9001 09001 00000 00000	CAPITAL IMPROVEMENT/OPERATIO	7,315.00	0.00	7,315.00	
3700E7900 0652 9001 09001 00000 00000	CAPITAL IMPROVEMENT/OPERATIO	49,909.00	0.00	49,909.00	
** Total Fund 3700 Operating Expenses	Count 3	261,752.73	0.00	261,752.73	
** Total Fund 3700 Operating Statement	Count 5	261,752.73	2,159,171.27	1,897,418.54CR	

FundTFunc Obj Fac Proj Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
3900A1220 0000 0000 00000 00000 00000	NEW MACCLENNY ELEMENTARY/DUE	42,000.00	42,000.00	0.00	0.00
3900L2632 0000 0000 00000 00000 00000	NEW MACCLENNY ELEMENTARY/DEF	42,000.00	42,000.00	0.00	0.00
3900Q1530 0000 0000 00000 00000 00000	NEW MACCLENNY ELEMENTARY/EXP	0.00	0.00	0.00	75,271.00
3900Q2760 0000 0000 00000 00000 00000	NEW MACCLENNY ELEMENTARY/UNR	0.00	0.00	0.00	75,271.00CR
** Total Fund 3900 Balance Sheet	Count 4	84,000.00	84,000.00	0.00	0.00
** Total Fund 3900 Operating Statement	Count 0	0.00	0.00	0.00	

FundTFunc Obj Fac Proj Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
3910A1111 0001 0000 00000 00000 00000	IMPACT FEES/CASH/Fund Checki	124,602.69	0.00	124,602.69	202,798.45
3910A1141 0000 0000 00000 00000 00000	IMPACT FEES/DUE FROM OTHER F	0.00	5,822.77	5,822.77CR	0.00
3910A1164 0000 0000 00000 00000 00000	IMPACT FEES/INVESTMENTS SBA/	0.00	0.00	0.00	1,759.75
3910L2160 0000 0000 00000 00000 00000	IMPACT FEES/DUE TO OTHER FUN	5,822.77	5,822.77	0.00	0.00
3910Q1530 0000 0000 00000 00000 00000	IMPACT FEES/EXPENDITURES/NON	0.00	0.00	0.00	3,901,251.27
3910Q2520 0000 0000 00000 00000 00000	IMPACT FEES/REVENUE/NON-DESI	0.00	118,779.92	118,779.92CR	3,457,292.88CR
3910Q2760 0000 0000 00000 00000 00000	IMPACT FEES/UNRESERVED FUND	0.00	0.00	0.00	648,516.59CR
** Total Fund 3910 Balance Sheet	Count 7	130,425.46	130,425.46	0.00	0.00
3910R0000 3496 0000 00000 00000 00000	IMPACT FEES/TO CORRECT FUNCT	0.00	118,779.92	118,779.92CR	
** Total Fund 3910 Operating Revenue	Count 1	0.00	118,779.92	118,779.92CR	
** Total Fund 3910 Operating Statement	Count 1	0.00	118,779.92	118,779.92CR	

Fund	T	Func	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
3920	Q	1530	0000	0000	00000	00000	00000	Ed Facilities Security Gnt/E	0.00	0.00	0.00	260,208.00
3920	Q	2520	0000	0000	00000	00000	00000	Ed Facilities Security Gnt/R	0.00	0.00	0.00	260,208.00CR
** Total Fund 3920								Balance Sheet Count 2	0.00	0.00	0.00	0.00
** Total Fund 3920								Operating Statement Count 0	0.00	0.00	0.00	

FundTFunc Obj Fac Proj Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4100A1111 0001 0000 00000 00000 00000	FOOD SERVICES/CASH/Fund Chec	2,195,234.94	2,263,427.93	68,192.99CR	1,502,541.19
4100A1111 0002 0000 00000 00000 00000	FOOD SERVICES/CASH/Payroll C	894,699.55	898,416.06	3,716.51CR	45,095.91
4100A1111 0003 0000 00000 00000 00000	FOOD SERVICES/CASH/Accounts	1,649,176.98	1,647,247.98	1,929.00	741.44CR
4100A1115 0000 0000 00000 00000 00000	FOOD SERVICES/CASH INT EARNI	1,008.51	0.00	1,008.51	207,947.66
4100A1117 0000 0000 00000 00000 00000	FOOD SERVICES/CASH ON HAND/N	420.00	0.00	420.00	464.34
4100A1141 0000 0000 00000 00000 00000	FOOD SERVICES/DUE FROM OTHER	2,162,852.16	2,190,071.32	27,219.16CR	0.00
4100A1151 0000 0000 00000 00000 00000	FOOD SERVICES/TRANSPORTATION	0.00	0.00	0.00	11,791.90
4100A1152 0000 0000 00000 00000 00000	FOOD SERVICES/WAREHOUSE INVE	0.00	0.00	0.00	22,623.95
4100A1153 0000 0000 00000 00000 00000	FOOD SERVICES/CUSTODIAL INVE	0.00	0.00	0.00	12,662.44
4100A1164 0000 0000 00000 00000 00000	FOOD SERVICES/INVESTMENTS SB	3.70	0.00	3.70	90.15
4100A1220 0000 0000 00000 00000 00000	FOOD SERVICES/DUE FROM OTHER	0.00	25,000.00	25,000.00CR	0.00
4100L2110 0000 0000 00000 00000 00000	FOOD SERVICES/SAL, BEN & PYR	873,732.56	873,732.56	0.00	0.00
4100L2120 0000 0000 00000 00000 00000	FOOD SERVICES/ACCOUNTS PAYAB	1,505,181.07	1,505,181.07	0.00	0.00
4100L2160 0000 0000 00000 00000 00000	FOOD SERVICES/DUE TO OTHER F	2,190,071.32	2,163,083.60	26,987.72	0.00
4100L2170 0000 0000 00000 00000 00000	FOOD SERVICES/FEDERAL INCOME	38,585.58	38,585.58	0.00	0.00
4100L2171 0000 0000 00000 00000 00000	FOOD SERVICES/F.I.C.A. TAX P	95,484.02	95,484.02	0.00	0.00
4100L2172 0000 0000 00000 00000 00000	FOOD SERVICES/RETIREMENT PAY	102,748.02	99,031.51	3,716.51	10,907.19CR
4100L2173 0000 0000 00000 00000 00000	FOOD SERVICES/INSURANCE PAYA	129,238.88	114,029.36	15,209.52	13,387.48CR
4100L2174 0000 0000 00000 00000 00000	FOOD SERVICES/ANNUITIES PAYA	18,332.79	18,332.79	0.00	0.00
4100L2177 0000 0000 00000 00000 00000	FOOD SERVICES/FOUNDATION PAY	189.00	189.00	0.00	0.00
4100L2178 0000 0000 00000 00000 00000	FOOD SERVICES/GARNISHMENT/NO	574.24	574.24	0.00	0.00
4100Q1520 0000 0000 00000 00000 00000	FOOD SERVICES/ENCUMBRANCES/N	2,286,062.65	2,292,122.98	6,060.33CR	2,204.67
4100Q1530 0000 0000 00000 00000 00000	FOOD SERVICES/EXPENDITURES/N	2,231,901.94	19,242.47	2,212,659.47	34,966,318.01
4100Q2520 0000 0000 00000 00000 00000	FOOD SERVICES/REVENUE/NON-DE	31,384.98	2,169,190.75	2,137,805.77CR	36,358,811.63CR
4100Q2720 0000 0000 00000 00000 00000	FOOD SERVICES/RESERVED FOR E	2,292,122.98	2,286,062.65	6,060.33	2,204.67CR
4100Q2760 0000 0000 00000 00000 00000	FOOD SERVICES/UNRESERVED FUN	0.00	0.00	0.00	385,687.81CR
** Total Fund 4100 Balance Sheet	Count 26	18,699,005.87	18,699,005.87	0.00	0.00
4100R0000 3261 0000 00000 00000 00000	FOOD SERVICES/TO CORRECT FUN	0.00	1,438,762.05	1,438,762.05CR	
4100R0000 3262 0000 00000 00000 00000	FOOD SERVICES/TO CORRECT FUN	0.00	470,557.03	470,557.03CR	
4100R0000 3263 0000 00000 00000 00000	FOOD SERVICES/TO CORRECT FUN	0.00	21,643.83	21,643.83CR	
4100R0000 3267 0000 00000 00000 00000	FOOD SERVICES/TO CORRECT FUN	25,000.00	55,113.98	30,113.98CR	
4100R0000 3290 0000 00000 00000 00000	FOOD SERVICES/TO CORRECT FUN	0.00	129,340.55	129,340.55CR	
4100R0000 3337 0000 00000 00000 00000	FOOD SERVICES/TO CORRECT FUN	0.00	8,878.00	8,878.00CR	
4100R0000 3338 0000 00000 00000 00000	FOOD SERVICES/TO CORRECT FUN	0.00	11,569.00	11,569.00CR	
4100R0000 3430 0000 00000 00000 00000	FOOD SERVICES/TO CORRECT FUN	715.08	10,162.34	9,447.26CR	
4100R0000 3451 0000 00000 00000 00000	FOOD SERVICES/TO CORRECT FUN	5,601.65	9.25	5,592.40	
4100R0000 3453 0000 00000 00000 00000	FOOD SERVICES/TO CORRECT FUN	59.35	15,194.35	15,135.00CR	
4100R0000 3454 0000 00000 00000 00000	FOOD SERVICES/TO CORRECT FUN	0.00	111.30	111.30CR	

FundTFunc Obj	Fac	Proj	Subpr Prog	Fund/Function/Source/Project	Debits	Credits	Net DB-CR	Ending Bal
4100R0000 3455	0000	00000	00000 00000	FOOD SERVICES/TO CORRECT FUN	2.00	316.70	314.70CR	
4100R0000 3457	0000	00000	00000 00000	FOOD SERVICES/TO CORRECT FUN	6.90	62.65	55.75CR	
4100R0000 3490	0000	00000	00000 00000	FOOD SERVICES/TO CORRECT FUN	0.00	7,149.71	7,149.71CR	
4100R0000 3495	0000	00000	00000 00000	FOOD SERVICES/TO CORRECT FUN	0.00	101.41	101.41CR	
4100R0000 3497	0000	00000	00000 00000	FOOD SERVICES/TO CORRECT FUN	0.00	218.60	218.60CR	
** Total Fund 4100 Operating Revenue		Count	16		31,384.98	2,169,190.75	2,137,805.77CR	
4100E7600 0110	9001	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	78,684.72	0.00	78,684.72	
4100E7600 0160	1012	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	62,365.23	1,040.90	61,324.33	
4100E7600 0160	1013	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	58,492.65	1,126.80	57,365.85	
4100E7600 0160	1021	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	79,232.50	1,262.78	77,969.72	
4100E7600 0160	1022	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	98,758.32	1,226.54	97,531.78	
4100E7600 0160	1032	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	60,179.21	220.50	59,958.71	
4100E7600 0160	1091	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	56,294.24	445.83	55,848.41	
4100E7600 0160	9001	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	128,544.09	2,042.26	126,501.83	
4100E7600 0210	1012	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	9,723.69	141.25	9,582.44	
4100E7600 0210	1013	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	7,869.60	152.91	7,716.69	
4100E7600 0210	1021	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	9,540.65	171.37	9,369.28	
4100E7600 0210	1022	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	13,476.64	166.43	13,310.21	
4100E7600 0210	1032	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	8,842.24	29.92	8,812.32	
4100E7600 0210	1091	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	6,673.53	60.50	6,613.03	
4100E7600 0210	9001	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	27,289.00	277.14	27,011.86	
4100E7600 0220	1012	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	4,572.30	78.69	4,493.61	
4100E7600 0220	1013	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	4,473.99	86.22	4,387.77	
4100E7600 0220	1021	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	5,883.13	96.61	5,786.52	
4100E7600 0220	1022	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	8,004.83	92.63	7,912.20	
4100E7600 0220	1032	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	5,429.41	12.66	5,416.75	
4100E7600 0220	1091	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	4,358.32	26.37	4,331.95	
4100E7600 0220	9001	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	15,020.03	153.45	14,866.58	
4100E7600 0230	1012	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	10,270.62	345.78	9,924.84	
4100E7600 0230	1013	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	5,657.68	0.00	5,657.68	
4100E7600 0230	1021	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	9,037.56	0.00	9,037.56	
4100E7600 0230	1022	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	8,136.65	0.00	8,136.65	
4100E7600 0230	1032	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	9,232.80	0.00	9,232.80	
4100E7600 0230	1091	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	11,684.18	0.00	11,684.18	
4100E7600 0230	9001	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	10,324.40	137.52	10,186.88	
4100E7600 0290	1012	02100	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	5,702.79	0.00	5,702.79	
4100E7600 0310	9001	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	2,290.58	1,383.21	907.37	
4100E7600 0330	9001	00000	00000 00000	FOOD SERVICES/SCHOOL FOOD SE	2,619.52	0.00	2,619.52	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4100E7600	0350	1012	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	23,860.70	0.00	23,860.70	
4100E7600	0350	1013	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	5,118.63	0.00	5,118.63	
4100E7600	0350	1022	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	11,853.29	0.00	11,853.29	
4100E7600	0350	1032	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	15,856.60	0.00	15,856.60	
4100E7600	0350	1091	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	3,268.70	0.00	3,268.70	
4100E7600	0350	9001	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	735.50	0.00	735.50	
4100E7600	0360	9001	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	700.00	0.00	700.00	
4100E7600	0369	1012	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	1,180.71	0.00	1,180.71	
4100E7600	0369	1013	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	1,180.71	0.00	1,180.71	
4100E7600	0369	1021	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	1,180.71	0.00	1,180.71	
4100E7600	0369	1022	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	1,180.71	0.00	1,180.71	
4100E7600	0369	1032	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	1,180.72	0.00	1,180.72	
4100E7600	0369	1091	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	1,180.72	0.00	1,180.72	
4100E7600	0369	9001	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	1,180.72	0.00	1,180.72	
4100E7600	0370	9001	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	400.00	0.00	400.00	
4100E7600	0390	1012	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	1,107.30	0.00	1,107.30	
4100E7600	0390	1013	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	1,059.30	0.00	1,059.30	
4100E7600	0390	1021	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	1,059.26	0.00	1,059.26	
4100E7600	0390	1022	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	1,059.30	0.00	1,059.30	
4100E7600	0390	1032	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	1,058.30	0.00	1,058.30	
4100E7600	0390	1091	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	1,058.22	0.00	1,058.22	
4100E7600	0390	9001	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	1,376.95	0.00	1,376.95	
4100E7600	0420	1013	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	960.36	0.00	960.36	
4100E7600	0420	1021	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	978.97	0.00	978.97	
4100E7600	0420	1022	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	1,167.11	0.00	1,167.11	
4100E7600	0420	1032	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	1,982.82	0.00	1,982.82	
4100E7600	0510	1012	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	22,552.33	0.00	22,552.33	
4100E7600	0510	1013	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	15,554.66	0.00	15,554.66	
4100E7600	0510	1021	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	27,008.80	32.41	26,976.39	
4100E7600	0510	1022	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	26,519.57	0.00	26,519.57	
4100E7600	0510	1032	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	23,106.03	26.69	23,079.34	
4100E7600	0510	1091	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	24,520.03	0.00	24,520.03	
4100E7600	0510	9001	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	1,680.26	195.00	1,485.26	
4100E7600	0570	1012	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	183,548.05	1,253.02	182,295.03	
4100E7600	0570	1013	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	134,619.51	604.80	134,014.71	
4100E7600	0570	1021	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	200,905.03	2,203.59	198,701.44	
4100E7600	0570	1022	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	255,709.79	2,144.12	253,565.67	
4100E7600	0570	1022	01900	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	3,104.44	0.00	3,104.44	
4100E7600	0570	1032	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	161,068.93	842.81	160,226.12	
4100E7600	0570	1091	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	187,162.72	1,161.76	186,000.96	

Fund	TFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4100	E7600	0570	9001	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	150.00	0.00	150.00	
4100	E7600	0641	1032	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	6,450.00	0.00	6,450.00	
4100	E7600	0642	9001	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	416.88	0.00	416.88	
4100	E7600	0644	1021	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	1,789.00	0.00	1,789.00	
4100	E7600	0730	1012	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	195.00	0.00	195.00	
4100	E7600	0730	1013	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	195.00	0.00	195.00	
4100	E7600	0730	1022	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	195.00	0.00	195.00	
4100	E7600	0730	1032	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	195.00	0.00	195.00	
4100	E7600	0730	1091	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	195.00	0.00	195.00	
4100	E7600	0730	9001	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	2,887.00	0.00	2,887.00	
4100	E7600	0750	1012	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	3,682.50	0.00	3,682.50	
4100	E7600	0750	1013	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	2,831.25	0.00	2,831.25	
4100	E7600	0750	1021	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	2,062.50	0.00	2,062.50	
4100	E7600	0750	1022	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	9,705.00	0.00	9,705.00	
4100	E7600	0750	1032	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	14,775.00	0.00	14,775.00	
4100	E7600	0750	1091	00000	00000	00000	FOOD SERVICES/SCHOOL FOOD SE	7,526.25	0.00	7,526.25	
** Total Fund 4100		Operating Expenses		Count	88			2,231,901.94	19,242.47	2,212,659.47	
** Total Fund 4100		Operating Statement		Count	104			2,263,286.92	2,188,433.22	74,853.70	

FundTFunc Obj Fac Proj Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4200A1111 0001 0000 00000 00000 00000	OTHER SPECIAL REVENUE/CASH/F	2,364,602.68	2,330,301.65	34,301.03	185,600.45
4200A1111 0002 0000 00000 00000 00000	OTHER SPECIAL REVENUE/CASH/P	1,714,774.81	1,737,875.89	23,101.08CR	46,008.55
4200A1111 0003 0000 00000 00000 00000	OTHER SPECIAL REVENUE/CASH/A	1,117,354.13	1,111,463.58	5,890.55	7,767.97
4200A1141 0000 0000 00000 00000 00000	OTHER SPECIAL REVENUE/DUE FR	2,415,130.14	2,363,596.62	51,533.52	51,534.10
4200A1164 0000 0000 00000 00000 00000	OTHER SPECIAL REVENUE/INVEST	179.73	0.00	179.73	4,390.43
4200A1220 0000 0000 00000 00000 00000	OTHER SPECIAL REVENUE/DUE FR	0.00	116,106.84	116,106.84CR	0.00
4200L2110 0000 0000 00000 00000 00000	OTHER SPECIAL REVENUE/SAL, B	1,630,925.70	1,630,925.70	0.00	0.00
4200L2120 0000 0000 00000 00000 00000	OTHER SPECIAL REVENUE/ACCOUN	654,625.07	654,625.07	0.00	0.00
4200L2160 0000 0000 00000 00000 00000	OTHER SPECIAL REVENUE/DUE TO	2,363,596.62	2,365,107.62	1,511.00CR	263,045.10CR
4200L2170 0000 0000 00000 00000 00000	OTHER SPECIAL REVENUE/FEDERA	93,285.53	93,285.53	0.00	0.00
4200L2171 0000 0000 00000 00000 00000	OTHER SPECIAL REVENUE/F.I.C.	176,242.99	176,758.45	515.46CR	395.20CR
4200L2172 0000 0000 00000 00000 00000	OTHER SPECIAL REVENUE/RETIRE	224,737.53	210,348.93	14,388.60	22,985.10CR
4200L2173 0000 0000 00000 00000 00000	OTHER SPECIAL REVENUE/INSURA	201,147.58	178,656.40	22,491.18	21,325.87CR
4200L2174 0000 0000 00000 00000 00000	OTHER SPECIAL REVENUE/ANNUIT	47,196.32	47,196.32	0.00	0.00
4200L2177 0000 0000 00000 00000 00000	OTHER SPECIAL REVENUE/FOUNDA	561.94	561.94	0.00	0.00
4200Q1520 0000 0000 00000 00000 00000	OTHER SPECIAL REVENUE/ENCUMB	550,437.01	527,737.32	22,699.69	56,110.81
4200Q1530 0000 0000 00000 00000 00000	OTHER SPECIAL REVENUE/EXPEND	2,210,571.71	35,278.24	2,175,293.47	35,975,071.74
4200Q2520 0000 0000 00000 00000 00000	OTHER SPECIAL REVENUE/REVENU	232.26	2,163,075.96	2,162,843.70CR	35,681,919.57CR
4200Q2720 0000 0000 00000 00000 00000	OTHER SPECIAL REVENUE/RESERV	527,737.32	550,437.01	22,699.69CR	56,110.81CR
4200Q2760 0000 0000 00000 00000 00000	OTHER SPECIAL REVENUE/UNRESE	0.00	0.00	0.00	280,702.40CR
** Total Fund 4200 Balance Sheet Count 20		16,293,339.07	16,293,339.07	0.00	0.00
4200R0000 3200 0000 00000 00000 00000	OTHER SPECIAL REVENUE/TO COR	0.00	2,161,461.39	2,161,461.39CR	
4200R0000 3430 0000 00000 00000 00000	OTHER SPECIAL REVENUE/TO COR	0.00	1,382.31	1,382.31CR	
4200R0000 3497 0000 00000 00000 00000	OTHER SPECIAL REVENUE/TO COR	232.26	232.26	0.00	
** Total Fund 4200 Operating Revenue Count 3		232.26	2,163,075.96	2,162,843.70CR	
4200E5100 0120 0013 04402 00000 00000	OTHER SPECIAL REVENUE/K-12 I	49,795.26	0.00	49,795.26	
4200E5100 0120 0021 04402 00000 00000	OTHER SPECIAL REVENUE/K-12 I	76,673.06	0.00	76,673.06	
4200E5100 0120 0091 04402 00000 00000	OTHER SPECIAL REVENUE/K-12 I	84,053.24	0.00	84,053.24	
4200E5100 0120 0091 04412 00000 00000	OTHER SPECIAL REVENUE/K-12 I	3,881.83	0.00	3,881.83	
4200E5100 0150 0012 04430 00000 00000	OTHER SPECIAL REVENUE/K-12 I	15,630.00	0.00	15,630.00	
4200E5100 0150 0013 04402 00000 00000	OTHER SPECIAL REVENUE/K-12 I	48,438.59	891.98	47,546.61	
4200E5100 0150 0021 04402 00000 00000	OTHER SPECIAL REVENUE/K-12 I	48,168.94	0.00	48,168.94	
4200E5100 0150 0091 04402 00000 00000	OTHER SPECIAL REVENUE/K-12 I	57,433.28	0.00	57,433.28	
4200E5100 0210 0012 04430 00000 00000	OTHER SPECIAL REVENUE/K-12 I	2,080.23	0.00	2,080.23	
4200E5100 0210 0013 04402 00000 00000	OTHER SPECIAL REVENUE/K-12 I	13,337.23	121.03	13,216.20	
4200E5100 0210 0021 04402 00000 00000	OTHER SPECIAL REVENUE/K-12 I	18,307.79	0.00	18,307.79	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4200E5100	0210	0091	04402	00000	00000	OTHER SPECIAL REVENUE/K-12 I	20,890.96	0.00	20,890.96	
4200E5100	0210	0091	04412	00000	00000	OTHER SPECIAL REVENUE/K-12 I	560.71	0.00	560.71	
4200E5100	0220	0012	04430	00000	00000	OTHER SPECIAL REVENUE/K-12 I	1,190.82	0.00	1,190.82	
4200E5100	0220	0013	04402	00000	00000	OTHER SPECIAL REVENUE/K-12 I	6,710.09	61.02	6,649.07	
4200E5100	0220	0021	04402	00000	00000	OTHER SPECIAL REVENUE/K-12 I	9,458.59	0.00	9,458.59	
4200E5100	0220	0091	04402	00000	00000	OTHER SPECIAL REVENUE/K-12 I	9,935.46	0.00	9,935.46	
4200E5100	0220	0091	04412	00000	00000	OTHER SPECIAL REVENUE/K-12 I	272.40	0.00	272.40	
4200E5100	0230	0012	04430	00000	00000	OTHER SPECIAL REVENUE/K-12 I	426.08	0.00	426.08	
4200E5100	0230	0013	04402	00000	00000	OTHER SPECIAL REVENUE/K-12 I	12,645.44	0.00	12,645.44	
4200E5100	0230	0021	04402	00000	00000	OTHER SPECIAL REVENUE/K-12 I	675.52	0.00	675.52	
4200E5100	0230	0091	04402	00000	00000	OTHER SPECIAL REVENUE/K-12 I	16,000.56	535.02	15,465.54	
4200E5100	0369	0012	04435	00000	00000	OTHER SPECIAL REVENUE/K-12 I	50,392.13	0.00	50,392.13	
4200E5100	0369	0013	04402	00000	00000	OTHER SPECIAL REVENUE/K-12 I	25,891.46	0.00	25,891.46	
4200E5100	0369	0021	04402	00000	00000	OTHER SPECIAL REVENUE/K-12 I	30,889.67	0.00	30,889.67	
4200E5100	0369	0022	04435	00000	00000	OTHER SPECIAL REVENUE/K-12 I	9,567.80	0.00	9,567.80	
4200E5100	0369	0032	04435	00000	00000	OTHER SPECIAL REVENUE/K-12 I	35,755.77	0.00	35,755.77	
4200E5100	0369	0091	04402	00000	00000	OTHER SPECIAL REVENUE/K-12 I	27,901.73	0.00	27,901.73	
4200E5100	0510	0012	04412	00000	00000	OTHER SPECIAL REVENUE/K-12 I	89.98	0.00	89.98	
4200E5100	0510	0013	04402	00000	00000	OTHER SPECIAL REVENUE/K-12 I	7,641.06	0.00	7,641.06	
4200E5100	0510	0021	04402	00000	00000	OTHER SPECIAL REVENUE/K-12 I	8,804.13	0.00	8,804.13	
4200E5100	0510	0091	04402	00000	00000	OTHER SPECIAL REVENUE/K-12 I	7,874.77	0.00	7,874.77	
4200E5100	0510	0091	04412	00000	00000	OTHER SPECIAL REVENUE/K-12 I	3,733.55	0.00	3,733.55	
4200E5100	0510	9001	04402	00000	00000	OTHER SPECIAL REVENUE/K-12 I	1,258.29	2,830.69	1,572.40CR	
4200E5100	0510	9001	04430	00000	00000	OTHER SPECIAL REVENUE/K-12 I	6,222.80	63.66	6,159.14	
4200E5100	0510	9001	04435	00000	00000	OTHER SPECIAL REVENUE/K-12 I	710.98	0.00	710.98	
4200E5100	0642	9001	04435	00000	00000	OTHER SPECIAL REVENUE/K-12 I	269.99	0.00	269.99	
4200E5100	0643	0012	04412	00000	00000	OTHER SPECIAL REVENUE/K-12 I	85,184.00	0.00	85,184.00	
4200E5100	0643	0091	04412	00000	00000	OTHER SPECIAL REVENUE/K-12 I	45,504.00	0.00	45,504.00	
4200E5100	0643	9001	04435	00000	00000	OTHER SPECIAL REVENUE/K-12 I	25,200.00	0.00	25,200.00	
4200E5100	0644	0021	04402	00000	00000	OTHER SPECIAL REVENUE/K-12 I	59.89	0.00	59.89	
4200E5100	0644	0031	04302	00000	00000	OTHER SPECIAL REVENUE/K-12 I	16,841.67	0.00	16,841.67	
4200E5100	0730	9001	04402	00000	00000	OTHER SPECIAL REVENUE/K-12 I	118.05	0.00	118.05	
4200E5100	0730	9001	04430	00000	00000	OTHER SPECIAL REVENUE/K-12 I	5,704.00	0.00	5,704.00	
4200E5100	0750	0013	04402	00000	00000	OTHER SPECIAL REVENUE/K-12 I	5,097.31	0.00	5,097.31	
4200E5100	0750	0021	04402	00000	00000	OTHER SPECIAL REVENUE/K-12 I	3,801.75	0.00	3,801.75	
4200E5100	0750	0091	04402	00000	00000	OTHER SPECIAL REVENUE/K-12 I	3,701.99	0.00	3,701.99	
4200E5200	0120	0012	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	6,903.19	0.00	6,903.19	
4200E5200	0120	0013	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	16,424.17	0.00	16,424.17	
4200E5200	0120	0021	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	2,300.07	0.00	2,300.07	
4200E5200	0120	0022	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	44,428.03	193.28	44,234.75	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4200E5200	0120	0032	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	4,245.95	0.00	4,245.95	
4200E5200	0120	0091	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	1,107.60	0.00	1,107.60	
4200E5200	0150	0012	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	45,602.50	737.79	44,864.71	
4200E5200	0150	0013	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	2,565.03	0.00	2,565.03	
4200E5200	0150	0021	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	2,845.43	120.00	2,725.43	
4200E5200	0150	0022	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	69,317.22	0.00	69,317.22	
4200E5200	0150	0022	04405	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	16,805.99	6.74	16,799.25	
4200E5200	0150	0031	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	240.00	240.00	0.00	
4200E5200	0150	0032	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	2,965.76	19.83	2,945.93	
4200E5200	0150	0091	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	32,463.95	0.00	32,463.95	
4200E5200	0210	0012	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	7,124.50	100.11	7,024.39	
4200E5200	0210	0013	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	2,614.37	0.00	2,614.37	
4200E5200	0210	0021	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	652.82	0.00	652.82	
4200E5200	0210	0022	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	16,417.69	81.02	16,336.67	
4200E5200	0210	0022	04405	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	2,274.17	0.91	2,273.26	
4200E5200	0210	0031	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	19.31	19.31	0.00	
4200E5200	0210	0032	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	978.25	2.69	975.56	
4200E5200	0210	0091	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	5,827.45	0.00	5,827.45	
4200E5200	0220	0012	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	3,675.29	50.14	3,625.15	
4200E5200	0220	0013	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	1,476.20	0.00	1,476.20	
4200E5200	0220	0021	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	386.85	0.00	386.85	
4200E5200	0220	0022	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	7,786.01	11.17	7,774.84	
4200E5200	0220	0022	04405	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	1,244.37	0.52	1,243.85	
4200E5200	0220	0031	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	8.12	8.12	0.00	
4200E5200	0220	0032	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	1,500.22	1.15	1,499.07	
4200E5200	0220	0091	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	2,513.37	0.00	2,513.37	
4200E5200	0230	0012	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	6,423.80	0.00	6,423.80	
4200E5200	0230	0013	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	212.96	0.00	212.96	
4200E5200	0230	0022	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	12,996.20	0.00	12,996.20	
4200E5200	0230	0022	04405	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	1,752.72	0.00	1,752.72	
4200E5200	0230	0091	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	2,605.10	0.00	2,605.10	
4200E5200	0390	9006	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	30.00	0.00	30.00	
4200E5200	0510	0022	04405	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	595.25	0.00	595.25	
4200E5200	0510	9006	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	8,855.68	63.15	8,792.53	
4200E5200	0519	9006	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	1,373.05	16.09	1,356.96	
4200E5200	0641	9006	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	3,304.68	0.00	3,304.68	
4200E5200	0642	0022	04405	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	239.97	0.00	239.97	
4200E5200	0642	0091	04412	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	634.02	0.00	634.02	
4200E5200	0642	9006	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	917.47	0.00	917.47	
4200E5200	0643	9006	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	1,117.33	0.00	1,117.33	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4200E5200	0644	9006	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	327.85	0.00	327.85	
4200E5200	0750	0012	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	877.63	0.00	877.63	
4200E5200	0750	0013	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	4,548.04	0.00	4,548.04	
4200E5200	0750	0021	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	1,897.91	0.00	1,897.91	
4200E5200	0750	0022	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	4,077.32	0.00	4,077.32	
4200E5200	0750	0032	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	13,021.35	0.00	13,021.35	
4200E5200	0750	0091	04404	00000	00000	OTHER SPECIAL REVENUE/EXCEPT	809.31	0.00	809.31	
4200E5300	0150	0012	04401	00000	00000	OTHER SPECIAL REVENUE/CAREER	5,288.83	0.00	5,288.83	
4200E5300	0150	0012	04419	00000	00000	OTHER SPECIAL REVENUE/CAREER	4,034.59	0.00	4,034.59	
4200E5300	0210	0012	04401	00000	00000	OTHER SPECIAL REVENUE/CAREER	717.68	0.00	717.68	
4200E5300	0210	0012	04419	00000	00000	OTHER SPECIAL REVENUE/CAREER	547.54	0.00	547.54	
4200E5300	0220	0012	04401	00000	00000	OTHER SPECIAL REVENUE/CAREER	376.22	0.00	376.22	
4200E5300	0220	0012	04419	00000	00000	OTHER SPECIAL REVENUE/CAREER	284.73	0.00	284.73	
4200E5300	0230	0012	04401	00000	00000	OTHER SPECIAL REVENUE/CAREER	921.92	0.00	921.92	
4200E5300	0230	0012	04419	00000	00000	OTHER SPECIAL REVENUE/CAREER	756.80	0.00	756.80	
4200E5300	0330	0012	04401	00000	00000	OTHER SPECIAL REVENUE/CAREER	1,022.62	0.00	1,022.62	
4200E5300	0350	0012	04401	00000	00000	OTHER SPECIAL REVENUE/CAREER	946.00	0.00	946.00	
4200E5300	0369	0012	04401	00000	00000	OTHER SPECIAL REVENUE/CAREER	5,200.00	0.00	5,200.00	
4200E5300	0510	0012	04401	00000	00000	OTHER SPECIAL REVENUE/CAREER	17.87	0.00	17.87	
4200E5300	0519	0012	04401	00000	00000	OTHER SPECIAL REVENUE/CAREER	35.87	0.00	35.87	
4200E5300	0641	0012	04401	00000	00000	OTHER SPECIAL REVENUE/CAREER	8,438.23	110.00	8,328.23	
4200E5300	0641	0012	04419	00000	00000	OTHER SPECIAL REVENUE/CAREER	2,000.00	0.00	2,000.00	
4200E5300	0642	0012	04401	00000	00000	OTHER SPECIAL REVENUE/CAREER	628.32	0.00	628.32	
4200E5300	0642	0012	04419	00000	00000	OTHER SPECIAL REVENUE/CAREER	938.48	0.00	938.48	
4200E5300	0643	0012	04401	00000	00000	OTHER SPECIAL REVENUE/CAREER	2,000.00	0.00	2,000.00	
4200E5300	0730	0012	04401	00000	00000	OTHER SPECIAL REVENUE/CAREER	2,150.00	9.75	2,140.25	
4200E5400	0120	0011	04403	00000	00000	OTHER SPECIAL REVENUE/ADULT	26,103.33	0.00	26,103.33	
4200E5400	0120	0011	04421	00000	00000	OTHER SPECIAL REVENUE/ADULT	33,108.84	0.00	33,108.84	
4200E5400	0150	0011	04403	00000	00000	OTHER SPECIAL REVENUE/ADULT	37,238.19	12,155.72	25,082.47	
4200E5400	0150	0011	04421	00000	00000	OTHER SPECIAL REVENUE/ADULT	8,259.34	0.00	8,259.34	
4200E5400	0210	0011	04403	00000	00000	OTHER SPECIAL REVENUE/ADULT	8,595.36	1,649.53	6,945.83	
4200E5400	0210	0011	04421	00000	00000	OTHER SPECIAL REVENUE/ADULT	5,613.62	0.00	5,613.62	
4200E5400	0220	0011	04403	00000	00000	OTHER SPECIAL REVENUE/ADULT	4,732.80	869.37	3,863.43	
4200E5400	0220	0011	04421	00000	00000	OTHER SPECIAL REVENUE/ADULT	3,121.96	0.00	3,121.96	
4200E5400	0230	0011	04403	00000	00000	OTHER SPECIAL REVENUE/ADULT	3,357.72	1,651.44	1,706.28	
4200E5400	0230	0011	04421	00000	00000	OTHER SPECIAL REVENUE/ADULT	1,403.69	0.00	1,403.69	
4200E5400	0330	0011	04403	00000	00000	OTHER SPECIAL REVENUE/ADULT	964.25	30.47	933.78	
4200E5400	0369	0011	04403	00000	00000	OTHER SPECIAL REVENUE/ADULT	12,770.00	5,470.00	7,300.00	
4200E5400	0369	0011	04421	00000	00000	OTHER SPECIAL REVENUE/ADULT	6,970.00	3,485.00	3,485.00	
4200E5400	0510	0011	04303	00000	00000	OTHER SPECIAL REVENUE/ADULT	1,352.87	0.00	1,352.87	

FundTFunc Obj	Fac	Proj	Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4200E5400 0510	0011	04321	00000 00000	OTHER SPECIAL REVENUE/ADULT	1,747.58	0.00	1,747.58	
4200E5400 0510	0011	04403	00000 00000	OTHER SPECIAL REVENUE/ADULT	360.94	0.00	360.94	
4200E5400 0519	0011	04303	00000 00000	OTHER SPECIAL REVENUE/ADULT	160.00	0.00	160.00	
4200E5400 0519	0011	04321	00000 00000	OTHER SPECIAL REVENUE/ADULT	1,146.28	0.00	1,146.28	
4200E5400 0519	0011	04403	00000 00000	OTHER SPECIAL REVENUE/ADULT	80.94	0.00	80.94	
4200E5400 0520	0011	04321	00000 00000	OTHER SPECIAL REVENUE/ADULT	294.68	0.00	294.68	
4200E5400 0641	0011	04303	00000 00000	OTHER SPECIAL REVENUE/ADULT	4,701.70	0.00	4,701.70	
4200E5400 0643	0011	04303	00000 00000	OTHER SPECIAL REVENUE/ADULT	1,381.36	0.00	1,381.36	
4200E5400 0644	0011	04303	00000 00000	OTHER SPECIAL REVENUE/ADULT	289.21	0.00	289.21	
4200E5400 0644	0011	04321	00000 00000	OTHER SPECIAL REVENUE/ADULT	3,750.00	0.00	3,750.00	
4200E5400 0730	0011	04303	00000 00000	OTHER SPECIAL REVENUE/ADULT	416.00	0.00	416.00	
4200E5400 0730	0011	04321	00000 00000	OTHER SPECIAL REVENUE/ADULT	640.00	0.00	640.00	
4200E5400 0730	0011	04403	00000 00000	OTHER SPECIAL REVENUE/ADULT	500.00	0.00	500.00	
4200E5400 0730	0011	04421	00000 00000	OTHER SPECIAL REVENUE/ADULT	0.00	1.91	1.91CR	
4200E6120 0130	0012	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	1,109.91	0.00	1,109.91	
4200E6120 0130	0021	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	1,205.60	0.00	1,205.60	
4200E6120 0130	0022	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	4,324.02	0.00	4,324.02	
4200E6120 0130	0031	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	1,205.60	1,205.60	0.00	
4200E6120 0130	0032	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	2,044.63	0.00	2,044.63	
4200E6120 0130	9006	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	1,702.82	0.00	1,702.82	
4200E6120 0150	0013	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	12,055.52	0.00	12,055.52	
4200E6120 0150	0032	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	4,672.73	0.00	4,672.73	
4200E6120 0150	0091	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	12,776.21	0.00	12,776.21	
4200E6120 0210	0012	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	234.52	0.00	234.52	
4200E6120 0210	0013	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	2,547.39	0.00	2,547.39	
4200E6120 0210	0021	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	163.60	0.00	163.60	
4200E6120 0210	0022	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	586.77	0.00	586.77	
4200E6120 0210	0031	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	163.60	163.60	0.00	
4200E6120 0210	0032	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	911.59	0.00	911.59	
4200E6120 0210	0091	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	2,699.62	0.00	2,699.62	
4200E6120 0210	9006	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	231.07	0.00	231.07	
4200E6120 0220	0012	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	84.91	0.00	84.91	
4200E6120 0220	0013	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	889.68	0.00	889.68	
4200E6120 0220	0021	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	89.40	0.00	89.40	
4200E6120 0220	0022	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	330.77	0.00	330.77	
4200E6120 0220	0031	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	89.40	89.40	0.00	
4200E6120 0220	0032	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	513.86	0.00	513.86	
4200E6120 0220	0091	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	716.13	0.00	716.13	
4200E6120 0220	9006	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	130.26	0.00	130.26	
4200E6120 0230	0013	04404	00000 00000	OTHER SPECIAL REVENUE/GUIDAN	441.76	0.00	441.76	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4200E6120	0230	0091	04404	00000	00000	OTHER SPECIAL REVENUE/GUIDAN	2,816.80	0.00	2,816.80	
4200E6120	0350	9006	04404	00000	00000	OTHER SPECIAL REVENUE/GUIDAN	161.55	0.00	161.55	
4200E6120	0370	9006	04404	00000	00000	OTHER SPECIAL REVENUE/GUIDAN	2,178.00	0.00	2,178.00	
4200E6130	0310	9001	04402	00000	00000	OTHER SPECIAL REVENUE/HEALTH	30.00	0.00	30.00	
4200E6140	0130	9006	04404	00000	00000	OTHER SPECIAL REVENUE/PSYCHO	78,079.13	0.00	78,079.13	
4200E6140	0210	9006	04404	00000	00000	OTHER SPECIAL REVENUE/PSYCHO	11,933.73	0.00	11,933.73	
4200E6140	0220	9006	04404	00000	00000	OTHER SPECIAL REVENUE/PSYCHO	5,594.58	0.00	5,594.58	
4200E6140	0230	9006	04404	00000	00000	OTHER SPECIAL REVENUE/PSYCHO	3,516.01	0.00	3,516.01	
4200E6140	0590	9006	04404	00000	00000	OTHER SPECIAL REVENUE/PSYCHO	7,588.83	0.00	7,588.83	
4200E6150	0390	0013	04402	00000	00000	OTHER SPECIAL REVENUE/PARENT	1,255.00	0.00	1,255.00	
4200E6150	0390	0021	04402	00000	00000	OTHER SPECIAL REVENUE/PARENT	1,465.25	0.00	1,465.25	
4200E6150	0390	0091	04402	00000	00000	OTHER SPECIAL REVENUE/PARENT	1,465.24	0.00	1,465.24	
4200E6150	0390	9001	04402	00000	00000	OTHER SPECIAL REVENUE/PARENT	504.28	0.00	504.28	
4200E6150	0510	0013	04402	00000	00000	OTHER SPECIAL REVENUE/PARENT	627.44	0.00	627.44	
4200E6150	0510	0021	04402	00000	00000	OTHER SPECIAL REVENUE/PARENT	1,588.22	0.00	1,588.22	
4200E6150	0510	0091	04402	00000	00000	OTHER SPECIAL REVENUE/PARENT	429.20	181.60	247.60	
4200E6300	0110	9001	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	34,126.30	0.00	34,126.30	
4200E6300	0130	0013	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	8,577.84	0.00	8,577.84	
4200E6300	0130	0021	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	8,577.60	0.00	8,577.60	
4200E6300	0130	0091	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	8,577.84	0.00	8,577.84	
4200E6300	0130	9006	04404	00000	00000	OTHER SPECIAL REVENUE/INSTR	73,943.97	0.00	73,943.97	
4200E6300	0160	9001	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	35,639.92	0.00	35,639.92	
4200E6300	0160	9006	04404	00000	00000	OTHER SPECIAL REVENUE/INSTR	40,788.63	0.00	40,788.63	
4200E6300	0210	0013	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	581.58	0.00	581.58	
4200E6300	0210	0021	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	581.53	0.00	581.53	
4200E6300	0210	0091	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	581.58	0.00	581.58	
4200E6300	0210	9001	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	12,161.78	0.00	12,161.78	
4200E6300	0210	9006	04404	00000	00000	OTHER SPECIAL REVENUE/INSTR	15,027.47	0.00	15,027.47	
4200E6300	0220	0013	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	656.20	0.00	656.20	
4200E6300	0220	0021	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	656.28	0.00	656.28	
4200E6300	0220	0091	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	656.20	0.00	656.20	
4200E6300	0220	9001	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	5,222.04	0.00	5,222.04	
4200E6300	0220	9006	04404	00000	00000	OTHER SPECIAL REVENUE/INSTR	8,020.70	0.00	8,020.70	
4200E6300	0230	0013	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	129.28	0.00	129.28	
4200E6300	0230	0021	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	129.12	0.00	129.12	
4200E6300	0230	0091	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	129.28	0.00	129.28	
4200E6300	0230	9001	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	2,003.71	80.84	1,922.87	
4200E6300	0230	9006	04404	00000	00000	OTHER SPECIAL REVENUE/INSTR	10,282.81	727.29	9,555.52	
4200E6300	0310	9001	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	4,840.00	0.00	4,840.00	
4200E6300	0310	9006	04404	00000	00000	OTHER SPECIAL REVENUE/INSTR	6,675.00	0.00	6,675.00	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4200E6300	0330	9001	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	3,295.31	0.00	3,295.31	
4200E6300	0360	9006	04404	00000	00000	OTHER SPECIAL REVENUE/INSTR	21,442.93	0.00	21,442.93	
4200E6300	0369	9001	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	5,474.65	0.00	5,474.65	
4200E6300	0370	9001	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	3.78	0.00	3.78	
4200E6300	0379	9001	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	315.10	0.00	315.10	
4200E6300	0510	9001	04302	00000	00000	OTHER SPECIAL REVENUE/INSTR	141.45	0.00	141.45	
4200E6300	0510	9001	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	1,147.96	39.99	1,107.97	
4200E6300	0730	9001	04402	00000	00000	OTHER SPECIAL REVENUE/INSTR	1,050.00	0.00	1,050.00	
4200E6400	0120	0012	04407	00000	00704	OTHER SPECIAL REVENUE/INST S	735.90	0.00	735.90	
4200E6400	0120	0012	04407	00000	00734	OTHER SPECIAL REVENUE/INST S	225.00	0.00	225.00	
4200E6400	0120	0013	04407	00000	00704	OTHER SPECIAL REVENUE/INST S	147.18	0.00	147.18	
4200E6400	0120	0021	04407	00000	00704	OTHER SPECIAL REVENUE/INST S	735.90	0.00	735.90	
4200E6400	0120	0022	04407	00000	00704	OTHER SPECIAL REVENUE/INST S	588.72	0.00	588.72	
4200E6400	0120	0032	04407	00000	00704	OTHER SPECIAL REVENUE/INST S	147.18	0.00	147.18	
4200E6400	0120	0032	04407	00000	00734	OTHER SPECIAL REVENUE/INST S	450.00	0.00	450.00	
4200E6400	0120	0091	04407	00000	00704	OTHER SPECIAL REVENUE/INST S	367.95	0.00	367.95	
4200E6400	0130	0012	04407	00000	00000	OTHER SPECIAL REVENUE/INST S	27,589.26	0.00	27,589.26	
4200E6400	0130	0013	04402	00000	00000	OTHER SPECIAL REVENUE/INST S	22,372.17	0.00	22,372.17	
4200E6400	0130	0013	04407	00000	00000	OTHER SPECIAL REVENUE/INST S	22,371.99	0.00	22,371.99	
4200E6400	0130	0021	04402	00000	00000	OTHER SPECIAL REVENUE/INST S	15,034.94	0.00	15,034.94	
4200E6400	0130	0021	04407	00000	00000	OTHER SPECIAL REVENUE/INST S	15,034.95	0.00	15,034.95	
4200E6400	0130	0091	04407	00000	00000	OTHER SPECIAL REVENUE/INST S	22,371.99	0.00	22,371.99	
4200E6400	0210	0012	04407	00000	00000	OTHER SPECIAL REVENUE/INST S	3,743.90	0.00	3,743.90	
4200E6400	0210	0012	04407	00000	00704	OTHER SPECIAL REVENUE/INST S	89.86	0.00	89.86	
4200E6400	0210	0013	04402	00000	00000	OTHER SPECIAL REVENUE/INST S	4,727.20	0.00	4,727.20	
4200E6400	0210	0013	04407	00000	00000	OTHER SPECIAL REVENUE/INST S	4,727.22	0.00	4,727.22	
4200E6400	0210	0013	04407	00000	00704	OTHER SPECIAL REVENUE/INST S	19.97	0.00	19.97	
4200E6400	0210	0021	04402	00000	00000	OTHER SPECIAL REVENUE/INST S	2,040.30	0.00	2,040.30	
4200E6400	0210	0021	04407	00000	00000	OTHER SPECIAL REVENUE/INST S	2,040.19	0.00	2,040.19	
4200E6400	0210	0021	04407	00000	00704	OTHER SPECIAL REVENUE/INST S	99.85	0.00	99.85	
4200E6400	0210	0022	04407	00000	00704	OTHER SPECIAL REVENUE/INST S	79.88	0.00	79.88	
4200E6400	0210	0032	04407	00000	00704	OTHER SPECIAL REVENUE/INST S	19.97	0.00	19.97	
4200E6400	0210	0091	04407	00000	00000	OTHER SPECIAL REVENUE/INST S	4,727.24	0.00	4,727.24	
4200E6400	0210	0091	04407	00000	00704	OTHER SPECIAL REVENUE/INST S	49.93	0.00	49.93	
4200E6400	0220	0012	04407	00000	00000	OTHER SPECIAL REVENUE/INST S	1,680.14	0.00	1,680.14	
4200E6400	0220	0012	04407	00000	00704	OTHER SPECIAL REVENUE/INST S	54.88	0.00	54.88	
4200E6400	0220	0012	04407	00000	00734	OTHER SPECIAL REVENUE/INST S	14.58	0.00	14.58	
4200E6400	0220	0013	04402	00000	00000	OTHER SPECIAL REVENUE/INST S	1,567.14	0.00	1,567.14	
4200E6400	0220	0013	04407	00000	00000	OTHER SPECIAL REVENUE/INST S	1,567.01	0.00	1,567.01	
4200E6400	0220	0013	04407	00000	00704	OTHER SPECIAL REVENUE/INST S	11.26	0.00	11.26	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4200E6400	0220	0021	04402	00000	00000	OTHER SPECIAL REVENUE/INST S	1,141.64	0.00	1,141.64	
4200E6400	0220	0021	04407	00000	00000	OTHER SPECIAL REVENUE/INST S	1,141.90	0.00	1,141.90	
4200E6400	0220	0021	04407	00000	00704	OTHER SPECIAL REVENUE/INST S	53.63	0.00	53.63	
4200E6400	0220	0022	04407	00000	00704	OTHER SPECIAL REVENUE/INST S	42.60	0.00	42.60	
4200E6400	0220	0032	04407	00000	00704	OTHER SPECIAL REVENUE/INST S	11.26	0.00	11.26	
4200E6400	0220	0032	04407	00000	00734	OTHER SPECIAL REVENUE/INST S	32.33	0.00	32.33	
4200E6400	0220	0091	04407	00000	00000	OTHER SPECIAL REVENUE/INST S	1,604.32	0.00	1,604.32	
4200E6400	0220	0091	04407	00000	00704	OTHER SPECIAL REVENUE/INST S	27.77	0.00	27.77	
4200E6400	0230	0012	04407	00000	00000	OTHER SPECIAL REVENUE/INST S	3,485.12	0.00	3,485.12	
4200E6400	0230	0013	04402	00000	00000	OTHER SPECIAL REVENUE/INST S	2,201.44	0.00	2,201.44	
4200E6400	0230	0013	04407	00000	00000	OTHER SPECIAL REVENUE/INST S	2,201.92	0.00	2,201.92	
4200E6400	0230	0021	04402	00000	00000	OTHER SPECIAL REVENUE/INST S	61.44	0.00	61.44	
4200E6400	0230	0021	04407	00000	00000	OTHER SPECIAL REVENUE/INST S	61.76	0.00	61.76	
4200E6400	0230	0091	04407	00000	00000	OTHER SPECIAL REVENUE/INST S	2,201.92	0.00	2,201.92	
4200E6400	0310	9001	04407	00000	00000	OTHER SPECIAL REVENUE/INST S	2,000.00	0.00	2,000.00	
4200E6400	0330	0012	04404	00000	00000	OTHER SPECIAL REVENUE/INST S	2,375.00	475.00	1,900.00	
4200E6400	0330	0012	04407	00000	00835	OTHER SPECIAL REVENUE/INST S	2,484.00	0.00	2,484.00	
4200E6400	0330	0032	04407	00000	00839	OTHER SPECIAL REVENUE/INST S	408.00	0.00	408.00	
4200E6400	0330	0032	04407	00000	00840	OTHER SPECIAL REVENUE/INST S	502.00	0.00	502.00	
4200E6400	0330	9001	04407	00000	00000	OTHER SPECIAL REVENUE/INST S	279.00	0.00	279.00	
4200E6400	0369	0012	04435	00000	00000	OTHER SPECIAL REVENUE/INST S	7,650.00	0.00	7,650.00	
4200E6400	0399	9001	04407	00000	00000	OTHER SPECIAL REVENUE/INST S	465.47	0.00	465.47	
4200E6400	0510	0032	04407	00000	00738	OTHER SPECIAL REVENUE/INST S	305.76	0.00	305.76	
4200E6400	0510	9001	04407	00000	00000	OTHER SPECIAL REVENUE/INST S	1,387.15	61.98	1,325.17	
4200E6400	0730	9001	04407	00000	00733	OTHER SPECIAL REVENUE/INST S	1,050.00	0.00	1,050.00	
4200E6400	0730	9006	04404	00000	00000	OTHER SPECIAL REVENUE/INST S	750.00	0.00	750.00	
4200E6400	0750	0012	04435	00000	00000	OTHER SPECIAL REVENUE/INST S	887.72	0.00	887.72	
4200E6400	0750	0013	04402	00000	00000	OTHER SPECIAL REVENUE/INST S	257.60	0.00	257.60	
4200E6400	0750	0021	04402	00000	00000	OTHER SPECIAL REVENUE/INST S	1,020.12	0.00	1,020.12	
4200E6500	0130	9006	04404	00000	00000	OTHER SPECIAL REVENUE/INSTRU	599.63	0.00	599.63	
4200E6500	0210	9006	04404	00000	00000	OTHER SPECIAL REVENUE/INSTRU	40.75	0.00	40.75	
4200E6500	0220	9006	04404	00000	00000	OTHER SPECIAL REVENUE/INSTRU	45.87	0.00	45.87	
4200E7300	0330	9001	04407	00000	00000	OTHER SPECIAL REVENUE/SCHOOL	5,565.00	0.00	5,565.00	
4200E7300	0510	9001	04407	00000	00000	OTHER SPECIAL REVENUE/SCHOOL	646.92	0.00	646.92	
4200E7730	0220	9006	04404	00000	00000	OTHER SPECIAL REVENUE/STAFF	0.71	0.00	0.71	
4200E7730	0330	0022	04405	00000	00000	OTHER SPECIAL REVENUE/STAFF	929.88	0.00	929.88	
4200E7730	0330	9006	04404	00000	00000	OTHER SPECIAL REVENUE/STAFF	9,715.84	536.83	9,179.01	
4200E7730	0730	0022	04405	00000	00000	OTHER SPECIAL REVENUE/STAFF	2,356.00	0.00	2,356.00	
4200E7730	0730	9006	04404	00000	00000	OTHER SPECIAL REVENUE/STAFF	1,189.02	107.50	1,081.52	
4200E7800	0160	9006	04404	00000	00000	OTHER SPECIAL REVENUE/TRANSP	19,943.56	0.00	19,943.56	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4200E7800	0160	9006	04405	00000	00000	OTHER SPECIAL REVENUE/TRANSP	6,649.37	0.00	6,649.37	
4200E7800	0210	9006	04404	00000	00000	OTHER SPECIAL REVENUE/TRANSP	3,650.78	0.00	3,650.78	
4200E7800	0210	9006	04405	00000	00000	OTHER SPECIAL REVENUE/TRANSP	902.36	0.00	902.36	
4200E7800	0220	9006	04404	00000	00000	OTHER SPECIAL REVENUE/TRANSP	1,298.25	0.00	1,298.25	
4200E7800	0220	9006	04405	00000	00000	OTHER SPECIAL REVENUE/TRANSP	500.05	0.00	500.05	
4200E7800	0230	9006	04404	00000	00000	OTHER SPECIAL REVENUE/TRANSP	2,878.24	0.00	2,878.24	
4200E7800	0230	9006	04405	00000	00000	OTHER SPECIAL REVENUE/TRANSP	61.76	0.00	61.76	
** Total Fund 4200						Operating Expenses Count 298	2,210,571.71	35,278.24	2,175,293.47	
** Total Fund 4200						Operating Statement Count 301	2,210,803.97	2,198,354.20	12,449.77	

FundTFunc Obj Fac Proj Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4340Q1530 0000 0000 00000 00000 00000	RACE TO THE TOP-COMMON CORE/	0.00	0.00	0.00	11,891.41
4340Q2520 0000 0000 00000 00000 00000	RACE TO THE TOP-COMMON CORE/	0.00	0.00	0.00	11,891.41CR
** Total Fund 4340 Balance Sheet	Count 2	0.00	0.00	0.00	0.00
** Total Fund 4340 Operating Statement	Count 0	0.00	0.00	0.00	

Fund	TFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4350	Q	1530	0000	0000	00000	00000	00000 EDUCATION JOBS FUND/EXPENDIT	0.00	0.00	0.00	1,002,742.00
4350	Q	2520	0000	0000	00000	00000	00000 EDUCATION JOBS FUND/REVENUE/	0.00	0.00	0.00	1,002,742.00CR
** Total Fund 4350 Balance Sheet Count 2								0.00	0.00	0.00	0.00
** Total Fund 4350 Operating Statement Count 0								0.00	0.00	0.00	

Fund	TFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4410	Q1530	0000	0000	00000	00000	00000	Elem & Sec School Emerg Rlf	0.00	0.00	0.00	1,108,385.40
4410	Q2520	0000	0000	00000	00000	00000	Elem & Sec School Emerg Rlf	0.00	0.00	0.00	1,108,385.40CR
** Total Fund 4410		Balance Sheet					Count 2	0.00	0.00	0.00	0.00
** Total Fund 4410		Operating Statement					Count 0	0.00	0.00	0.00	

Fund	TFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4420	Q	1530	0000	0000	00000	00000	00000 Other CARES Act Relief funds	0.00	0.00	0.00	197,612.46
4420	Q	2520	0000	0000	00000	00000	00000 Other CARES Act Relief funds	0.00	0.00	0.00	197,612.46CR
** Total Fund 4420							Balance Sheet Count 2	0.00	0.00	0.00	0.00
** Total Fund 4420							Operating Statement Count 0	0.00	0.00	0.00	

FundTFunc Obj Fac Proj Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4430A1111 0001 0000 00000 00000 00000	Elem & Sec School Emerg Rlf	891,282.16	895,686.99	4,404.83CR	540.16CR
4430A1111 0002 0000 00000 00000 00000	Elem & Sec School Emerg Rlf	14,985.60	18,929.35	3,943.75CR	0.00
4430A1111 0003 0000 00000 00000 00000	Elem & Sec School Emerg Rlf	696,764.88	484,143.52	212,621.36	537.23
4430A1141 0000 0000 00000 00000 00000	Elem & Sec School Emerg Rlf	1,027,527.93	1,027,527.93	0.00	0.00
4430A1220 0000 0000 00000 00000 00000	Elem & Sec School Emerg Rlf	0.00	347,811.46	347,811.46CR	0.00
4430L2110 0000 0000 00000 00000 00000	Elem & Sec School Emerg Rlf	13,448.60	13,448.60	0.00	0.00
4430L2120 0000 0000 00000 00000 00000	Elem & Sec School Emerg Rlf	470,490.44	465,443.19	5,047.25	0.00
4430L2160 0000 0000 00000 00000 00000	Elem & Sec School Emerg Rlf	1,027,527.93	893,125.75	134,402.18	0.00
4430L2170 0000 0000 00000 00000 00000	Elem & Sec School Emerg Rlf	668.37	668.37	0.00	0.00
4430L2171 0000 0000 00000 00000 00000	Elem & Sec School Emerg Rlf	1,776.84	1,776.84	0.00	0.00
4430L2172 0000 0000 00000 00000 00000	Elem & Sec School Emerg Rlf	4,813.90	870.15	3,943.75	0.00
4430L2173 0000 0000 00000 00000 00000	Elem & Sec School Emerg Rlf	355.94	210.44	145.50	2.93
4430Q1520 0000 0000 00000 00000 00000	Elem & Sec School Emerg Rlf	344,354.37	471,179.42	126,825.05CR	0.00
4430Q1530 0000 0000 00000 00000 00000	Elem & Sec School Emerg Rlf	499,255.81	8,530.97	490,724.84	4,189,922.58
4430Q2520 0000 0000 00000 00000 00000	Elem & Sec School Emerg Rlf	124.61	490,849.45	490,724.84CR	4,189,922.58CR
4430Q2720 0000 0000 00000 00000 00000	Elem & Sec School Emerg Rlf	471,179.42	344,354.37	126,825.05	0.00
** Total Fund 4430 Balance Sheet	Count 16	5,464,556.80	5,464,556.80	0.00	0.00
4430R0000 3271 0000 00000 00000 00000	Elem & Sec School Emerg Rlf	0.00	490,724.84	490,724.84CR	
4430R0000 3497 0000 00000 00000 00000	Elem & Sec School Emerg Rlf	124.61	124.61	0.00	
** Total Fund 4430 Operating Revenue	Count 2	124.61	490,849.45	490,724.84CR	
4430E5100 0120 0022 04375 00000 00000	Elem & Sec School Emerg Rlf	5,400.00	0.00	5,400.00	
4430E5100 0150 0022 04375 00000 00000	Elem & Sec School Emerg Rlf	600.00	0.00	600.00	
4430E5100 0220 0022 04375 00000 00000	Elem & Sec School Emerg Rlf	458.99	0.00	458.99	
4430E5100 0360 9001 04294 00000 00000	Elem & Sec School Emerg Rlf	159.42	0.00	159.42	
4430E5100 0360 9001 04375 00000 00000	Elem & Sec School Emerg Rlf	5,200.00	0.00	5,200.00	
4430E5100 0510 0013 04375 00000 00000	Elem & Sec School Emerg Rlf	13,355.08	151.66	13,203.42	
4430E5100 0510 0021 04375 00000 00000	Elem & Sec School Emerg Rlf	22,760.06	0.00	22,760.06	
4430E5100 0510 0022 04375 00000 00000	Elem & Sec School Emerg Rlf	4,858.10	0.00	4,858.10	
4430E5100 0510 0031 04375 00000 00000	Elem & Sec School Emerg Rlf	10,093.33	0.00	10,093.33	
4430E5100 0510 0032 04375 00000 00000	Elem & Sec School Emerg Rlf	23,669.49	413.85	23,255.64	
4430E5100 0510 0091 04375 00000 00000	Elem & Sec School Emerg Rlf	13,316.01	159.96	13,156.05	
4430E5100 0510 9001 04375 00000 00000	Elem & Sec School Emerg Rlf	0.00	137.00	137.00CR	
4430E5100 0520 0032 04290 00000 00000	Elem & Sec School Emerg Rlf	17,850.16	0.00	17,850.16	
4430E5100 0643 0032 04375 00000 00000	Elem & Sec School Emerg Rlf	62,399.92	0.00	62,399.92	
4430E5100 0643 9001 04375 00000 00000	Elem & Sec School Emerg Rlf	55,460.86	0.00	55,460.86	
4430E5100 0644 0032 04375 00000 00000	Elem & Sec School Emerg Rlf	19,954.30	0.00	19,954.30	

FundTFunc Obj	Fac	Proj	Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4430E5100 0644	9001	04375	00000 00000	Elem & Sec School Emerg Rlf	168,107.00	0.00	168,107.00	
4430E5100 0730	9001	04375	00000 00000	Elem & Sec School Emerg Rlf	6,805.45	2,621.25	4,184.20	
4430E5300 0160	0012	04387	00000 00000	Elem & Sec School Emerg Rlf	1,254.24	0.00	1,254.24	
4430E5300 0210	0012	04387	00000 00000	Elem & Sec School Emerg Rlf	170.22	0.00	170.22	
4430E5300 0220	0012	04387	00000 00000	Elem & Sec School Emerg Rlf	91.58	0.00	91.58	
4430E5300 0230	0012	04387	00000 00000	Elem & Sec School Emerg Rlf	165.12	0.00	165.12	
4430E5300 0510	0012	04387	00000 00000	Elem & Sec School Emerg Rlf	13,538.05	0.00	13,538.05	
4430E5300 0520	0012	04387	00000 00000	Elem & Sec School Emerg Rlf	3,897.80	0.00	3,897.80	
4430E5300 0529	0012	04387	00000 00000	Elem & Sec School Emerg Rlf	3,668.30	0.00	3,668.30	
4430E5300 0641	0012	04387	00000 00000	Elem & Sec School Emerg Rlf	1,447.25	0.00	1,447.25	
4430E5300 0642	0012	04387	00000 00000	Elem & Sec School Emerg Rlf	10,906.41	0.00	10,906.41	
4430E5300 0643	0012	04387	00000 00000	Elem & Sec School Emerg Rlf	9,935.50	0.00	9,935.50	
4430E5300 0644	0012	04387	00000 00000	Elem & Sec School Emerg Rlf	1,446.63	0.00	1,446.63	
4430E5300 0730	0012	04387	00000 00000	Elem & Sec School Emerg Rlf	1,000.00	0.00	1,000.00	
4430E7200 0792	9001	04294	00000 00000	Elem & Sec School Emerg Rlf	331.27	0.00	331.27	
4430E7200 0792	9001	04375	00000 00000	Elem & Sec School Emerg Rlf	3,173.57	0.00	3,173.57	
4430E7800 0160	9002	04375	00000 00000	Elem & Sec School Emerg Rlf	4,416.00	0.00	4,416.00	
4430E7800 0210	9002	04375	00000 00000	Elem & Sec School Emerg Rlf	554.60	0.00	554.60	
4430E7800 0220	9002	04375	00000 00000	Elem & Sec School Emerg Rlf	337.85	0.00	337.85	
4430E7800 0460	9002	04375	00000 00000	Elem & Sec School Emerg Rlf	960.00	0.00	960.00	
4430E7900 0369	9001	04294	00000 00000	Elem & Sec School Emerg Rlf	6,466.00	0.00	6,466.00	
4430E7900 0390	9001	04375	00000 00000	Elem & Sec School Emerg Rlf	5,047.25	5,047.25	0.00	
** Total Fund 4430	Operating Expenses	Count	38		499,255.81	8,530.97	490,724.84	
** Total Fund 4430	Operating Statement	Count	40		499,380.42	499,380.42	0.00	

FundTFunc Obj Fac Proj Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4450A1111 0001 0000 00000 00000 00000	ESSER III/American Rescue Pl	5,831,673.11	5,952,785.89	121,112.78CR	100,259.84CR
4450A1111 0002 0000 00000 00000 00000	ESSER III/American Rescue Pl	1,412,839.05	1,439,884.27	27,045.22CR	929.01
4450A1111 0003 0000 00000 00000 00000	ESSER III/American Rescue Pl	3,715,063.01	3,713,408.19	1,654.82	3,979.48
4450A1141 0000 0000 00000 00000 00000	ESSER III/American Rescue Pl	6,077,305.46	6,077,305.46	0.00	0.00
4450A1220 0000 0000 00000 00000 00000	ESSER III/American Rescue Pl	5,773.96	688,718.12	682,944.16CR	0.00
4450L2110 0000 0000 00000 00000 00000	ESSER III/American Rescue Pl	1,294,591.92	1,294,591.92	0.00	0.00
4450L2120 0000 0000 00000 00000 00000	ESSER III/American Rescue Pl	2,821,172.77	2,821,172.77	0.00	0.00
4450L2140 0000 0000 00000 00000 00000	ESSER III/American Rescue Pl	432,005.31	0.00	432,005.31	0.00
4450L2150 0000 0000 00000 00000 00000	ESSER III/American Rescue Pl	50,365.59	0.00	50,365.59	0.00
4450L2160 0000 0000 00000 00000 00000	ESSER III/American Rescue Pl	6,077,305.46	5,867,305.46	210,000.00	0.00
4450L2170 0000 0000 00000 00000 00000	ESSER III/American Rescue Pl	57,723.26	57,723.26	0.00	0.00
4450L2171 0000 0000 00000 00000 00000	ESSER III/American Rescue Pl	167,198.76	167,501.30	302.54CR	326.10CR
4450L2172 0000 0000 00000 00000 00000	ESSER III/American Rescue Pl	92,765.34	70,211.22	22,554.12	5,967.78CR
4450L2173 0000 0000 00000 00000 00000	ESSER III/American Rescue Pl	52,124.37	42,093.22	10,031.15	3,148.48CR
4450L2174 0000 0000 00000 00000 00000	ESSER III/American Rescue Pl	1,135.00	1,135.00	0.00	0.00
4450L2177 0000 0000 00000 00000 00000	ESSER III/American Rescue Pl	108.00	108.00	0.00	0.00
4450Q1520 0000 0000 00000 00000 00000	ESSER III/American Rescue Pl	359,034.16	1,038,989.35	679,955.19CR	726,292.81
4450Q1530 0000 0000 00000 00000 00000	ESSER III/American Rescue Pl	4,755,565.58	1,103,870.09	3,651,695.49	7,975,201.84
4450Q2520 0000 0000 00000 00000 00000	ESSER III/American Rescue Pl	482,378.32	4,029,280.10	3,546,901.78CR	7,870,408.13CR
4450Q2720 0000 0000 00000 00000 00000	ESSER III/American Rescue Pl	1,038,989.35	359,034.16	679,955.19	726,292.81CR
** Total Fund 4450 Balance Sheet Count 20		34,725,117.78	34,725,117.78	0.00	0.00
4450R0000 3271 0000 00000 00000 00000	ESSER III/American Rescue Pl	482,370.90	4,029,272.68	3,546,901.78CR	
4450R0000 3497 0000 00000 00000 00000	ESSER III/American Rescue Pl	7.42	7.42	0.00	
** Total Fund 4450 Operating Revenue Count 2		482,378.32	4,029,280.10	3,546,901.78CR	
4450E5100 0120 0012 04380 00000 00000	ESSER III/American Rescue Pl	13,374.81	0.00	13,374.81	
4450E5100 0120 0012 04472 00000 00000	ESSER III/American Rescue Pl	7,106.99	0.00	7,106.99	
4450E5100 0120 0012 04496 00000 00000	ESSER III/American Rescue Pl	70,643.68	0.00	70,643.68	
4450E5100 0120 0012 04497 00000 00000	ESSER III/American Rescue Pl	27,670.00	0.00	27,670.00	
4450E5100 0120 0013 04472 00000 00000	ESSER III/American Rescue Pl	11,687.45	0.00	11,687.45	
4450E5100 0120 0013 04496 00000 00000	ESSER III/American Rescue Pl	17,000.00	0.00	17,000.00	
4450E5100 0120 0013 04497 00000 00000	ESSER III/American Rescue Pl	17,000.00	0.00	17,000.00	
4450E5100 0120 0021 04472 00000 00000	ESSER III/American Rescue Pl	10,991.43	0.00	10,991.43	
4450E5100 0120 0021 04496 00000 00000	ESSER III/American Rescue Pl	16,500.00	0.00	16,500.00	
4450E5100 0120 0021 04497 00000 00000	ESSER III/American Rescue Pl	16,500.00	0.00	16,500.00	
4450E5100 0120 0022 04380 00000 00000	ESSER III/American Rescue Pl	36,321.03	0.00	36,321.03	
4450E5100 0120 0022 04472 00000 00000	ESSER III/American Rescue Pl	8,062.89	0.00	8,062.89	

FundTFunc Obj	Fac	Proj	Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4450E5100 0120	0022	04496	00000 00000	ESSER III/American Rescue Pl	10,500.00	0.00	10,500.00	
4450E5100 0120	0022	04497	00000 00000	ESSER III/American Rescue Pl	10,500.00	0.00	10,500.00	
4450E5100 0120	0032	04380	00000 00000	ESSER III/American Rescue Pl	13,506.04	0.00	13,506.04	
4450E5100 0120	0032	04472	00000 00000	ESSER III/American Rescue Pl	5,891.34	0.00	5,891.34	
4450E5100 0120	0032	04496	00000 00000	ESSER III/American Rescue Pl	41,995.20	0.00	41,995.20	
4450E5100 0120	0032	04497	00000 00000	ESSER III/American Rescue Pl	33,500.00	0.00	33,500.00	
4450E5100 0120	0091	04472	00000 00000	ESSER III/American Rescue Pl	11,722.95	0.00	11,722.95	
4450E5100 0120	0091	04496	00000 00000	ESSER III/American Rescue Pl	17,250.00	0.00	17,250.00	
4450E5100 0120	0091	04497	00000 00000	ESSER III/American Rescue Pl	17,250.00	0.00	17,250.00	
4450E5100 0150	0012	04496	00000 00000	ESSER III/American Rescue Pl	16,944.21	0.00	16,944.21	
4450E5100 0150	0012	04497	00000 00000	ESSER III/American Rescue Pl	2,000.00	0.00	2,000.00	
4450E5100 0150	0013	04496	00000 00000	ESSER III/American Rescue Pl	18,771.84	655.88	18,115.96	
4450E5100 0150	0013	04497	00000 00000	ESSER III/American Rescue Pl	4,500.00	0.00	4,500.00	
4450E5100 0150	0021	04496	00000 00000	ESSER III/American Rescue Pl	17,867.82	0.00	17,867.82	
4450E5100 0150	0021	04497	00000 00000	ESSER III/American Rescue Pl	3,000.00	0.00	3,000.00	
4450E5100 0150	0022	04380	00000 00000	ESSER III/American Rescue Pl	544.68	0.00	544.68	
4450E5100 0150	0022	04496	00000 00000	ESSER III/American Rescue Pl	18,404.44	0.00	18,404.44	
4450E5100 0150	0022	04497	00000 00000	ESSER III/American Rescue Pl	2,000.00	0.00	2,000.00	
4450E5100 0150	0032	04496	00000 00000	ESSER III/American Rescue Pl	18,827.81	345.30	18,482.51	
4450E5100 0150	0032	04497	00000 00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E5100 0150	0091	04482	00000 00000	ESSER III/American Rescue Pl	18.00	18.00	0.00	
4450E5100 0150	0091	04496	00000 00000	ESSER III/American Rescue Pl	17,739.50	626.47	17,113.03	
4450E5100 0150	0091	04497	00000 00000	ESSER III/American Rescue Pl	3,500.00	0.00	3,500.00	
4450E5100 0210	0012	04380	00000 00000	ESSER III/American Rescue Pl	1,756.12	0.00	1,756.12	
4450E5100 0210	0012	04472	00000 00000	ESSER III/American Rescue Pl	931.67	0.00	931.67	
4450E5100 0210	0012	04496	00000 00000	ESSER III/American Rescue Pl	7,807.30	0.00	7,807.30	
4450E5100 0210	0013	04472	00000 00000	ESSER III/American Rescue Pl	1,988.76	0.00	1,988.76	
4450E5100 0210	0013	04496	00000 00000	ESSER III/American Rescue Pl	1,936.65	88.99	1,847.66	
4450E5100 0210	0021	04472	00000 00000	ESSER III/American Rescue Pl	1,491.54	0.00	1,491.54	
4450E5100 0210	0021	04496	00000 00000	ESSER III/American Rescue Pl	2,017.58	0.00	2,017.58	
4450E5100 0210	0022	04380	00000 00000	ESSER III/American Rescue Pl	5,312.33	0.00	5,312.33	
4450E5100 0210	0022	04472	00000 00000	ESSER III/American Rescue Pl	1,346.41	0.00	1,346.41	
4450E5100 0210	0022	04496	00000 00000	ESSER III/American Rescue Pl	2,226.07	0.00	2,226.07	
4450E5100 0210	0032	04380	00000 00000	ESSER III/American Rescue Pl	1,832.76	0.00	1,832.76	
4450E5100 0210	0032	04472	00000 00000	ESSER III/American Rescue Pl	799.46	0.00	799.46	
4450E5100 0210	0032	04496	00000 00000	ESSER III/American Rescue Pl	3,767.05	72.96	3,694.09	
4450E5100 0210	0091	04472	00000 00000	ESSER III/American Rescue Pl	1,833.18	0.00	1,833.18	
4450E5100 0210	0091	04482	00000 00000	ESSER III/American Rescue Pl	2.44	2.44	0.00	
4450E5100 0210	0091	04496	00000 00000	ESSER III/American Rescue Pl	1,932.28	85.00	1,847.28	
4450E5100 0220	0012	04380	00000 00000	ESSER III/American Rescue Pl	1,023.19	0.00	1,023.19	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4450E5100	0220	0012	04472	00000	00000	ESSER III/American Rescue Pl	515.08	0.00	515.08	
4450E5100	0220	0012	04496	00000	00000	ESSER III/American Rescue Pl	5,889.76	0.00	5,889.76	
4450E5100	0220	0012	04497	00000	00000	ESSER III/American Rescue Pl	2,269.76	0.00	2,269.76	
4450E5100	0220	0013	04472	00000	00000	ESSER III/American Rescue Pl	856.68	0.00	856.68	
4450E5100	0220	0013	04482	00000	00000	ESSER III/American Rescue Pl	63.02	0.00	63.02	
4450E5100	0220	0013	04496	00000	00000	ESSER III/American Rescue Pl	2,736.45	50.16	2,686.29	
4450E5100	0220	0013	04497	00000	00000	ESSER III/American Rescue Pl	1,644.75	0.00	1,644.75	
4450E5100	0220	0021	04472	00000	00000	ESSER III/American Rescue Pl	795.05	0.00	795.05	
4450E5100	0220	0021	04496	00000	00000	ESSER III/American Rescue Pl	2,629.06	0.00	2,629.06	
4450E5100	0220	0021	04497	00000	00000	ESSER III/American Rescue Pl	1,491.75	0.00	1,491.75	
4450E5100	0220	0022	04380	00000	00000	ESSER III/American Rescue Pl	2,820.29	0.00	2,820.29	
4450E5100	0220	0022	04472	00000	00000	ESSER III/American Rescue Pl	573.00	0.00	573.00	
4450E5100	0220	0022	04496	00000	00000	ESSER III/American Rescue Pl	2,211.12	0.00	2,211.12	
4450E5100	0220	0022	04497	00000	00000	ESSER III/American Rescue Pl	956.25	0.00	956.25	
4450E5100	0220	0032	04380	00000	00000	ESSER III/American Rescue Pl	1,033.23	0.00	1,033.23	
4450E5100	0220	0032	04472	00000	00000	ESSER III/American Rescue Pl	420.07	0.00	420.07	
4450E5100	0220	0032	04496	00000	00000	ESSER III/American Rescue Pl	4,333.23	22.51	4,310.72	
4450E5100	0220	0032	04497	00000	00000	ESSER III/American Rescue Pl	2,639.25	0.00	2,639.25	
4450E5100	0220	0091	04472	00000	00000	ESSER III/American Rescue Pl	807.30	0.00	807.30	
4450E5100	0220	0091	04482	00000	00000	ESSER III/American Rescue Pl	102.54	1.36	101.18	
4450E5100	0220	0091	04496	00000	00000	ESSER III/American Rescue Pl	2,676.65	47.90	2,628.75	
4450E5100	0220	0091	04497	00000	00000	ESSER III/American Rescue Pl	1,587.38	0.00	1,587.38	
4450E5100	0230	0012	04496	00000	00000	ESSER III/American Rescue Pl	11,230.80	0.00	11,230.80	
4450E5100	0230	0013	04496	00000	00000	ESSER III/American Rescue Pl	21.60	0.00	21.60	
4450E5100	0230	0021	04496	00000	00000	ESSER III/American Rescue Pl	21.60	0.00	21.60	
4450E5100	0230	0022	04496	00000	00000	ESSER III/American Rescue Pl	21.60	0.00	21.60	
4450E5100	0230	0032	04496	00000	00000	ESSER III/American Rescue Pl	3,577.73	0.00	3,577.73	
4450E5100	0230	0091	04496	00000	00000	ESSER III/American Rescue Pl	21.60	0.00	21.60	
4450E5100	0310	0012	04496	00000	00000	ESSER III/American Rescue Pl	3,000.00	0.00	3,000.00	
4450E5100	0369	9001	04496	00000	00000	ESSER III/American Rescue Pl	9,321.18	0.00	9,321.18	
4450E5100	0510	9001	04472	00000	00000	ESSER III/American Rescue Pl	40,735.24	395.39	40,339.85	
4450E5100	0510	9001	04478	00000	00000	ESSER III/American Rescue Pl	4,123.13	0.00	4,123.13	
4450E5100	0510	9001	04482	00000	00000	ESSER III/American Rescue Pl	22,911.65	0.00	22,911.65	
4450E5100	0510	9001	04496	00000	00000	ESSER III/American Rescue Pl	3,172.21	192.02	2,980.19	
4450E5100	0510	9001	04497	00000	00000	ESSER III/American Rescue Pl	0.00	1,367.09	1,367.09CR	
4450E5100	0519	9001	04472	00000	00000	ESSER III/American Rescue Pl	1,227.36	27.36	1,200.00	
4450E5100	0642	9001	04472	00000	00000	ESSER III/American Rescue Pl	29,937.78	0.00	29,937.78	
4450E5100	0643	9001	04472	00000	00000	ESSER III/American Rescue Pl	77,787.93	0.00	77,787.93	
4450E5100	0644	9001	04472	00000	00000	ESSER III/American Rescue Pl	7,927.83	0.00	7,927.83	
4450E5100	0644	9001	04478	00000	00000	ESSER III/American Rescue Pl	4,734.00	0.00	4,734.00	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4450E5100	0750	0013	04482	00000	00000	ESSER III/American Rescue Pl	823.58	0.00	823.58	
4450E5100	0750	0091	04482	00000	00000	ESSER III/American Rescue Pl	1,322.16	0.00	1,322.16	
4450E5100	0750	0091	04497	00000	00000	ESSER III/American Rescue Pl	85.79	85.79	0.00	
4450E5200	0120	0012	04496	00000	00000	ESSER III/American Rescue Pl	3,500.00	0.00	3,500.00	
4450E5200	0120	0012	04497	00000	00000	ESSER III/American Rescue Pl	3,500.00	0.00	3,500.00	
4450E5200	0120	0013	04496	00000	00000	ESSER III/American Rescue Pl	1,500.00	0.00	1,500.00	
4450E5200	0120	0013	04497	00000	00000	ESSER III/American Rescue Pl	1,500.00	0.00	1,500.00	
4450E5200	0120	0021	04496	00000	00000	ESSER III/American Rescue Pl	2,500.00	0.00	2,500.00	
4450E5200	0120	0021	04497	00000	00000	ESSER III/American Rescue Pl	2,500.00	0.00	2,500.00	
4450E5200	0120	0022	04496	00000	00000	ESSER III/American Rescue Pl	2,000.00	0.00	2,000.00	
4450E5200	0120	0022	04497	00000	00000	ESSER III/American Rescue Pl	2,000.00	0.00	2,000.00	
4450E5200	0120	0032	04496	00000	00000	ESSER III/American Rescue Pl	3,000.00	0.00	3,000.00	
4450E5200	0120	0032	04497	00000	00000	ESSER III/American Rescue Pl	3,000.00	0.00	3,000.00	
4450E5200	0120	0091	04496	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E5200	0120	0091	04497	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E5200	0150	0012	04496	00000	00000	ESSER III/American Rescue Pl	6,000.00	0.00	6,000.00	
4450E5200	0150	0012	04497	00000	00000	ESSER III/American Rescue Pl	6,000.00	0.00	6,000.00	
4450E5200	0150	0013	04496	00000	00000	ESSER III/American Rescue Pl	14,594.61	24.80	14,569.81	
4450E5200	0150	0013	04497	00000	00000	ESSER III/American Rescue Pl	2,500.00	0.00	2,500.00	
4450E5200	0150	0021	04496	00000	00000	ESSER III/American Rescue Pl	5,000.00	0.00	5,000.00	
4450E5200	0150	0021	04497	00000	00000	ESSER III/American Rescue Pl	5,000.00	0.00	5,000.00	
4450E5200	0150	0022	04496	00000	00000	ESSER III/American Rescue Pl	3,000.00	0.00	3,000.00	
4450E5200	0150	0022	04497	00000	00000	ESSER III/American Rescue Pl	3,000.00	0.00	3,000.00	
4450E5200	0150	0032	04496	00000	00000	ESSER III/American Rescue Pl	4,000.00	0.00	4,000.00	
4450E5200	0150	0032	04497	00000	00000	ESSER III/American Rescue Pl	4,000.00	0.00	4,000.00	
4450E5200	0150	0091	04496	00000	00000	ESSER III/American Rescue Pl	15,022.22	960.61	14,061.61	
4450E5200	0150	0091	04497	00000	00000	ESSER III/American Rescue Pl	2,000.00	0.00	2,000.00	
4450E5200	0210	0013	04496	00000	00000	ESSER III/American Rescue Pl	1,641.22	3.37	1,637.85	
4450E5200	0210	0091	04496	00000	00000	ESSER III/American Rescue Pl	1,767.08	130.36	1,636.72	
4450E5200	0220	0012	04496	00000	00000	ESSER III/American Rescue Pl	726.75	0.00	726.75	
4450E5200	0220	0012	04497	00000	00000	ESSER III/American Rescue Pl	726.75	0.00	726.75	
4450E5200	0220	0013	04496	00000	00000	ESSER III/American Rescue Pl	1,231.25	1.90	1,229.35	
4450E5200	0220	0013	04497	00000	00000	ESSER III/American Rescue Pl	306.00	0.00	306.00	
4450E5200	0220	0021	04496	00000	00000	ESSER III/American Rescue Pl	573.75	0.00	573.75	
4450E5200	0220	0021	04497	00000	00000	ESSER III/American Rescue Pl	573.75	0.00	573.75	
4450E5200	0220	0022	04496	00000	00000	ESSER III/American Rescue Pl	382.50	0.00	382.50	
4450E5200	0220	0022	04497	00000	00000	ESSER III/American Rescue Pl	382.50	0.00	382.50	
4450E5200	0220	0032	04496	00000	00000	ESSER III/American Rescue Pl	535.50	0.00	535.50	
4450E5200	0220	0032	04497	00000	00000	ESSER III/American Rescue Pl	535.50	0.00	535.50	
4450E5200	0220	0091	04496	00000	00000	ESSER III/American Rescue Pl	1,225.63	73.49	1,152.14	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4450E5200	0220	0091	04497	00000	00000	ESSER III/American Rescue Pl	229.50	0.00	229.50	
4450E5200	0230	0013	04496	00000	00000	ESSER III/American Rescue Pl	18.90	0.00	18.90	
4450E5200	0230	0091	04496	00000	00000	ESSER III/American Rescue Pl	18.90	0.00	18.90	
4450E5300	0120	0012	04496	00000	00000	ESSER III/American Rescue Pl	9,000.00	0.00	9,000.00	
4450E5300	0120	0012	04497	00000	00000	ESSER III/American Rescue Pl	9,000.00	0.00	9,000.00	
4450E5300	0120	0032	04496	00000	00000	ESSER III/American Rescue Pl	1,500.00	0.00	1,500.00	
4450E5300	0120	0032	04497	00000	00000	ESSER III/American Rescue Pl	1,500.00	0.00	1,500.00	
4450E5300	0220	0012	04496	00000	00000	ESSER III/American Rescue Pl	688.50	0.00	688.50	
4450E5300	0220	0012	04497	00000	00000	ESSER III/American Rescue Pl	688.50	0.00	688.50	
4450E5300	0220	0032	04496	00000	00000	ESSER III/American Rescue Pl	114.75	0.00	114.75	
4450E5300	0220	0032	04497	00000	00000	ESSER III/American Rescue Pl	114.75	0.00	114.75	
4450E5400	0150	0011	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E5400	0150	0011	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E5400	0160	9001	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E5400	0160	9001	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E5400	0220	0011	04496	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E5400	0220	0011	04497	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E5400	0220	9001	04496	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E5400	0220	9001	04497	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E5500	0150	0022	04496	00000	00000	ESSER III/American Rescue Pl	9,500.00	0.00	9,500.00	
4450E5500	0150	0022	04497	00000	00000	ESSER III/American Rescue Pl	9,500.00	0.00	9,500.00	
4450E5500	0220	0022	04496	00000	00000	ESSER III/American Rescue Pl	726.75	0.00	726.75	
4450E5500	0220	0022	04497	00000	00000	ESSER III/American Rescue Pl	726.75	0.00	726.75	
4450E6100	0160	0012	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6100	0160	0012	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6100	0220	0012	04496	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6100	0220	0012	04497	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6110	0130	9006	04496	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E6110	0130	9006	04497	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E6110	0150	9006	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6110	0150	9006	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6110	0220	9006	04496	00000	00000	ESSER III/American Rescue Pl	114.75	0.00	114.75	
4450E6110	0220	9006	04497	00000	00000	ESSER III/American Rescue Pl	114.75	0.00	114.75	
4450E6120	0130	0012	04380	00000	00000	ESSER III/American Rescue Pl	17,476.10	0.00	17,476.10	
4450E6120	0130	0012	04496	00000	00000	ESSER III/American Rescue Pl	2,500.00	0.00	2,500.00	
4450E6120	0130	0012	04497	00000	00000	ESSER III/American Rescue Pl	2,500.00	0.00	2,500.00	
4450E6120	0130	0013	04380	00000	00000	ESSER III/American Rescue Pl	2,530.64	0.00	2,530.64	
4450E6120	0130	0013	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6120	0130	0013	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6120	0130	0021	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	

FundTFunc Obj	Fac	Proj	Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4450E6120 0130	0021	04497	00000 00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6120 0130	0022	04380	00000 00000	ESSER III/American Rescue Pl	3,726.89	938.69	2,788.20	
4450E6120 0130	0022	04496	00000 00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6120 0130	0022	04497	00000 00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6120 0130	0032	04496	00000 00000	ESSER III/American Rescue Pl	6,748.80	0.00	6,748.80	
4450E6120 0130	0032	04497	00000 00000	ESSER III/American Rescue Pl	1,500.00	0.00	1,500.00	
4450E6120 0130	0091	04496	00000 00000	ESSER III/American Rescue Pl	3,125.85	0.00	3,125.85	
4450E6120 0130	0091	04497	00000 00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6120 0150	0013	04496	00000 00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6120 0150	0013	04497	00000 00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6120 0150	0021	04496	00000 00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6120 0150	0021	04497	00000 00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6120 0150	0022	04496	00000 00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6120 0150	0022	04497	00000 00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6120 0150	0032	04496	00000 00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E6120 0150	0032	04497	00000 00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E6120 0150	0091	04496	00000 00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6120 0150	0091	04497	00000 00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6120 0160	0012	04496	00000 00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E6120 0160	0012	04497	00000 00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E6120 0210	0012	04380	00000 00000	ESSER III/American Rescue Pl	2,486.79	0.00	2,486.79	
4450E6120 0210	0013	04380	00000 00000	ESSER III/American Rescue Pl	343.41	0.00	343.41	
4450E6120 0210	0022	04380	00000 00000	ESSER III/American Rescue Pl	505.74	127.38	378.36	
4450E6120 0210	0032	04496	00000 00000	ESSER III/American Rescue Pl	712.26	0.00	712.26	
4450E6120 0210	0091	04496	00000 00000	ESSER III/American Rescue Pl	554.84	0.00	554.84	
4450E6120 0220	0012	04380	00000 00000	ESSER III/American Rescue Pl	1,336.90	0.00	1,336.90	
4450E6120 0220	0012	04496	00000 00000	ESSER III/American Rescue Pl	267.75	0.00	267.75	
4450E6120 0220	0012	04497	00000 00000	ESSER III/American Rescue Pl	267.75	0.00	267.75	
4450E6120 0220	0013	04380	00000 00000	ESSER III/American Rescue Pl	193.59	0.00	193.59	
4450E6120 0220	0013	04496	00000 00000	ESSER III/American Rescue Pl	76.50	0.00	76.50	
4450E6120 0220	0013	04497	00000 00000	ESSER III/American Rescue Pl	76.50	0.00	76.50	
4450E6120 0220	0021	04496	00000 00000	ESSER III/American Rescue Pl	76.50	0.00	76.50	
4450E6120 0220	0021	04497	00000 00000	ESSER III/American Rescue Pl	76.50	0.00	76.50	
4450E6120 0220	0022	04380	00000 00000	ESSER III/American Rescue Pl	285.10	71.81	213.29	
4450E6120 0220	0022	04496	00000 00000	ESSER III/American Rescue Pl	76.50	0.00	76.50	
4450E6120 0220	0022	04497	00000 00000	ESSER III/American Rescue Pl	76.50	0.00	76.50	
4450E6120 0220	0032	04496	00000 00000	ESSER III/American Rescue Pl	592.76	0.00	592.76	
4450E6120 0220	0032	04497	00000 00000	ESSER III/American Rescue Pl	191.25	0.00	191.25	
4450E6120 0220	0091	04496	00000 00000	ESSER III/American Rescue Pl	277.38	0.00	277.38	
4450E6120 0220	0091	04497	00000 00000	ESSER III/American Rescue Pl	76.50	0.00	76.50	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4450E6130	0160	0012	04496	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E6130	0160	0012	04497	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E6130	0160	0013	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6130	0160	0013	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6130	0160	0021	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6130	0160	0021	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6130	0160	0022	04380	00000	00000	ESSER III/American Rescue Pl	850.47	0.00	850.47	
4450E6130	0160	0022	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6130	0160	0022	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6130	0160	0032	04380	00000	00000	ESSER III/American Rescue Pl	1,463.95	0.00	1,463.95	
4450E6130	0160	0032	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6130	0160	0032	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6130	0160	0091	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6130	0160	0091	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6130	0160	9005	04496	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E6130	0160	9005	04497	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E6130	0210	0022	04380	00000	00000	ESSER III/American Rescue Pl	115.41	0.00	115.41	
4450E6130	0210	0032	04380	00000	00000	ESSER III/American Rescue Pl	198.66	0.00	198.66	
4450E6130	0220	0012	04496	00000	00000	ESSER III/American Rescue Pl	76.50	0.00	76.50	
4450E6130	0220	0012	04497	00000	00000	ESSER III/American Rescue Pl	76.50	0.00	76.50	
4450E6130	0220	0013	04496	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6130	0220	0013	04497	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6130	0220	0021	04496	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6130	0220	0021	04497	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6130	0220	0022	04380	00000	00000	ESSER III/American Rescue Pl	65.06	0.00	65.06	
4450E6130	0220	0022	04496	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6130	0220	0022	04497	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6130	0220	0032	04380	00000	00000	ESSER III/American Rescue Pl	111.98	0.00	111.98	
4450E6130	0220	0032	04496	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6130	0220	0032	04497	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6130	0220	0091	04496	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6130	0220	0091	04497	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6130	0220	9005	04496	00000	00000	ESSER III/American Rescue Pl	76.50	0.00	76.50	
4450E6130	0220	9005	04497	00000	00000	ESSER III/American Rescue Pl	76.50	0.00	76.50	
4450E6140	0130	9001	04496	00000	00000	ESSER III/American Rescue Pl	32,372.25	0.00	32,372.25	
4450E6140	0130	9006	04496	00000	00000	ESSER III/American Rescue Pl	3,500.00	0.00	3,500.00	
4450E6140	0130	9006	04497	00000	00000	ESSER III/American Rescue Pl	10,678.59	0.00	10,678.59	
4450E6140	0210	9001	04496	00000	00000	ESSER III/American Rescue Pl	4,392.95	0.00	4,392.95	
4450E6140	0210	9006	04497	00000	00000	ESSER III/American Rescue Pl	974.14	0.00	974.14	
4450E6140	0220	9001	04496	00000	00000	ESSER III/American Rescue Pl	2,366.68	0.00	2,366.68	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4450E6140	0220	9006	04496	00000	00000	ESSER III/American Rescue Pl	267.75	0.00	267.75	
4450E6140	0220	9006	04497	00000	00000	ESSER III/American Rescue Pl	812.59	0.00	812.59	
4450E6140	0230	9001	04496	00000	00000	ESSER III/American Rescue Pl	3,852.94	0.00	3,852.94	
4450E6140	0230	9006	04497	00000	00000	ESSER III/American Rescue Pl	29.73	0.00	29.73	
4450E6140	0310	9001	04497	00000	00000	ESSER III/American Rescue Pl	52,727.69	0.00	52,727.69	
4450E6190	0160	0013	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6190	0160	0013	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6190	0160	0021	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6190	0160	0021	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6190	0160	0022	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6190	0160	0022	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6190	0160	0032	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6190	0160	0032	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6190	0160	0091	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6190	0160	0091	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6190	0220	0013	04496	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6190	0220	0013	04497	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6190	0220	0021	04496	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6190	0220	0021	04497	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6190	0220	0022	04496	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6190	0220	0022	04497	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6190	0220	0032	04496	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6190	0220	0032	04497	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6190	0220	0091	04496	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6190	0220	0091	04497	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6200	0130	0012	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6200	0130	0012	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6200	0130	0013	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6200	0130	0013	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6200	0130	0021	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6200	0130	0021	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6200	0130	0032	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6200	0130	0032	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6200	0150	0013	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6200	0150	0013	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6200	0150	0021	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6200	0150	0021	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6200	0150	0022	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6200	0150	0022	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6200	0150	0091	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	

FundTFunc Obj	Fac	Proj	Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4450E6200 0150	0091	04497	00000 00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6200 0220	0012	04496	00000 00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6200 0220	0012	04497	00000 00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6200 0220	0013	04496	00000 00000	ESSER III/American Rescue Pl	76.50	0.00	76.50	
4450E6200 0220	0013	04497	00000 00000	ESSER III/American Rescue Pl	76.50	0.00	76.50	
4450E6200 0220	0021	04496	00000 00000	ESSER III/American Rescue Pl	76.50	0.00	76.50	
4450E6200 0220	0021	04497	00000 00000	ESSER III/American Rescue Pl	76.50	0.00	76.50	
4450E6200 0220	0022	04496	00000 00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6200 0220	0022	04497	00000 00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6200 0220	0032	04496	00000 00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6200 0220	0032	04497	00000 00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6200 0220	0091	04496	00000 00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6200 0220	0091	04497	00000 00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6300 0110	9001	04496	00000 00000	ESSER III/American Rescue Pl	1,250.00	0.00	1,250.00	
4450E6300 0110	9001	04497	00000 00000	ESSER III/American Rescue Pl	1,250.00	0.00	1,250.00	
4450E6300 0110	9006	04496	00000 00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6300 0110	9006	04497	00000 00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6300 0130	9006	04496	00000 00000	ESSER III/American Rescue Pl	1,500.00	0.00	1,500.00	
4450E6300 0130	9006	04497	00000 00000	ESSER III/American Rescue Pl	1,500.00	0.00	1,500.00	
4450E6300 0160	9001	04496	00000 00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E6300 0160	9001	04497	00000 00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E6300 0160	9006	04496	00000 00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E6300 0160	9006	04497	00000 00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E6300 0220	9001	04496	00000 00000	ESSER III/American Rescue Pl	172.11	0.00	172.11	
4450E6300 0220	9001	04497	00000 00000	ESSER III/American Rescue Pl	172.13	0.00	172.13	
4450E6300 0220	9006	04496	00000 00000	ESSER III/American Rescue Pl	229.50	0.00	229.50	
4450E6300 0220	9006	04497	00000 00000	ESSER III/American Rescue Pl	229.50	0.00	229.50	
4450E6400 0120	0012	04380	00000 00000	ESSER III/American Rescue Pl	697.84	329.89	367.95	
4450E6400 0120	0013	04478	00000 00000	ESSER III/American Rescue Pl	1,471.80	0.00	1,471.80	
4450E6400 0120	0021	04478	00000 00000	ESSER III/American Rescue Pl	3,924.80	0.00	3,924.80	
4450E6400 0120	0032	04478	00000 00000	ESSER III/American Rescue Pl	490.60	0.00	490.60	
4450E6400 0130	0012	04496	00000 00000	ESSER III/American Rescue Pl	1,810.00	0.00	1,810.00	
4450E6400 0130	0012	04497	00000 00000	ESSER III/American Rescue Pl	330.00	0.00	330.00	
4450E6400 0130	0013	04496	00000 00000	ESSER III/American Rescue Pl	1,980.00	0.00	1,980.00	
4450E6400 0130	0013	04497	00000 00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6400 0130	0021	04496	00000 00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6400 0130	0021	04497	00000 00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6400 0130	0022	04496	00000 00000	ESSER III/American Rescue Pl	1,980.00	0.00	1,980.00	
4450E6400 0130	0022	04497	00000 00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6400 0130	0032	04496	00000 00000	ESSER III/American Rescue Pl	1,980.00	0.00	1,980.00	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4450E6400	0130	0032	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E6400	0130	0091	04496	00000	00000	ESSER III/American Rescue Pl	1,730.00	0.00	1,730.00	
4450E6400	0130	0091	04497	00000	00000	ESSER III/American Rescue Pl	250.00	0.00	250.00	
4450E6400	0210	0012	04380	00000	00000	ESSER III/American Rescue Pl	94.72	44.77	49.95	
4450E6400	0210	0012	04496	00000	00000	ESSER III/American Rescue Pl	200.84	0.00	200.84	
4450E6400	0210	0013	04478	00000	00000	ESSER III/American Rescue Pl	199.71	0.00	199.71	
4450E6400	0210	0013	04496	00000	00000	ESSER III/American Rescue Pl	312.72	0.00	312.72	
4450E6400	0210	0021	04478	00000	00000	ESSER III/American Rescue Pl	532.56	0.00	532.56	
4450E6400	0210	0022	04496	00000	00000	ESSER III/American Rescue Pl	200.84	0.00	200.84	
4450E6400	0210	0032	04478	00000	00000	ESSER III/American Rescue Pl	66.57	0.00	66.57	
4450E6400	0210	0032	04496	00000	00000	ESSER III/American Rescue Pl	200.84	0.00	200.84	
4450E6400	0210	0091	04496	00000	00000	ESSER III/American Rescue Pl	312.72	0.00	312.72	
4450E6400	0220	0012	04380	00000	00000	ESSER III/American Rescue Pl	53.39	25.24	28.15	
4450E6400	0220	0012	04496	00000	00000	ESSER III/American Rescue Pl	138.45	0.00	138.45	
4450E6400	0220	0012	04497	00000	00000	ESSER III/American Rescue Pl	25.25	0.00	25.25	
4450E6400	0220	0013	04478	00000	00000	ESSER III/American Rescue Pl	197.73	0.00	197.73	
4450E6400	0220	0013	04496	00000	00000	ESSER III/American Rescue Pl	151.47	0.00	151.47	
4450E6400	0220	0013	04497	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6400	0220	0021	04478	00000	00000	ESSER III/American Rescue Pl	281.54	0.00	281.54	
4450E6400	0220	0021	04496	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6400	0220	0021	04497	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6400	0220	0022	04478	00000	00000	ESSER III/American Rescue Pl	76.82	0.00	76.82	
4450E6400	0220	0022	04496	00000	00000	ESSER III/American Rescue Pl	151.47	0.00	151.47	
4450E6400	0220	0022	04497	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6400	0220	0032	04478	00000	00000	ESSER III/American Rescue Pl	52.59	0.00	52.59	
4450E6400	0220	0032	04496	00000	00000	ESSER III/American Rescue Pl	151.47	0.00	151.47	
4450E6400	0220	0032	04497	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E6400	0220	0091	04478	00000	00000	ESSER III/American Rescue Pl	25.91	0.00	25.91	
4450E6400	0220	0091	04496	00000	00000	ESSER III/American Rescue Pl	132.33	0.00	132.33	
4450E6400	0220	0091	04497	00000	00000	ESSER III/American Rescue Pl	19.13	0.00	19.13	
4450E6400	0310	9001	04478	00000	00000	ESSER III/American Rescue Pl	25,900.00	0.00	25,900.00	
4450E6400	0730	0032	04496	00000	00000	ESSER III/American Rescue Pl	175.00	2.62	172.38	
4450E6400	0750	0012	04478	00000	00000	ESSER III/American Rescue Pl	435.39	0.00	435.39	
4450E6400	0750	0013	04478	00000	00000	ESSER III/American Rescue Pl	1,113.08	0.00	1,113.08	
4450E6400	0750	0022	04478	00000	00000	ESSER III/American Rescue Pl	1,003.84	0.00	1,003.84	
4450E6400	0750	0032	04478	00000	00000	ESSER III/American Rescue Pl	1,078.42	0.00	1,078.42	
4450E6400	0750	0091	04478	00000	00000	ESSER III/American Rescue Pl	339.01	0.00	339.01	
4450E6500	0160	9001	04496	00000	00000	ESSER III/American Rescue Pl	1,500.00	0.00	1,500.00	
4450E6500	0160	9001	04497	00000	00000	ESSER III/American Rescue Pl	1,500.00	0.00	1,500.00	
4450E6500	0220	9001	04496	00000	00000	ESSER III/American Rescue Pl	114.75	0.00	114.75	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4450E6500	0220	9001	04497	00000	00000	ESSER III/American Rescue Pl	114.75	0.00	114.75	
4450E7200	0110	9001	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E7200	0110	9001	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E7200	0160	9001	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E7200	0160	9001	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E7200	0220	9001	04496	00000	00000	ESSER III/American Rescue Pl	76.50	0.00	76.50	
4450E7200	0220	9001	04497	00000	00000	ESSER III/American Rescue Pl	76.50	0.00	76.50	
4450E7300	0110	0012	04496	00000	00000	ESSER III/American Rescue Pl	2,500.00	0.00	2,500.00	
4450E7300	0110	0012	04497	00000	00000	ESSER III/American Rescue Pl	2,500.00	0.00	2,500.00	
4450E7300	0110	0013	04496	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E7300	0110	0013	04497	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E7300	0110	0021	04496	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E7300	0110	0021	04497	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E7300	0110	0022	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E7300	0110	0022	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E7300	0110	0032	04496	00000	00000	ESSER III/American Rescue Pl	1,500.00	0.00	1,500.00	
4450E7300	0110	0032	04497	00000	00000	ESSER III/American Rescue Pl	1,500.00	0.00	1,500.00	
4450E7300	0110	0091	04496	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E7300	0110	0091	04497	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E7300	0160	0012	04496	00000	00000	ESSER III/American Rescue Pl	1,500.00	0.00	1,500.00	
4450E7300	0160	0012	04497	00000	00000	ESSER III/American Rescue Pl	1,500.00	0.00	1,500.00	
4450E7300	0160	0013	04496	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E7300	0160	0013	04497	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E7300	0160	0021	04496	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E7300	0160	0021	04497	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E7300	0160	0022	04380	00000	00000	ESSER III/American Rescue Pl	783.83	0.00	783.83	
4450E7300	0160	0022	04496	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E7300	0160	0022	04497	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E7300	0160	0032	04380	00000	00000	ESSER III/American Rescue Pl	490.62	0.00	490.62	
4450E7300	0160	0032	04496	00000	00000	ESSER III/American Rescue Pl	1,500.00	0.00	1,500.00	
4450E7300	0160	0032	04497	00000	00000	ESSER III/American Rescue Pl	1,500.00	0.00	1,500.00	
4450E7300	0160	0091	04496	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E7300	0160	0091	04497	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E7300	0210	0022	04380	00000	00000	ESSER III/American Rescue Pl	106.36	0.00	106.36	
4450E7300	0210	0032	04380	00000	00000	ESSER III/American Rescue Pl	87.06	0.00	87.06	
4450E7300	0220	0012	04496	00000	00000	ESSER III/American Rescue Pl	306.00	0.00	306.00	
4450E7300	0220	0012	04497	00000	00000	ESSER III/American Rescue Pl	306.00	0.00	306.00	
4450E7300	0220	0013	04496	00000	00000	ESSER III/American Rescue Pl	153.00	0.00	153.00	
4450E7300	0220	0013	04497	00000	00000	ESSER III/American Rescue Pl	153.00	0.00	153.00	
4450E7300	0220	0021	04496	00000	00000	ESSER III/American Rescue Pl	153.00	0.00	153.00	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4450E7300	0220	0021	04497	00000	00000	ESSER III/American Rescue Pl	153.00	0.00	153.00	
4450E7300	0220	0022	04380	00000	00000	ESSER III/American Rescue Pl	59.96	0.00	59.96	
4450E7300	0220	0022	04496	00000	00000	ESSER III/American Rescue Pl	114.75	0.00	114.75	
4450E7300	0220	0022	04497	00000	00000	ESSER III/American Rescue Pl	114.75	0.00	114.75	
4450E7300	0220	0032	04380	00000	00000	ESSER III/American Rescue Pl	37.52	0.00	37.52	
4450E7300	0220	0032	04496	00000	00000	ESSER III/American Rescue Pl	229.50	0.00	229.50	
4450E7300	0220	0032	04497	00000	00000	ESSER III/American Rescue Pl	229.50	0.00	229.50	
4450E7300	0220	0091	04496	00000	00000	ESSER III/American Rescue Pl	153.00	0.00	153.00	
4450E7300	0220	0091	04497	00000	00000	ESSER III/American Rescue Pl	153.00	0.00	153.00	
4450E7400	0680	9001	04497	00000	00000	ESSER III/American Rescue Pl	1,923,814.21	482,598.54	1,441,215.67	
4450E7500	0110	9001	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E7500	0110	9001	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E7500	0160	9001	04496	00000	00000	ESSER III/American Rescue Pl	4,500.00	0.00	4,500.00	
4450E7500	0160	9001	04497	00000	00000	ESSER III/American Rescue Pl	41,386.65	0.00	41,386.65	
4450E7500	0210	9001	04497	00000	00000	ESSER III/American Rescue Pl	5,005.57	0.00	5,005.57	
4450E7500	0220	9001	04496	00000	00000	ESSER III/American Rescue Pl	382.50	0.00	382.50	
4450E7500	0220	9001	04497	00000	00000	ESSER III/American Rescue Pl	2,975.67	0.00	2,975.67	
4450E7500	0230	9001	04497	00000	00000	ESSER III/American Rescue Pl	4,678.57	0.00	4,678.57	
4450E7600	0110	9001	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E7600	0110	9001	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E7600	0160	1012	04496	00000	00000	ESSER III/American Rescue Pl	1,500.00	0.00	1,500.00	
4450E7600	0160	1012	04497	00000	00000	ESSER III/American Rescue Pl	1,500.00	0.00	1,500.00	
4450E7600	0160	1013	04472	00000	00000	ESSER III/American Rescue Pl	937.92	0.00	937.92	
4450E7600	0160	1013	04496	00000	00000	ESSER III/American Rescue Pl	2,000.00	0.00	2,000.00	
4450E7600	0160	1013	04497	00000	00000	ESSER III/American Rescue Pl	2,000.00	0.00	2,000.00	
4450E7600	0160	1021	04472	00000	00000	ESSER III/American Rescue Pl	954.39	0.00	954.39	
4450E7600	0160	1021	04496	00000	00000	ESSER III/American Rescue Pl	2,500.00	0.00	2,500.00	
4450E7600	0160	1021	04497	00000	00000	ESSER III/American Rescue Pl	2,500.00	0.00	2,500.00	
4450E7600	0160	1022	04496	00000	00000	ESSER III/American Rescue Pl	3,000.00	0.00	3,000.00	
4450E7600	0160	1022	04497	00000	00000	ESSER III/American Rescue Pl	3,000.00	0.00	3,000.00	
4450E7600	0160	1032	04472	00000	00000	ESSER III/American Rescue Pl	732.60	0.00	732.60	
4450E7600	0160	1032	04496	00000	00000	ESSER III/American Rescue Pl	2,000.00	0.00	2,000.00	
4450E7600	0160	1032	04497	00000	00000	ESSER III/American Rescue Pl	2,000.00	0.00	2,000.00	
4450E7600	0160	1091	04472	00000	00000	ESSER III/American Rescue Pl	1,311.13	0.00	1,311.13	
4450E7600	0160	1091	04496	00000	00000	ESSER III/American Rescue Pl	2,000.00	0.00	2,000.00	
4450E7600	0160	1091	04497	00000	00000	ESSER III/American Rescue Pl	2,000.00	0.00	2,000.00	
4450E7600	0160	9001	04496	00000	00000	ESSER III/American Rescue Pl	2,000.00	0.00	2,000.00	
4450E7600	0160	9001	04497	00000	00000	ESSER III/American Rescue Pl	2,000.00	0.00	2,000.00	
4450E7600	0210	1013	04472	00000	00000	ESSER III/American Rescue Pl	127.30	0.00	127.30	
4450E7600	0210	1021	04472	00000	00000	ESSER III/American Rescue Pl	129.50	0.00	129.50	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4450E7600	0210	1032	04472	00000	00000	ESSER III/American Rescue Pl	154.79	0.00	154.79	
4450E7600	0210	1091	04472	00000	00000	ESSER III/American Rescue Pl	177.92	0.00	177.92	
4450E7600	0220	1012	04496	00000	00000	ESSER III/American Rescue Pl	114.75	0.00	114.75	
4450E7600	0220	1012	04497	00000	00000	ESSER III/American Rescue Pl	114.75	0.00	114.75	
4450E7600	0220	1013	04472	00000	00000	ESSER III/American Rescue Pl	65.77	0.00	65.77	
4450E7600	0220	1013	04496	00000	00000	ESSER III/American Rescue Pl	153.00	0.00	153.00	
4450E7600	0220	1013	04497	00000	00000	ESSER III/American Rescue Pl	153.00	0.00	153.00	
4450E7600	0220	1021	04472	00000	00000	ESSER III/American Rescue Pl	67.50	0.00	67.50	
4450E7600	0220	1021	04496	00000	00000	ESSER III/American Rescue Pl	191.25	0.00	191.25	
4450E7600	0220	1021	04497	00000	00000	ESSER III/American Rescue Pl	191.25	0.00	191.25	
4450E7600	0220	1022	04496	00000	00000	ESSER III/American Rescue Pl	229.50	0.00	229.50	
4450E7600	0220	1022	04497	00000	00000	ESSER III/American Rescue Pl	229.50	0.00	229.50	
4450E7600	0220	1032	04472	00000	00000	ESSER III/American Rescue Pl	56.04	0.00	56.04	
4450E7600	0220	1032	04496	00000	00000	ESSER III/American Rescue Pl	153.00	0.00	153.00	
4450E7600	0220	1032	04497	00000	00000	ESSER III/American Rescue Pl	153.00	0.00	153.00	
4450E7600	0220	1091	04472	00000	00000	ESSER III/American Rescue Pl	91.31	0.00	91.31	
4450E7600	0220	1091	04496	00000	00000	ESSER III/American Rescue Pl	153.00	0.00	153.00	
4450E7600	0220	1091	04497	00000	00000	ESSER III/American Rescue Pl	153.00	0.00	153.00	
4450E7600	0220	9001	04496	00000	00000	ESSER III/American Rescue Pl	191.25	0.00	191.25	
4450E7600	0220	9001	04497	00000	00000	ESSER III/American Rescue Pl	191.25	0.00	191.25	
4450E7700	0110	9001	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E7700	0110	9001	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E7700	0160	9001	04496	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E7700	0160	9001	04497	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E7700	0220	9001	04496	00000	00000	ESSER III/American Rescue Pl	114.75	0.00	114.75	
4450E7700	0220	9001	04497	00000	00000	ESSER III/American Rescue Pl	114.75	0.00	114.75	
4450E7710	0110	9001	04496	00000	00000	ESSER III/American Rescue Pl	250.00	0.00	250.00	
4450E7710	0110	9001	04497	00000	00000	ESSER III/American Rescue Pl	250.00	0.00	250.00	
4450E7710	0220	9001	04496	00000	00000	ESSER III/American Rescue Pl	19.13	0.00	19.13	
4450E7710	0220	9001	04497	00000	00000	ESSER III/American Rescue Pl	19.13	0.00	19.13	
4450E7800	0110	9002	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E7800	0110	9002	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E7800	0160	9002	04496	00000	00000	ESSER III/American Rescue Pl	32,975.00	0.00	32,975.00	
4450E7800	0160	9002	04497	00000	00000	ESSER III/American Rescue Pl	22,500.00	0.00	22,500.00	
4450E7800	0210	9002	04496	00000	00000	ESSER III/American Rescue Pl	1,374.30	0.00	1,374.30	
4450E7800	0210	9002	04497	00000	00000	ESSER III/American Rescue Pl	27.14	0.00	27.14	
4450E7800	0220	9002	04496	00000	00000	ESSER III/American Rescue Pl	2,560.60	0.00	2,560.60	
4450E7800	0220	9002	04497	00000	00000	ESSER III/American Rescue Pl	5,838.96	0.00	5,838.96	
4450E7800	0460	9001	04496	00000	00000	ESSER III/American Rescue Pl	23,642.00	960.00	22,682.00	
4450E7800	0651	9001	04497	00000	00000	ESSER III/American Rescue Pl	1,226,984.00	613,492.00	613,492.00	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4450E7800	0750	9002	04497	00000	00000	ESSER III/American Rescue Pl	56,050.00	0.00	56,050.00	
4450E7900	0110	9004	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E7900	0110	9004	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E7900	0160	0012	04496	00000	00000	ESSER III/American Rescue Pl	4,000.00	0.00	4,000.00	
4450E7900	0160	0012	04497	00000	00000	ESSER III/American Rescue Pl	4,000.00	0.00	4,000.00	
4450E7900	0160	0013	04496	00000	00000	ESSER III/American Rescue Pl	2,500.00	0.00	2,500.00	
4450E7900	0160	0013	04497	00000	00000	ESSER III/American Rescue Pl	2,500.00	0.00	2,500.00	
4450E7900	0160	0021	04496	00000	00000	ESSER III/American Rescue Pl	2,000.00	0.00	2,000.00	
4450E7900	0160	0021	04497	00000	00000	ESSER III/American Rescue Pl	2,000.00	0.00	2,000.00	
4450E7900	0160	0022	04496	00000	00000	ESSER III/American Rescue Pl	2,500.00	0.00	2,500.00	
4450E7900	0160	0022	04497	00000	00000	ESSER III/American Rescue Pl	2,500.00	0.00	2,500.00	
4450E7900	0160	0031	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E7900	0160	0031	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E7900	0160	0032	04496	00000	00000	ESSER III/American Rescue Pl	3,500.00	0.00	3,500.00	
4450E7900	0160	0032	04497	00000	00000	ESSER III/American Rescue Pl	3,500.00	0.00	3,500.00	
4450E7900	0160	0091	04496	00000	00000	ESSER III/American Rescue Pl	2,500.00	0.00	2,500.00	
4450E7900	0160	0091	04497	00000	00000	ESSER III/American Rescue Pl	2,500.00	0.00	2,500.00	
4450E7900	0160	9003	04496	00000	00000	ESSER III/American Rescue Pl	4,500.00	0.00	4,500.00	
4450E7900	0160	9003	04497	00000	00000	ESSER III/American Rescue Pl	4,500.00	0.00	4,500.00	
4450E7900	0220	0012	04496	00000	00000	ESSER III/American Rescue Pl	306.00	0.00	306.00	
4450E7900	0220	0012	04497	00000	00000	ESSER III/American Rescue Pl	306.00	0.00	306.00	
4450E7900	0220	0013	04496	00000	00000	ESSER III/American Rescue Pl	191.25	0.00	191.25	
4450E7900	0220	0013	04497	00000	00000	ESSER III/American Rescue Pl	191.25	0.00	191.25	
4450E7900	0220	0021	04496	00000	00000	ESSER III/American Rescue Pl	153.00	0.00	153.00	
4450E7900	0220	0021	04497	00000	00000	ESSER III/American Rescue Pl	153.00	0.00	153.00	
4450E7900	0220	0022	04496	00000	00000	ESSER III/American Rescue Pl	191.25	0.00	191.25	
4450E7900	0220	0022	04497	00000	00000	ESSER III/American Rescue Pl	191.25	0.00	191.25	
4450E7900	0220	0031	04496	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E7900	0220	0031	04497	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E7900	0220	0032	04496	00000	00000	ESSER III/American Rescue Pl	267.75	0.00	267.75	
4450E7900	0220	0032	04497	00000	00000	ESSER III/American Rescue Pl	267.75	0.00	267.75	
4450E7900	0220	0091	04496	00000	00000	ESSER III/American Rescue Pl	191.25	0.00	191.25	
4450E7900	0220	0091	04497	00000	00000	ESSER III/American Rescue Pl	191.25	0.00	191.25	
4450E7900	0220	9003	04496	00000	00000	ESSER III/American Rescue Pl	344.25	0.00	344.25	
4450E7900	0220	9003	04497	00000	00000	ESSER III/American Rescue Pl	344.25	0.00	344.25	
4450E7900	0220	9004	04496	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E7900	0220	9004	04497	00000	00000	ESSER III/American Rescue Pl	38.25	0.00	38.25	
4450E8100	0110	9003	04496	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E8100	0110	9003	04497	00000	00000	ESSER III/American Rescue Pl	500.00	0.00	500.00	
4450E8100	0160	9003	04496	00000	00000	ESSER III/American Rescue Pl	3,500.00	0.00	3,500.00	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4450E8100	0160	9003	04497	00000	00000	ESSER III/American Rescue Pl	3,500.00	0.00	3,500.00	
4450E8100	0220	9003	04496	00000	00000	ESSER III/American Rescue Pl	306.00	0.00	306.00	
4450E8100	0220	9003	04497	00000	00000	ESSER III/American Rescue Pl	306.00	0.00	306.00	
4450E8200	0160	9001	04496	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E8200	0160	9001	04497	00000	00000	ESSER III/American Rescue Pl	1,000.00	0.00	1,000.00	
4450E8200	0220	9001	04496	00000	00000	ESSER III/American Rescue Pl	76.50	0.00	76.50	
4450E8200	0220	9001	04497	00000	00000	ESSER III/American Rescue Pl	76.50	0.00	76.50	
** Total Fund 4450						Operating Expenses Count 539	4,755,565.58	1,103,870.09	3,651,695.49	
** Total Fund 4450						Operating Statement Count 541	5,237,943.90	5,133,150.19	104,793.71	

FundTFunc Obj Fac Proj Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4460A1111 0001 0000 00000 00000 00000	ARP - Other Relief/CASH/Fund	150,935.68	152,875.86	1,940.18CR	84.26
4460A1111 0002 0000 00000 00000 00000	ARP - Other Relief/CASH/Payr	12,313.84	12,479.28	165.44CR	0.00
4460A1111 0003 0000 00000 00000 00000	ARP - Other Relief/CASH/Acco	116,853.04	112,528.95	4,324.09	0.00
4460A1141 0000 0000 00000 00000 00000	ARP - Other Relief/DUE FROM	162,866.17	162,866.17	0.00	0.00
4460A1220 0000 0000 00000 00000 00000	ARP - Other Relief/DUE FROM	0.00	19,004.65	19,004.65CR	0.00
4460L2110 0000 0000 00000 00000 00000	ARP - Other Relief/SAL, BEN	10,964.63	10,964.63	0.00	0.00
4460L2120 0000 0000 00000 00000 00000	ARP - Other Relief/ACCOUNTS	115,627.82	110,937.57	4,690.25	0.00
4460L2160 0000 0000 00000 00000 00000	ARP - Other Relief/DUE TO OT	162,866.17	150,851.42	12,014.75	0.00
4460L2170 0000 0000 00000 00000 00000	ARP - Other Relief/FEDERAL I	439.65	439.65	0.00	0.00
4460L2171 0000 0000 00000 00000 00000	ARP - Other Relief/F.I.C.A.	1,334.32	1,334.32	0.00	0.00
4460L2172 0000 0000 00000 00000 00000	ARP - Other Relief/RETIREMEN	1,611.10	1,445.66	165.44	0.00
4460Q1520 0000 0000 00000 00000 00000	ARP - Other Relief/ENCUMBRAN	77,776.44	77,766.45	9.99	9.99
4460Q1530 0000 0000 00000 00000 00000	ARP - Other Relief/EXPENDITU	121,725.30	4,962.79	116,762.51	257,054.66
4460Q2520 0000 0000 00000 00000 00000	ARP - Other Relief/REVENUE/N	84.26	116,931.03	116,846.77CR	257,138.92CR
4460Q2720 0000 0000 00000 00000 00000	ARP - Other Relief/RESERVED	77,766.45	77,776.44	9.99CR	9.99CR
** Total Fund 4460 Balance Sheet	Count 15	1,013,164.87	1,013,164.87	0.00	0.00
4460R0000 3271 0000 00000 00000 00000	ARP - Other Relief/TO CORREC	0.00	116,846.77	116,846.77CR	
4460R0000 3497 0000 00000 00000 00000	ARP - Other Relief/TO CORREC	84.26	84.26	0.00	
** Total Fund 4460 Operating Revenue	Count 2	84.26	116,931.03	116,846.77CR	
4460E5100 0310 9001 04498 00000 00000	ARP - Other Relief/K-12 INST	8,000.00	0.00	8,000.00	
4460E5100 0510 9001 04498 00000 00000	ARP - Other Relief/K-12 INST	31.97	0.00	31.97	
4460E5100 0590 9001 04498 00000 00000	ARP - Other Relief/K-12 INST	1,783.21	124.51	1,658.70	
4460E5200 0120 9006 04388 00000 00000	ARP - Other Relief/EXCEPTION	5,126.77	0.00	5,126.77	
4460E5200 0150 9006 04388 00000 00000	ARP - Other Relief/EXCEPTION	2,085.10	0.00	2,085.10	
4460E5200 0210 9006 04388 00000 00000	ARP - Other Relief/EXCEPTION	952.29	0.00	952.29	
4460E5200 0220 9006 04388 00000 00000	ARP - Other Relief/EXCEPTION	525.95	0.00	525.95	
4460E5200 0519 9006 04389 00000 00000	ARP - Other Relief/EXCEPTION	625.69	5.69	620.00	
4460E5200 0641 9006 04388 00000 00000	ARP - Other Relief/EXCEPTION	2,414.70	0.00	2,414.70	
4460E5200 0642 9006 04388 00000 00000	ARP - Other Relief/EXCEPTION	14,806.55	142.34	14,664.21	
4460E5200 0642 9006 04389 00000 00000	ARP - Other Relief/EXCEPTION	344.90	0.00	344.90	
4460E5200 0643 9006 04389 00000 00000	ARP - Other Relief/EXCEPTION	6,200.00	0.00	6,200.00	
4460E5200 0644 9006 04389 00000 00000	ARP - Other Relief/EXCEPTION	865.12	0.00	865.12	
4460E5200 0652 9006 04388 00000 00000	ARP - Other Relief/EXCEPTION	43,401.00	0.00	43,401.00	
4460E5300 0730 9001 04498 00000 00000	ARP - Other Relief/CAREER ED	46.50	0.00	46.50	
4460E6100 0700 9001 04498 00000 00000	ARP - Other Relief/PUPIL PER	250.00	0.00	250.00	
4460E6120 0130 9006 04388 00000 00000	ARP - Other Relief/GUIDANCE	1,358.74	0.00	1,358.74	

FundTFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
4460E6120	0210	9006	04388	00000	00000	ARP - Other Relief/GUIDANCE	184.39	0.00	184.39	
4460E6120	0220	9006	04388	00000	00000	ARP - Other Relief/GUIDANCE	103.94	0.00	103.94	
4460E6130	0590	9001	04498	00000	00000	ARP - Other Relief/HEALTH SE	376.11	0.00	376.11	
4460E6300	0310	9006	04388	00000	00000	ARP - Other Relief/INSTR & C	28,842.24	4,690.25	24,151.99	
4460E6400	0130	9001	04498	00000	00000	ARP - Other Relief/INST STAF	490.60	0.00	490.60	
4460E6400	0210	9001	04498	00000	00000	ARP - Other Relief/INST STAF	66.58	0.00	66.58	
4460E6400	0220	9001	04498	00000	00000	ARP - Other Relief/INST STAF	37.27	0.00	37.27	
4460E6400	0330	9001	04498	00000	00000	ARP - Other Relief/INST STAF	800.80	0.00	800.80	
4460E6400	0730	0012	04498	00000	00000	ARP - Other Relief/INST STAF	590.00	0.00	590.00	
4460E6400	0730	9001	04498	00000	00000	ARP - Other Relief/INST STAF	295.00	0.00	295.00	
4460E9100	0330	9001	04498	00000	00000	ARP - Other Relief/COMMUNITY	1,119.88	0.00	1,119.88	
** Total Fund 4460						Operating Expenses Count 28	121,725.30	4,962.79	116,762.51	
** Total Fund 4460						Operating Statement Count 30	121,809.56	121,893.82	84.26CR	

FundTFunc Obj Fac Proj Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
5000A1310 0000 0000 00000 00000 00000	GENERAL FIXED ASSETS/LAND/NO	0.00	0.00	0.00	1,273,919.96
5000A1320 0000 0000 00000 00000 00000	GENERAL FIXED ASSETS/IMPROVE	0.00	0.00	0.00	3,473,398.86
5000A1329 0000 0000 00000 00000 00000	GENERAL FIXED ASSETS/ACCUM D	0.00	0.00	0.00	2,547,096.65CR
5000A1330 0000 0000 00000 00000 00000	GENERAL FIXED ASSETS/BLDG &	0.00	0.00	0.00	63,265,371.14
5000A1339 0000 0000 00000 00000 00000	GENERAL FIXED ASSETS/ACCUM D	0.00	0.00	0.00	23,330,355.70CR
5000A1340 0000 0000 00000 00000 00000	GENERAL FIXED ASSETS/FURN, F	319,040.58	526,943.82	207,903.24CR	6,350,689.97
5000A1349 0000 0000 00000 00000 00000	GENERAL FIXED ASSETS/ACCUM D	0.00	0.00	0.00	1,842,008.84CR
5000A1350 0000 0000 00000 00000 00000	GENERAL FIXED ASSETS/MOTOR V	43,401.00	4,039.00	39,362.00	8,007,170.83
5000A1359 0000 0000 00000 00000 00000	GENERAL FIXED ASSETS/ACCUM D	0.00	0.00	0.00	5,598,369.46CR
5000A1381 0000 0000 00000 00000 00000	GENERAL FIXED ASSETS/AUDIO V	0.00	34,452.95	34,452.95CR	93,763.24
5000A1382 0000 0000 00000 00000 00000	GENERAL FIXED ASSETS/COMPUTE	0.00	21,669.91	21,669.91CR	150,350.56CR
5000A1389 0000 0000 00000 00000 00000	GENERAL FIXED ASSETS/ACCU AM	0.00	0.00	0.00	165,556.58CR
5000Q1530 0000 0000 00000 00000 00000	GENERAL FIXED ASSETS/EXPENDI	0.00	0.00	0.00	5,779,344.59
5000Q2760 0000 0000 00000 00000 00000	GENERAL FIXED ASSETS/UNRESER	0.00	0.00	0.00	943,071.08
5000Q2790 0000 0000 00000 00000 00000	GENERAL FIXED ASSETS/NET ASS	587,105.68	362,441.58	224,664.10	55,552,991.88CR
** Total Fund 5000 Balance Sheet	Count 15	949,547.26	949,547.26	0.00	0.00
** Total Fund 5000 Operating Statement	Count 0	0.00	0.00	0.00	

FundTFunc Obj Fac Proj Subpr Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
6000A1430 0000 0000 00000 00000 00000	LONG TERM DEBT/AMT. COMPEN.	0.00	0.00	0.00	3,675,920.44
6000A1440 0000 0000 00000 00000 00000	LONG TERM DEBT/CAPITAL LE &	0.00	0.00	0.00	2,799,999.97
6000A1441 0000 0000 00000 00000 00000	LONG TERM DEBT/OTHER DEBITS/	0.00	0.00	0.00	1,717,335.63
6000A1442 0000 0000 00000 00000 00000	LONG TERM DEBT/AMT AVAIL COP	0.00	0.00	0.00	1,472,684.37
6000A1470 0000 0000 00000 00000 00000	LONG TERM DEBT/OPEB AMT TO B	0.00	0.00	0.00	1,434,100.00
6000L2330 0000 0000 00000 00000 00000	LONG TERM DEBT/LIABILITY FOR	0.00	0.00	0.00	3,675,920.44CR
6000L2340 0000 0000 00000 00000 00000	LONG TERM DEBT/CERTIFICATES	0.00	0.00	0.00	2,799,999.97CR
6000L2341 0000 0000 00000 00000 00000	LONG TERM DEBT/CERTIFICATES	0.00	0.00	0.00	3,190,020.00CR
6000L2390 0000 0000 00000 00000 00000	LONG TERM DEBT/OPEB Payable/	0.00	0.00	0.00	1,434,100.00CR
** Total Fund 6000 Balance Sheet	Count 9	0.00	0.00	0.00	0.00

Fund	TFunc	Obj	Fac	Proj	Subpr	Prog	Fund/Function/Object/Project	Debits	Credits	Net DB-CR	Ending Bal
7500	A1111	0001	0000	00000	00000	00000	SELF-FUNDED DENTAL/CASH/Fund	294,169.97	281,639.82	12,530.15	1,193,131.20
7500	L2270	0000	0000	00000	00000	00000	SELF-FUNDED DENTAL/UNPAID CL	0.00	0.00	0.00	25,659.00CR
7500	Q1530	0000	0000	00000	00000	00000	SELF-FUNDED DENTAL/EXPENDITU	281,211.42	35.70	281,175.72	5,786,793.85
7500	Q2520	0000	0000	00000	00000	00000	SELF-FUNDED DENTAL/REVENUE/N	428.40	294,134.27	293,705.87CR	6,545,996.71CR
7500	Q2760	0000	0000	00000	00000	00000	SELF-FUNDED DENTAL/UNRESERVE	0.00	0.00	0.00	408,269.34CR
** Total Fund 7500		Balance Sheet			Count	5		575,809.79	575,809.79	0.00	0.00
7500	R0000	3430	0000	00000	00000	00000	SELF-FUNDED DENTAL/TO CORREC	0.00	8,733.27	8,733.27CR	
7500	R0000	3482	0000	00000	00000	00000	SELF-FUNDED DENTAL/TO CORREC	428.40	285,401.00	284,972.60CR	
** Total Fund 7500		Operating Revenue			Count	2		428.40	294,134.27	293,705.87CR	
7500	E7700	0770	9001	00000	00000	00000	SELF-FUNDED DENTAL/CENTRAL S	281,211.42	35.70	281,175.72	
** Total Fund 7500		Operating Expenses			Count	1		281,211.42	35.70	281,175.72	
** Total Fund 7500		Operating Statement			Count	3		281,639.82	294,169.97	12,530.15CR	
** Grand Total		Balance Sheet			Count	217		286,362,867.54	286,362,867.54	0.00	0.00
** Grand Total		Operating Statement			Count	2294		44,960,187.58	48,303,829.41	3,343,641.83CR	

********** End of report **********

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Check Number	Check Type	Payee Key	Payee Name (as it appeared on check)	Check Date	Check Amount
157007	V	BOOKESAN000	BOOKER, SANDY F.	03/12/2024	$ (22.70)
157067	V	WHITLPAU000	WHITLEY, PAUL	03/14/2024	$ (48.00)
157254	V	FSFOA 006	FSFOA	03/28/2024	$ (1,250.00)
157681	R	ACE OF F000	ACE OF FLORIDA	03/01/2024	$ 1,275.00
157682	R	AGROWPRO000	AGROWPRO INC	03/01/2024	$ 2,397.00
157683	R	AMAZON C001	AMAZON CAPITAL SERVICES, INC.	03/01/2024	$ 11,697.31
157684	R	BAKER CO001	BAKER COUNTY HIGH SCHOOL	03/01/2024	$ 1,500.00
157685	R	BAKER CO001	BAKER COUNTY HIGH SCHOOL	03/01/2024	$ 911.74
157686	R	CITY ELE000	CITY ELECTRIC SUPPLY CO	03/01/2024	$ 1,303.44
157687	R	CITY OF 000	CITY OF MACCLENNY	03/01/2024	$ 12,194.87
157688	R	CLINE CO000	CLINE COMMERCIAL SERVICES INC	03/01/2024	$ 4,733.35
157689	R	DELL MAR000	DELL MARKETING L.P.	03/01/2024	$ 1,759.10
157690	R	FISERCOU000	FISER, COURTNEY R.	03/01/2024	$ 12.46
157691	R	FLORIDA 026	FLORIDA POWER & LIGHT COMPANY	03/01/2024	$ 52,389.22
157692	R	FOLLETT 018	FOLLETT HIGHER EDUCATION GROUP, LLC	03/01/2024	$ 26,774.94
157693	R	GATEWAY 000	GATEWAY PEST CONTROL INC	03/01/2024	$ 275.00
157694	R	HAND DAP001	HAND, DAPHNE	03/01/2024	$ 75.00
157695	R	HOWARD T000	HOWARD TECHNOLOGY SOLUTIONS	03/01/2024	$ 133,288.62
157696	R	INVO HEA002	INVO HEALTHCARE ASSOCIATES	03/01/2024	$ 5,886.00
157697	R	JOHNSPEY000	JOHNSON, PEYTON L.	03/01/2024	$ 20.60
157698	R	KENS FEN000	KENS FENCING LLC	03/01/2024	$ 646.35
157699	R	M & B PR000	M & B PRODUCTS, INC	03/01/2024	$ 14,091.42
157700	R	O'NEIMIL000	O'NEILL, MILTON H. JR	03/01/2024	$ 1,600.00
157701	R	OFFICE D005	OFFICE DEPOT, INC	03/01/2024	$ 75.37
157702	R	PYE-BARK001	PYE-BARKER FIRE & SAFETY, LLC	03/01/2024	$ 6,206.00
157703	R	QUADIENT001	QUADIENT LEASING USA, INC	03/01/2024	$ 393.00
157704	R	QUALITY 007	QUALITY SIGN & MAINT. CO., LLC	03/01/2024	$ 37,443.50
157705	R	RAINBOW 001	RAINBOW PRODUCE OF GAINESVILLE	03/01/2024	$ 9,741.05
157706	R	RALLY! E000	RALLY! EDUCATION	03/01/2024	$ 1,415.70
157707	R	RH DAVIS000	RH DAVIS OIL CO INC	03/01/2024	$ 24,165.84
157708	R	ROBBIE'S001	ROBBIE'S CAR & TRUCK	03/01/2024	$ 125.00
157709	R	RUMBERGE000	RUMBERGER KIRK & CALDWELL PROFESSIONAL ASSOC	03/01/2024	$ 5,649.85
157710	R	SCHOLAST003	SCHOLASTIC CLASSROOM MAGAZINES	03/01/2024	$ 65.89
157711	R	SCHOLAST020	SCHOLASTIC BOOK FAIRS	03/01/2024	$ 108.90

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157712	R	SCHOOLOU000	SCHOOLOUTLET.COM	03/01/2024	$ 9,985.56
157713	R	SHERWIN-001	SHERWIN-WILLIAMS CO	03/01/2024	$ 197.01
157714	R	SOURCE 4000	SOURCE 4 SOLUTIONS LLC	03/01/2024	$ 73,890.26
157715	R	SOUTHEAS017	SOUTHEASTERN PAPER GROUP LLC	03/01/2024	$ 15,953.94
157716	R	SYSCO CE000	SYSCO CENTRAL FLORIDA, INC.	03/01/2024	$ 55,179.75
157717	R	TOON BOO000	TOON BOOM ANIMATION, INC.	03/01/2024	$ 4,125.00
157718	R	UNIFIRST001	UNIFIRST CORPORATION	03/01/2024	$ 480.43
157719	R	VOLNEBRY001	VOLNER, BRYNNE P.	03/01/2024	$ 245.00
157720	R	BAKER CO011	BAKER CO EDUCATION FOUNDATION	03/08/2024	$ 733.00
157721	R	BAKER CO040	BAKER COUNTY SCHOOL BOARD	03/08/2024	$ 368.92
157722	R	MIDLAND 000	MIDLAND CREDIT MANAGEMENT, INC.	03/08/2024	$ 35.89
157723	R	PRE-PAID000	PRE-PAID LEGAL SERVICES INC	03/08/2024	$ 7.97
157724	R	CAPITAL 003	CAPITAL ONE/WALMART	03/08/2024	$ 61.53
157725	R	CAPITAL 005	CAPITAL ONE/WALMART	03/08/2024	$ 310.99
157726	R	REGIONS 000	REGIONS COMMERCIAL BANKCARD	03/08/2024	$ 7,387.69
157727	R	ACADEMIC005	ACADEMIC TUTORING, LLC	03/15/2024	$ 6,650.41
157728	R	AGRICULT000	AGRICULTURAL EDUCATION SERVICES & TECHNOLOGY, INC	03/15/2024	$ 6,900.00
157729	R	ALLIED I001	ALLIED INSTRUCTIONAL SERVICES, LLC	03/15/2024	$ 1,866.02
157730	R	AMAZON C001	AMAZON CAPITAL SERVICES, INC.	03/15/2024	$ 25,251.36
157731	R	B & H PH000	B & H PHOTO VIDEO INC	03/15/2024	$ 447.03
157732	R	BADZIDEB000	BADZINSKI, DEBORAH L.	03/15/2024	$ 75.00
157733	R	BAKER CO001	BAKER COUNTY HIGH SCHOOL	03/15/2024	$ 2,284.00
157734	R	BAKER CO024	BAKER COUNTY PRESS INC	03/15/2024	$ 308.75
157735	R	BAKER CO032	BAKER COUNTY SHERIFFS OFFICE	03/15/2024	$ 34,467.55
157736	R	BAKER DI000	BAKER DISTRIBUTING COMPANY	03/15/2024	$ 250.80
157737	R	BOOKESAN000	BOOKER, SANDY F.	03/15/2024	$ 22.70
157738	R	BROOKS B000	BROOKS BUILDING SOLUTIONS, INC.	03/15/2024	$ 2,028.56
157739	R	CARIBE R000	CARIBE ROYALE RESORT	03/15/2024	$ 2,448.00
157740	R	CERTIPOR001	CERTIPORT, INC.	03/15/2024	$ 65.70
157741	R	CITY ELE000	CITY ELECTRIC SUPPLY CO	03/15/2024	$ 1,554.17
157742	R	CITY OF 000	CITY OF MACCLENNY	03/15/2024	$ 13,722.68
157743	R	CONTRACT002	CONTRACT PAPER GROUP INC	03/15/2024	$ 14,036.00
157744	R	CUMBERLA001	CUMBERLAND INTERNATIONAL TRUCKS OF FLORIDA	03/15/2024	$ 6,225.49
157745	R	DELL MAR000	DELL MARKETING L.P.	03/15/2024	$ 1,681.48

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157746	R	E-CONTRO000	E-CONTROL SYSTEMS INC	03/15/2024	$ 700.00
157747	R	EMERALD 002	EMERALD COAST VISION AIDS, INC.	03/15/2024	$ 25.00
157748	R	FL -PASS000	FL-PASS	03/15/2024	$ 450.00
157749	R	FLDCDT 000	FLDCDT	03/15/2024	$ 300.00
157750	R	FLINN SC000	FLINN SCIENTIFIC INC	03/15/2024	$ 44.50
157751	R	FLORIDA 003	FLORIDA DEPT OF EDUCATION	03/15/2024	$ 300.00
157752	R	FLORIDA 026	FLORIDA POWER & LIGHT COMPANY	03/15/2024	$ 22,998.97
157753	R	FLORIDA 052	FLORIDA LEARNING ALLIANCE INC	03/15/2024	$ 8,426.25
157754	R	FLORIDA 086	FLORIDA SOUND ENGINERING CO. INC.	03/15/2024	$ 96,713.41
157755	R	FLORIDA 091	FLORIDA PEST CONTROL	03/15/2024	$ 793.05
157756	R	GAGGLE.N000	GAGGLE.NET, INC.	03/15/2024	$ 8,000.00
157757	R	GLE ASSO001	GLE ASSOCIATES, INC	03/15/2024	$ 6,500.00
157758	R	GREENMIC002	GREEN, MICHAEL	03/15/2024	$ 316.83
157758	V	GREENMIC002	GREEN, MICHAEL	03/26/2024	$ (316.83)
157759	R	H2 REHAB000	H2 REHABILITATION SERVICES OF FLORIDA, LLC	03/15/2024	$ 3,228.75
157760	R	HAGAN AC000	HAGAN ACE HARDWARE	03/15/2024	$ 1,215.27
157761	R	HARTLMAR000	HARTLEY, MARCUS R.	03/15/2024	$ 18.42
157762	R	HEALERIC000	HEALEY, RICHARD J. JR	03/15/2024	$ 3,943.50
157763	R	HOWARD T000	HOWARD TECHNOLOGY SOLUTIONS	03/15/2024	$ 179,988.00
157764	R	HYDE AMB000	HYDE, AMBER S.	03/15/2024	$ 55.22
157765	R	INTERSTA003	INTERSTATE BILLING SERVICES, INC	03/15/2024	$ 2,148.73
157766	R	J R KENN000	J R KENNEDY CO INC	03/15/2024	$ 1,880.00
157767	R	JOHNSPEY000	JOHNSON, PEYTON L.	03/15/2024	$ 20.11
157768	R	KIGHTCOU000	KIGHT, COURTLAND	03/15/2024	$ 594.34
157769	R	KIMBALL 000	KIMBALL MIDWEST	03/15/2024	$ 230.40
157770	R	L V HIER000	L V HIERS INC	03/15/2024	$ 1,560.00
157771	R	LEGACY E000	LEGACY ELEMENTARY SCHOOL	03/15/2024	$ 650.00
157772	R	LESSONPI000	LESSONPIX, INC.	03/15/2024	$ 188.68
157773	R	M & B PR000	M & B PRODUCTS, INC	03/15/2024	$ 11,886.65
157774	R	MACCLENN000	MACCLENNY ELEMENTARY SCHOOL	03/15/2024	$ 495.00
157775	R	MACCLENN009	MACCLENNY MOWER & SAW INC	03/15/2024	$ 441.38
157776	R	MANALLAR001	MANALO, LARA	03/15/2024	$ 291.82
157777	R	MCCRABEV000	MCCRAY, BEVERLY D.	03/15/2024	$ 10.41
157778	R	MYER DEA001	MYER, DEANNE J.	03/15/2024	$ 743.53

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157779	R	NAPA AUT000	NAPA AUTO PARTS	03/15/2024	$ 517.13
157780	R	NASCO 001	NASCO	03/15/2024	$ 118.90
157781	R	NE FL ED000	NE FL EDUCATIONAL CONSORTIUM	03/15/2024	$ 15,880.35
157782	R	NEFEC 000	NEFEC	03/15/2024	$ 2,000.00
157783	R	NEW RIVE000	NEW RIVER SOLID WASTE ASSOC	03/15/2024	$ 700.50
157784	R	O'NEIMIL000	O'NEILL, MILTON H. JR	03/15/2024	$ 1,500.00
157785	R	O'REILLY000	O'REILLY AUTO PARTS	03/15/2024	$ 480.66
157786	R	OFFICE D005	OFFICE DEPOT, INC	03/15/2024	$ 906.46
157787	R	ORTEGA P000	ORTEGA PAINT	03/15/2024	$ 1,032.54
157788	R	PROCARE 001	PROCARE THERAPY	03/15/2024	$ 7,638.72
157789	R	QUALITY 005	QUALITY THERAPY SOLUTIONS	03/15/2024	$ 32,137.26
157790	R	RAINBOW 001	RAINBOW PRODUCE OF GAINESVILLE	03/15/2024	$ 5,300.04
157791	R	REEL PRE000	REEL PRECISION PRODUCTS INC	03/15/2024	$ 1,420.00
157792	R	RESOLUTI000	RESOLUTIONS IN SPECIAL EDUCATION	03/15/2024	$ 2,225.00
157793	R	RH DAVIS000	RH DAVIS OIL CO INC	03/15/2024	$ 21,430.11
157794	R	SAFETY-K000	SAFETY-KLEEN SYSTEMS, INC	03/15/2024	$ 180.93
157795	R	SAM'S CL000	SAM'S CLUB DIRECT	03/15/2024	$ 245.00
157796	R	SETEL 000	SETEL	03/15/2024	$ 61,490.00
157797	R	SHARE CO001	SHARE CORPORATION	03/15/2024	$ 196.50
157798	R	SHERWIN-001	SHERWIN-WILLIAMS CO	03/15/2024	$ 522.68
157799	R	SOURCE 4000	SOURCE 4 SOLUTIONS LLC	03/15/2024	$ 61,317.59
157800	R	SPURLKIM000	SPURLOCK, KIMBERLY	03/15/2024	$ 251.87
157801	R	SUSAN SE000	SUSAN SELLS, LLC	03/15/2024	$ 690.80
157802	R	SYSCO CE000	SYSCO CENTRAL FLORIDA, INC.	03/15/2024	$ 74,653.70
157803	R	TARGET S000	TARGET SPECIALTY PRODUCTS	03/15/2024	$ 126.09
157804	R	TEACHER 007	TEACHER SYNERGY LLC	03/15/2024	$ 52.00
157805	R	TECH SOU000	TECH SOURCED SOLUTIONS	03/15/2024	$ 20,840.00
157806	R	TOBII DY000	TOBII DYNAVOX LLC	03/15/2024	$ 25.00
157807	R	UNIFIRST001	UNIFIRST CORPORATION	03/15/2024	$ 531.17
157808	R	UNION ME000	UNION MEDICAL	03/15/2024	$ 489.45
157809	R	UNITED R000	UNITED RENTALS	03/15/2024	$ 6,620.56
157810	R	UNITED S013	UNITED STATES POSTAL SERVICE	03/15/2024	$ 369.00
157811	R	VERIZON 001	VERIZON WIRELESS	03/15/2024	$ 613.70
157812	R	VULCAN M000	VULCAN MFG CO INC	03/15/2024	$ 484.74

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Check Number	Check Type	Payee Key	Payee Name (as it appeared on check)	Check Date	Check Amount
157813	R	WEBB STA000	WEBB, STACI L.	03/15/2024	$ 15.71
157814	R	WHEELTRA000	WHEELER, TRACI	03/15/2024	$ 970.26
157815	R	WOODBURN000	WOODBURN PRESS LLC	03/15/2024	$ 1,085.42
157816	R	AFLAC GR000	AFLAC GROUP	03/15/2024	$ 48.84
157817	R	BAKER CO027	BAKER COUNTY SCHOOL BOARD	03/15/2024	$ 38.10
157818	R	COLONIAL002	COLONIAL LIFE & ACCIDENT INSURANCE CO	03/15/2024	$ 55.56
157819	R	FLORIDA 063	FLORIDA BLUE	03/15/2024	$ 2,724.23
157820	R	FLORIDA 065	FLORIDA BLUE	03/15/2024	$ 12,456.50
157821	R	THE HART000	THE HARTFORD	03/15/2024	$ 643.54
157822	R	VISION S000	VISION SERVICE PLAN (IC)	03/15/2024	$ 1,589.64
157823	R	AFLAC GR000	AFLAC GROUP	03/15/2024	$ 6,674.18
157824	R	AMERICAN003	AMERICAN FAMILY LIFE	03/15/2024	$ 1,291.20
157825	R	AMERICAN004	AMERICAN FIDELITY ASSURANCE	03/15/2024	$ 15,334.46
157826	R	AMERICAN006	AMERICAN HERITAGE LIFE INS	03/15/2024	$ 13.40
157827	R	BAKER CO027	BAKER COUNTY SCHOOL BOARD	03/15/2024	$ 21,893.14
157828	R	COLONIAL002	COLONIAL LIFE & ACCIDENT INSURANCE CO	03/15/2024	$ 11,786.62
157829	R	FLORIDA 063	FLORIDA BLUE	03/15/2024	$ 323,774.37
157830	R	LIBERTY 000	LIBERTY NATIONAL LIFE INS	03/15/2024	$ 1,654.58
157831	R	PET ASSU000	PET ASSURE CORP	03/15/2024	$ 261.74
157832	R	THE HART000	THE HARTFORD	03/15/2024	$ 11,728.20
157833	R	TRUSTMAR000	TRUSTMARK VOLUNTARY BENEFIT	03/15/2024	$ 717.44
157834	R	VISION S000	VISION SERVICE PLAN (IC)	03/15/2024	$ 4,552.80
157835	R	VYSTAR C001	VYSTAR CREDIT UNION	03/15/2024	$ 412.84
157836	R	WESTERN-000	WESTERN-SOUTHERN LIFE	03/15/2024	$ 120.88
157837	R	BAKER CO011	BAKER CO EDUCATION FOUNDATION	03/22/2024	$ 731.00
157838	R	CHARLES 001	CHARLES SCHWAB BANK 401(A)	03/22/2024	$ 34,470.38
157839	R	MIDLAND 000	MIDLAND CREDIT MANAGEMENT, INC.	03/22/2024	$ 35.89
157840	R	PRE-PAID000	PRE-PAID LEGAL SERVICES INC	03/22/2024	$ 7.97
157841	R	AMAZON C001	AMAZON CAPITAL SERVICES, INC.	03/29/2024	$ 17,693.18
157842	R	ANDREWS 000	ANDREWS FILTER & SUPPLY CORP	03/29/2024	$ 1,852.32
157843	R	BAKER CO001	BAKER COUNTY HIGH SCHOOL	03/29/2024	$ 287.92
157844	R	BAKER CO024	BAKER COUNTY PRESS INC	03/29/2024	$ 16.00
157845	R	BIRCHMOR000	BIRCHMORE GROUP, INC.	03/29/2024	$ 4,000.00
157846	R	BUCKEYE 001	BUCKEYE CLEANING CENTERS	03/29/2024	$ 128.36

DISTRICT:
REPORT TITLE:

Baker County School Board
MARCH 2024
A/P CHECK SUMMARY

Check Number	Check Type	Payee Key	Payee Name (as it appeared on check)	Check Date	Check Amount
157847	R	C.C. BOR000	C.C. BORDEN CONSTRUCTION, INC.	03/29/2024	$ 39,749.90
157848	R	CAPITAL 004	CAPITAL ONE/WALMART	03/29/2024	$ 399.50
157849	R	CERTIFIE003	CERTIFIED AIR CONTRACTORS	03/29/2024	$ 492.90
157850	R	CITY ELE000	CITY ELECTRIC SUPPLY CO	03/29/2024	$ 2,162.88
157851	R	CITY OF 000	CITY OF MACCLENNY	03/29/2024	$ 11,216.04
157852	R	COGNIA I001	COGNIA INC	03/29/2024	$ 706.54
157853	R	DELL MAR000	DELL MARKETING L.P.	03/29/2024	$ 18,623.73
157854	R	FDOT 001	FDOT	03/29/2024	$ 4.89
157855	R	FLORIDA 026	FLORIDA POWER & LIGHT COMPANY	03/29/2024	$ 61,501.83
157856	R	FLORIDA 029	FLORIDA SCHOOL BOARD ASSN	03/29/2024	$ 11,095.00
157857	R	FLORIDA 042	FLORIDA DEPT OF LAW ENFORCEMENT	03/29/2024	$ 445.50
157858	R	FLORIDA 092	FLORIDA VIRTUAL SCHOOL	03/29/2024	$ 6,500.00
157859	R	GAINEJOH002	GAINEY, JOHNNY C. JR	03/29/2024	$ 390.00
157860	R	GATEWAY 000	GATEWAY PEST CONTROL INC	03/29/2024	$ 7,500.00
157861	R	GREAT AM001	GREAT AMERICA FINANCIAL SERVICES	03/29/2024	$ 4,191.25
157862	R	GREENMIC002	GREEN, MICHAEL	03/29/2024	$ 316.83
157863	R	H2 REHAB000	H2 REHABILITATION SERVICES OF FLORIDA, LLC	03/29/2024	$ 1,137.50
157864	R	HOWARD T000	HOWARD TECHNOLOGY SOLUTIONS	03/29/2024	$ 24,000.00
157865	R	INVO HEA002	INVO HEALTHCARE ASSOCIATES	03/29/2024	$ 8,127.00
157866	R	LEGO EDU001	LEGO EDUCATION	03/29/2024	$ 4,799.40
157867	R	LITTLE &000	LITTLE & WILLIAMS INC	03/29/2024	$ 60,034.20
157868	R	MYER DEA001	MYER, DEANNE J.	03/29/2024	$ 169.80
157869	R	PROCARE 001	PROCARE THERAPY	03/29/2024	$ 29,532.88
157870	R	SCHOLAST003	SCHOLASTIC CLASSROOM MAGAZINES	03/29/2024	$ 78.94
157871	R	SETEL 000	SETEL	03/29/2024	$ 17,009.25
157872	R	SHERIKAT000	SHERIDAN, KATHLEEN	03/29/2024	$ 75.00
157873	R	SOURCE 4000	SOURCE 4 SOLUTIONS LLC	03/29/2024	$ 60,988.78
157874	R	SOUTHEAS017	SOUTHEASTERN PAPER GROUP LLC	03/29/2024	$ 1,929.50
157875	R	TEACHER 007	TEACHER SYNERGY LLC	03/29/2024	$ 25.99
157876	R	UNIFIRST001	UNIFIRST CORPORATION	03/29/2024	$ 288.64
157877	R	VOLNEBRY001	VOLNER, BRYNNE P.	03/29/2024	$ 22.65
157878	R	WEX BANK000	WEX BANK	03/29/2024	$ 38.78
157879	R	WHITLPAU000	WHITLEY, PAUL	03/29/2024	$ 48.00
157880	R	WOZ ED L000	WOZ ED LLC	03/29/2024	$ 31,600.00

DISTRICT:
REPORT TITLE:

Baker County School Board
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A/P CHECK SUMMARY

Check Number	Check Type	Payee Key	Payee Name (as it appeared on check)	Check Date	Check Amount
202300529	W	ALPHACAR000	ALPHACARD	03/01/2024	$ 2,304.00
202300534	W	CARDIO P000	CARDIO PARTNERS INC.	03/01/2024	$ 559.58
202300535	W	DEMCO IN001	DEMCO INC	03/01/2024	$ 86.77
202300536	W	CURRICUL000	CURRICULUM ASSOCIATES LLC	03/01/2024	$ 420.00
202300537	W	MCCRIMON000	MCCRIMON'S OFFICE SYSTEMS INC	03/01/2024	$ 30.00
202300538	W	MCCRIMON000	MCCRIMON'S OFFICE SYSTEMS INC	03/01/2024	$ 1,400.68
202300539	W	MCCRIMON000	MCCRIMON'S OFFICE SYSTEMS INC	03/01/2024	$ 1,566.79
202300540	W	MCCRIMON000	MCCRIMON'S OFFICE SYSTEMS INC	03/01/2024	$ 482.43
202300541	W	MCCRIMON000	MCCRIMON'S OFFICE SYSTEMS INC	03/01/2024	$ 79.69
202300542	W	MCCRIMON000	MCCRIMON'S OFFICE SYSTEMS INC	03/01/2024	$ 1,298.21
202300543	W	MCCRIMON000	MCCRIMON'S OFFICE SYSTEMS INC	03/01/2024	$ 833.29
202300544	W	MCCRIMON000	MCCRIMON'S OFFICE SYSTEMS INC	03/01/2024	$ 809.11
202300545	W	MCCRIMON000	MCCRIMON'S OFFICE SYSTEMS INC	03/01/2024	$ 1,272.34
202300546	W	MCCRIMON000	MCCRIMON'S OFFICE SYSTEMS INC	03/01/2024	$ 11.98
202300547	W	MCCRIMON000	MCCRIMON'S OFFICE SYSTEMS INC	03/01/2024	$ 104.66
202300548	W	MCCRIMON000	MCCRIMON'S OFFICE SYSTEMS INC	03/01/2024	$ 66.26
202300549	W	MCCRIMON000	MCCRIMON'S OFFICE SYSTEMS INC	03/01/2024	$ 9.68
202300550	W	MCCRIMON000	MCCRIMON'S OFFICE SYSTEMS INC	03/01/2024	$ 61.83
202300551	W	MCCRIMON000	MCCRIMON'S OFFICE SYSTEMS INC	03/01/2024	$ 770.44
202300552	W	MCCRIMON000	MCCRIMON'S OFFICE SYSTEMS INC	03/01/2024	$ 10.26
202300553	W	MCCRIMON000	MCCRIMON'S OFFICE SYSTEMS INC	03/01/2024	$ 202.70
202300554	W	MACC'S G000	MACC'S GLASS INC	03/01/2024	$ 350.00
202300556	W	PRO-CHEM000	PRO-CHEM, INC	03/15/2024	$ 1,536.50
202300557	W	AIRGAS U000	AIRGAS USA, LLC	03/15/2024	$ 99.06
202300558	W	MCKESSON000	MCKESSON MEDICAL SURGICAL INC	03/15/2024	$ 187.17
202300559	W	BCSB FED000	BCSB FEDERAL WITHHOLDING	03/08/2024	$ 78,535.78
202300560	W	BCSB FIC000	BCSB FICA	03/08/2024	$ 172,330.92
202300561	W	BCSB ANN000	BCSB ANNUNITIES	03/08/2024	$ 40,063.60
202300562	W	AIRGAS, 000	AIRGAS, INC.	03/15/2024	$ 348.57
202300563	W	AIRGAS, 000	AIRGAS, INC.	03/15/2024	$ 753.04
202300564	W	AIRGAS, 000	AIRGAS, INC.	03/15/2024	$ 145.73
202300565	W	GLEN CAS001	GLEN CASH HARDWARE FEED & SEED INC	03/15/2024	$ 120.00
202300566	W	GLEN CAS001	GLEN CASH HARDWARE FEED & SEED INC	03/15/2024	$ 62.97
202300567	W	GLEN CAS001	GLEN CASH HARDWARE FEED & SEED INC	03/15/2024	$ 19.99

DISTRICT:
REPORT TITLE:

Baker County School Board
MARCH 2024
A/P CHECK SUMMARY

Check Number	Check Type	Payee Key	Payee Name (as it appeared on check)	Check Date	Check Amount
202300568	W	GLEN CAS001	GLEN CASH HARDWARE FEED & SEED INC	03/15/2024	$ 212.97
202300569	W	GLEN CAS001	GLEN CASH HARDWARE FEED & SEED INC	03/15/2024	$ 13.58
202300570	W	GLEN CAS001	GLEN CASH HARDWARE FEED & SEED INC	03/15/2024	$ 28.98
202300571	W	GLEN CAS001	GLEN CASH HARDWARE FEED & SEED INC	03/15/2024	$ 72.98
202300572	W	GLEN CAS001	GLEN CASH HARDWARE FEED & SEED INC	03/15/2024	$ 32.99
202300573	W	GLEN CAS001	GLEN CASH HARDWARE FEED & SEED INC	03/15/2024	$ 107.70
202300574	W	GLEN CAS001	GLEN CASH HARDWARE FEED & SEED INC	03/15/2024	$ 14.57
202300575	W	GLEN CAS001	GLEN CASH HARDWARE FEED & SEED INC	03/15/2024	$ 38.58
202300576	W	GLEN CAS001	GLEN CASH HARDWARE FEED & SEED INC	03/15/2024	$ 23.18
202300577	W	GLEN CAS001	GLEN CASH HARDWARE FEED & SEED INC	03/15/2024	$ 28.99
202300578	W	GLEN CAS001	GLEN CASH HARDWARE FEED & SEED INC	03/15/2024	$ 9.50
202300579	W	GLEN CAS001	GLEN CASH HARDWARE FEED & SEED INC	03/15/2024	$ 107.86
202300580	W	GLEN CAS001	GLEN CASH HARDWARE FEED & SEED INC	03/15/2024	$ 20.37
202300581	W	GLEN CAS001	GLEN CASH HARDWARE FEED & SEED INC	03/15/2024	$ 20.37
202300582	W	GLEN CAS001	GLEN CASH HARDWARE FEED & SEED INC	03/15/2024	$ 49.09
202300583	W	GLEN CAS001	GLEN CASH HARDWARE FEED & SEED INC	03/15/2024	$ 16.58
202300584	W	BAKER BU000	BAKER BUSINESS CENTER, LLC	03/15/2024	$ 19.16
202300585	W	SPORTS S000	SPORTS SHAK	03/15/2024	$ 40.00
202300586	W	CALLAGHA000	CALLAGHAN TIRES	03/15/2024	$ 1,604.00
202300587	W	CALLAGHA000	CALLAGHAN TIRES	03/15/2024	$ 3,980.00
202300588	W	CALLAGHA000	CALLAGHAN TIRES	03/15/2024	$ (175.00)
202300589	W	PRO-CHEM000	PRO-CHEM, INC	03/15/2024	$ 1,139.00
202300591	W	REIDY RH000	REIDY RHODES TAYLOR COMMUNICATIONS	03/15/2024	$ 970.00
202300592	W	BCSB FED000	BCSB FEDERAL WITHHOLDING	03/08/2024	$ -
202300593	W	BCSB FIC000	BCSB FICA	03/08/2024	$ (62.54)
202300594	W	AIRGAS U000	AIRGAS USA, LLC	03/15/2024	$ 95.12
202300595	W	MATTHEWS000	MATTHEWS BUSES FLORIDA	03/15/2024	$ 856.90
202300596	W	MATTHEWS000	MATTHEWS BUSES FLORIDA	03/15/2024	$ 496.98
202300597	W	BCSB FED000	BCSB FEDERAL WITHHOLDING	03/08/2024	$ -
202300598	W	BCSB FIC000	BCSB FICA	03/08/2024	$ 62.54
202300599	W	BOUND TO000	BOUND TO STAY BOUND BOOKS	03/15/2024	$ 160.08
202300600	W	BOUND TO000	BOUND TO STAY BOUND BOOKS	03/15/2024	$ 1,958.32
202300601	W	SHARP EL001	SHARP ELECTRONICS CORPORATION	03/29/2024	$ 499.79
202300602	W	SHARP EL001	SHARP ELECTRONICS CORPORATION	03/29/2024	$ 162.86

DISTRICT: Baker County School Board
REPORT TITLE: MARCH 2024
A/P CHECK SUMMARY

Check Number	Check Type	Payee Key	Payee Name (as it appeared on check)	Check Date	Check Amount
202300603	W	BCSB FED000	BCSB FEDERAL WITHHOLDING	03/22/2024	$ 79,563.55
202300604	W	BCSB FIC000	BCSB FICA	03/22/2024	$ 173,602.44
202300606	W	BCSB ANN000	BCSB ANNUITIES	03/22/2024	$ 40,634.60
202300608	W	SCHOLAST002	SCHOLASTIC BOOK CLUBS INC	03/29/2024	$ 1,442.07
202300609	W	QUALITY 000	QUALITY HARDWARE & SPECIALTY COMPANY INC	03/29/2024	$ 3,936.60
202300610	W	JONES SC000	JONES SCHOOL SUPPLY CO., INC	03/29/2024	$ 630.00
202300611	W	STAPLES 000	STAPLES BUSINESS ADVANTAGE	03/29/2024	$ 111.60
			TOTAL		**$ 2,827,709.46**

AGENDA ITEM NO. 8.7

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE:	May 6, 2024
SUBMITTED BY:	Michael Green - (259-0444)
ITEM TYPE:	Agreement
AGENDA SECTION:	**APPROVAL OF ROUTINE ITEMS**
SUBJECT:	Approval of Contract for Services Agreement with Allied Instructional Services to Provide a Board Certified Teacher in Blindness and Visual Impairments, Effective July 1, 2024 - June 30, 2025.

ATTACHMENTS:
05.06.2024.Approval of Allied Instructional Services Agreement_M.Green.pdf

Baker County Public Schools
Exceptional Student Education
420 South 8th St., Macclenny, Florida 32063
Telephone: (904) 259-7825 www.bakerk12.org Fax: (904) 259-9099

April 19, 2024

Sherrie Raulerson, Superintendent
Baker County School District
392 South Boulevard East
Macclenny, FL 32063

Dear Superintendent Raulerson:

I would like to request School Board approval for the attached contract between the Baker County School District and Allied Instructional Services. With approval, this agreement will provide our district with a Board Certified Teacher in Blindness and Visual Impairments. This agreement will begin on July 1, 2024 and continue through June 30, 2025. These services will be General funded through special education with a maximum of 10 hours a month.

If you have any questions please contact me at (904)259-7825 or michael.green@bakerk12.org.

Sincerely,

Michael Green

Michael Green Jr., Director
Exceptional Student Education/
Student Services

MG:cm

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CONTRACT FOR SERVICES
between
Baker County School District
and
Allied Instructional Services

THIS AGREEMENT is made and entered into on 4/9/2024, by and between Allied Instructional Services, LLC, a Virginia company with an address at P.O. Box 2214, Ashland, VA 23005 ("AIS"), and Baker County School District, with an address at 90 Jonathan Street E., Macclenny, Florida, 32063 ("District").

1. **Integration:** This Agreement supersedes all prior negotiations, representations, or agreements, either written or oral. If any provision of the contract documents conflicts with another provision, this agreement shall govern.

2. **Term:** This contract shall be effective on July 1, 2024 and shall continue in full force until June 30, 2025.

3. **Services to be Provided:** District hereby engages AIS for the provision of the services described in this agreement Addendums A - D and AIS agrees to arrange for said services to be provided for District. AIS acknowledges that it is possessed of that degree of care, learning, skill, and ability which is ordinarily possessed by similar businesses and further represents that in the performance of its duties herein set forth it will exercise such degree of care, learning, skill, and ability as is ordinarily employed by AIS under similar conditions and like circumstances and shall perform such duties without neglect. Any equipment, supplies, or materials used in the performance of this contract shall be provided by District except as otherwise agreed by the parties.

   District shall pay AIS as described in Addendums A - D within thirty (30) days of receipt of invoice from AIS. If any fees due hereunder are not paid when due, interest shall accrue on the amount not paid when due at rate of one and one-half percent (1 ½ %) per month until paid.

   AIS covenants and agrees that it shall take one of the two following actions within seven (7) days after receipt of any amounts paid to AIS by the District for work performed by a subcontractor under the Agreement:

   a) pay any contractor for its proportionate share of the total payment received from the District attributable to the work under the Agreement performed by such subcontractor, or

   b) notify the District and the contractor, in writing, of its intention to withhold all or a part of the subcontractor's payment and the reason therefore.

   AIS agrees to provide its federal employer identification number or social security number, as applicable, as a condition precedent to the District being required to make any payment to AIS under the Agreement.

   AIS agrees to pay interest at the legal rate or such other rate as may be agreed to in writing by the contractor and AIS on all amounts owed by AIS that remain unpaid after seven (7) days following receipt by AIS of payment from the District for work performed by the contractor in furtherance of AIS meeting its obligations to the District, except for amounts withheld pursuant to the provisions above. Unless otherwise provided under the terms of this contract, interest shall accrue at the rate of one percent per month.

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4. AIS will provide contractors to provide services at school's premise(s), remotely or a hybrid of the two under District's supervision. AIS retains the sole right to select contractors to provide services, but AIS agrees all contractors providing services shall be pre-approved by District for the assigned services. AIS recognizes that contractors who are assigned to provide services may have access to certain information of District and students which may be proprietary and confidential. AIS and contractors will treat this information as confidential and agree not to disclose it to any third person in accordance with applicable law.

   AIS acknowledges the District's request that, for FERPA compliance and security reasons and to promote continuity of communication and services, AIS minimize the number of individual contractors provided to meet the needs of the District.

   School District will allow reasonable time for completion of work outside of IEP service delivery time.

   It is understood that it is the responsibility of the District to notify AIS in a timely manner of any requests for meeting attendance, or completion of evaluations, assessments, or reports, in order to allow a reasonable amount of time for completion and scheduling.

   Contractors placed by AIS will complete paperwork necessary for the District to submit for Medicaid reimbursement. AIS is not enrolled as a LEA Medicaid provider so claims for reimbursement must be submitted by the District. District must communicate Medicaid documentation requirements in a clear and timely manner to the contractor providing the services to the student.

5. **Discounts:** AIS agrees to waive portal charges when a contractor is contracted to District for 35 or more hours of work within the school District in one week.

6. **Fees:** District agrees to reimburse AIS for canes issued to student(s) by AIS when necessary for instructional purposes at a rate of $45.00 per cane.

7. **Replacement Fee:** Should District opt to offer employment to, hire directly or indirectly or otherwise contract with (1) a contractor placed by AIS to provide services to the District under this agreement, (2) any other potential contractor contacted by AIS and identified to the District, or (3) a previous contractor placed by AIS in the 12 months preceding such offer, District agrees to pay AIS an additional amount equal to twenty percent (20%) of the first year salary (excluding bonus, vacation, health and employee welfare benefits) to be paid by District to such hired contractor.

8. **Cooperative Purchasing:** To the extent permitted under the Virginia Public Procurement Act, the terms and conditions of this agreement may be extended to any other school District or other entity to permit those other entities to contract with AIS for the goods or services set forth in this agreement, subject to the mutual agreement of AIS and the other entity, which may include different payment terms.

9. **Intellectual Property:** Except as provided herein, all rights and ownership of Services Related Intellectual Property and tangible materials produced under or as a result of this contract are the property of AIS. AIS reserves all rights, including without limitations, the copyright of tangible materials produced and/or provided in connection with the provision of services under this contract. "Services Related Intellectual Property" means any inventions, discoveries, processes, formulas, data, techniques, know-how, computer programs and other intellectual property along with improvements and enhancements thereto, whether or not patentable, formulae, trademarks, related documentation and all other forms of copyrightable

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or patentable subject matter, which AIS conceives, develops, or makes in connection with providing services under this agreement, but does not include any Preexisting Intellectual Property and any property owned by District and provided by District to AIS or contractors placed by AIS for performance of services, title to which shall remain in District and which shall be used only in the performance of this agreement unless otherwise authorized in writing by District. "Preexisting Intellectual Property" means any inventions, discoveries, processes, formulas, data, techniques, know-how, computer programs and other intellectual property along with improvements and enhancements thereto, whether or not patentable, formulae, trademarks, related documentation and all other forms of copyrightable or patentable subject matter, which District has conceived, developed, or made prior to the date of this agreement or otherwise not produced in connection with services to be provided under this agreement.

This agreement is for use by the District only and may not be duplicated, distributed, or verbally communicated without the written permission of AIS.

10. **Termination:** Each party has the right to terminate this agreement if the other party is in default of agreement hereunder which default is incapable of cure or which, being capable of cure, has not been cured within fifteen (15) days after receipt of written notice of such default (or such additional cure period as the non-defaulting party may authorize). Either party also may terminate this agreement upon thirty (30) days' written notice to the other party or upon mutual agreement by both parties. Upon termination of this agreement for any reason, District shall pay all amounts due for the services and hours worked under the agreement.

11. **Indemnification:** District shall be liable for any claims, liabilities, damages, losses, judgments, charges, expenses (including reasonable attorney fees) and/or causes of action incurred by AIS or any of its agents or contractors placed by AIS resulting from any wrongful, negligent, or tortious act of District or any of its employees, agents, representatives or students, or any breach of this agreement by District. AIS agrees to indemnify, hold harmless and defend District, its officers, agents, and employees from any and against all claims, liabilities, damages, losses, judgments, charges, expenses (including reasonable attorney fees) and/or causes of action resulting from any breach of this agreement by AIS and any negligence or intentional misconduct by AIS for which the District, its agents, servants, or employees are alleged to be liable.

    The parties acknowledge that AIS' total liability under this agreement shall not exceed the total payments made to it by the District. This paragraph represents the entire agreement between the parties regarding indemnification and supersedes / replaces any other references to indemnification in contract documents.

12. **Assignment:** District shall not assign or transfer any interest in this agreement without the prior written consent of AIS, which consent shall not be unreasonably withheld, delayed, or conditioned. AIS may subcontract for the provision of services under this agreement and may assign this agreement in connection with any merger, sale, or transfer of all or substantially all of the assets or stock of AIS. No modification of this agreement shall be binding upon the parties hereto, unless consented to in writing, and signed by both parties.

13. **Notices:** Any notice required to be given to a party hereunder shall be deemed given on the third (3rd) business day following the mailing of any such notice, postage paid, to the address set out herein for such party.

14. **No Authority to Bind District:** AIS has no authority to enter into contracts or agreements on behalf of District. This Agreement does not create a partnership between the parties.

In Process

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15. **General:** No amendment, change, modification, or waiver of any term of this agreement shall be valid unless it is in writing and signed by both the District and AIS. This agreement shall be binding upon the successors and permitted assigns of the District and AIS. This agreement shall be construed according to the laws of the Commonwealth of Virginia, exclusive of its conflicts of law provisions. Any dispute, claim or action under this agreement shall be brought exclusively in the appropriate state or federal court located in or for Hanover County, Virginia, and the parties irrevocably consent to the personal jurisdiction of such courts for resolution of any such dispute, action, or claim. All provisions of this agreement shall be considered severable and each enforceable provision shall remain in effect and binding upon the parties hereto regardless of any finding by any judicial, administrative, or legislative body that other provisions of this agreement are invalid or unenforceable. This agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument.

16. **Confidentiality:** AIS and its agents and employees will keep all information related to the District's students confidential and will not disclose such information to third parties for any purpose without the prior written approval of the District. AIS will return all copies of such student confidential information to the District upon termination of this Agreement. AIS further agrees to cause any contractor placed with the District to execute an agreement containing substantially similar confidentiality obligations.

17. **Personnel**

In Process

a. All of the Services herein shall be performed by AIS or under its supervision, and all personnel engaged in performing the Services shall be fully qualified and, if required, authorized or permitted under applicable state and local law to perform such Services.

b. Jessica Lunsford Act (Background Check).

i. AIS shall comply with the Jessica Lunsford Act, effective September 1, 2005, as same may be amended from time to time and with all requirements of Sections 1012.32 and 1012.465, F.S.

ii. Except as provided in Sections 1012.467 or 1012.468, F.S., and consistent with District policy, all of AIS' personnel who (1) are to be permitted access to school grounds when students are present, (2) will have direct contact with students, or (3) have access or control of school funds, shall successfully complete the background screening required by the referenced statutes and meet the standards established by the statutes and District. This background screening will be conducted by District in advance of AIS or its personnel providing any Services under the conditions described in the previous sentence.

iii. AIS shall bear the cost of acquiring the background screening required by Section 1012.32, F.S., and any fee imposed by the Florida Department of Law Enforcement to maintain the fingerprints provided with respect to AIS and its personnel.

iv. The Parties agree that the failure of AIS to perform any of the duties described in this section shall constitute a material breach of this Agreement entitling the District to terminate immediately with no further responsibilities or duties to perform under this Agreement. AIS agrees to indemnify and hold harmless the School District, its officers, and employees from any liability in the form of physical or mental injury, death, or property damage resulting from AIS' failure

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to comply with requirements of this section or with Sections 1012.32 and 1012.465, F.S.

18. **FERPA**: To the extent Services provided hereunder pertain to the access to student information, AIS shall adhere to all standards included in Sections 1002.22 and 1002.221, F.S. (the Protection of Pupil Privacy Acts), 20 U.S.C. §1232g - the Family Educational Rights and Privacy Act (FERPA), the federal regulations issued pursuant thereto (34 CFR Part 99), and/or any other applicable state or federal law or regulation regarding the confidentiality of student information and records. Further, AIS, and its officers, employees, agents, and representatives, shall fully indemnify and hold the District harmless for any violation of this provision including, but not limited to, defending the District and its officers, employees, agents, and representatives against any complaint, administrative or judicial proceeding, payment of any penalty imposed upon the District, or payment of any and all costs, damages, judgments, or losses incurred by or imposed upon the District arising out of the breach of this provision by AIS, its officers, employees, agents, or representatives, to the extent that the AIS, or its officers, employees, agents, or representatives, shall either intentionally or negligently violate this provision, Sections 1002.22 and 1002.221, F.S., or other applicable state, local, or federal laws, rules, or regulations. This provision shall survive the termination of or completion of all performance obligations under this Agreement and shall remain fully binding upon AIS. A separate Non-Disclosure Agreement may be required.

In Process

19. **Public Records**

    a. **IF AIS HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, AIS NEEDS TO CONTACT THE APPROPRIATE SCHOOL DISTRICT PERSONNEL.**

    b. This Agreement is subject to and governed by the laws of the State of Florida, including without limitation Chapter 119, F.S., which generally makes public all records or other writings made by or received by the Parties. AIS acknowledges its legal obligation to comply with Section 119.0701, F.S. AIS shall keep and maintain public records, as that phrase is defined in the Florida Public Records Act, which would be required to be kept and maintained by the District in order to perform the scope of services. AIS shall comply with all requirements for retaining public records and shall transfer, at no cost to the District, all public records in the possession of AIS upon a request for such public records. See Section 119.0701(2)(b)4, F.S., for additional record keeping requirements.

    c. A request to inspect or copy public records relating to the District's contract for services must be made directly to the District's Custodian of Public Records. If the District does not possess the requested records, the District's Custodian of Public Records shall immediately notify AIS of the request. AIS must provide a copy of the records to the District or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, F.S. If AIS does not timely comply with the District's request for records, the District shall be able to sue for breach of contract and the prevailing party shall be entitled to attorney's fees.

    d. Should AIS fail to provide the requested public records to the District within a reasonable time, AIS understands and acknowledges that it may be subject to penalties under Sections 119.0701(3)(c) and 119.10, F.S.

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e. AIS shall not disclose public records that are exempt, or confidential and exempt, from public records disclosure unless specifically authorized by law for the duration of this Agreement term and following the completion, expiration, or termination of same if AIS does not transfer the records to the District. Upon completion, expiration, or termination of this Agreement, AIS shall transfer, at no cost to the District, all public records in its possession or keep and maintain public records required by the District to perform the services. If AIS transfers all public records to the District, AIS shall destroy any duplicate public records that are exempt, or confidential and exempt, from public records disclosure requirements. If AIS keeps and maintains public records upon completion, expiration, or termination of this Agreement, AIS shall meet all applicable requirements for retaining public records and provide requested records to the District pursuant to the requirements of this Article. All public records stored electronically must be provided to the District in a format that is compatible with the information technology systems of the District.

Signatures: In agreement with the terms and condition of this agreement, we have affixed our signatures as indicated below. This agreement shall be considered by both parties as legal and binding.

AIS

In Process

_____/_____
Mary Hall, Vice President of Operations Date
Allied Instructional Services, LLC

Baker County School District

DocuSigned by:
Michael Green
99EDABE3C4DA4E7...
/ 4/9/2024
Administrator Signature Date

Michael Green
_____
Administrator's Name/Title

Allied Instructional Services, LLC
PO Box 2214
Ashland, VA 23005
Phone: 804-368-8475
Fax: 804-368-8467

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Addendum A – Vision, O&M, DHH, PT, OT, SLP and AT Services

Service Name	Service Provider Description
Vision Services	Certified Teacher endorsed in Blindness and Visual Impairments
Orientation and Mobility Instruction	Professionally Trained Orientation and Mobility Instructor, who holds or is qualified to sit for NOMC or COMS certification
Deaf and Hard of Hearing Services	Certified Teacher endorsed in Deaf and Hard of Hearing knowledgeable in ASL and cochlear implants
Physical Therapist	Licensed Physical Therapist
Occupational Therapist	Licensed Occupational Therapist
Assistive Technology Assessment and Consulting	Certified itinerant teacher or licensed therapist and/or with a certificate in Assistive Technology
Vision Specific Technology Assessments	CATIS Certified
Evaluations	Certified itinerant teacher, licensed therapist, and/or certified evaluator
Speech and Language Pathologist	Licensed by the Board of Audiology and Speech Language Pathology; Certified ASHA
Braille Transcription	Material adaptation by certified Braille Transcriptionist

In Process

Scope of Services:
The services may include but are not limited to:

- Direct or consultative services as governed by student's Individualized Education Programs (I.E.P.s.)
- Assessing students using appropriate instrument of educational measurement
- Obtaining appropriate materials, technology, and equipment to meet educational needs of each student.
- Obtaining needed resources that will help to meet the educational needs for each student.
- Maintaining up to date and accurate documentation of educational progress on each student
- Writing, revising, and updating I.E.P.s in accordance with District policies and procedures but not to act as sole case manager for any student (local school District to appoint in-school case manager)
- Making efforts to attend I.E.P. and/or eligibility meetings.
- Conferring with parents/guardians, medical personnel, teachers, and other school personnel as necessary
- Adhering to pertinent laws, regulations, and policies as they relate to the assignment.

Payments: AIS acknowledges that District requires billing for services provided to be per hour, and District agrees that the rate of reimbursement for the service/s provided will be that of $72.00 an hour portal to portal, to include in-District, remote or a hybrid of the two. The fee for work completed for remote office hours as necessary for the implementation of services (report writing, materials preparation, etc.) and braille transcription will be that of $55.00 an hour. Notice of need to cancel, i.e., student illness/absentee, must be made at least 3 hours in advance of scheduled service or regular daily charge will apply.

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Addendum B – Psychological Services

Scope of Services:
The services may include but are not limited to:

- Develop and integrate school-wide programming to promote social–emotional and mental wellness for all students based on the needs of the school community.
- Deliver professional development to school staff and families on a range of topics, such as trauma informed practices, mental health first aid, crisis prevention, suicide prevention, effective discipline, and behavior management.
- Help schools conduct comprehensive needs assessments to develop strategies to address attendance, poverty, trauma, violence, and other barriers to learning.
- Enhance coordination and alignment of efforts to improve school safety, including crisis prevention, intervention, and response.
- Design, implement, and evaluate a comprehensive range of interventions for students at risk for academic, social–emotional, or mental and behavioral health concerns.
- Provide mental and behavioral health services for individual students and groups of students, including the delivery of individual and small group counseling and direct instruction in social skills.
- Support school-wide efforts to facilitate student progress toward measurable goals through data collection, progress monitoring, and data interpretation.
- Support divisions and school leadership teams by effectively integrating and interpreting of multiple data sources to aid in decision making.
- Conduct culturally competent psychoeducational evaluations to assess abilities, skills, and social/emotional functioning of students suspected of having a disability.
- Conduct functional behavioral assessments and assist in the development of behavior plans.
- Work collaboratively with teachers in delivering effective differentiation strategies for students with diverse needs.
- Collaborate with teachers and school leaders to implement universal, targeted, and intensive academic and behavioral support programs using evidence-based practices.
- Facilitate collaboration and coordination between school and community providers to ensure access to wraparound supports for students with the most significant needs.
- Some services may be completed by an Educational Diagnostician:
    - Conduct educational evaluations to assess educational achievement of students suspected of having a disability.
    - Make recommendations for interventions strategies for struggling learners
    - Consult with division staff regarding best practices for instruction of students with disabilities
    - Maintain strict confidentiality regarding student health and academic records
    - Establish and maintain professional and collaborative relationships with educational staff, parents, students, and community members and functions as an effective member of the educational team.
    - Make efforts to attend individual student meetings regarding child study, IEP meetings, triennial reviews, etc., and provide input regarding the individual needs of the student.

Payments: AIS acknowledges that District requires billing for services provided to be per hour, and District agrees that the rate of reimbursement for the service/s provided will be that of $95.00 an hour portal to portal, to include in-District, remote or a hybrid of the two. Notice of need to cancel, i.e., student illness/absentee, must be made at least 3 hours in advance of scheduled service or regular daily charge will apply.

DocuSign Envelope ID: DDC8D200-3A06-4DDD-9EC0-06FCFCE50C9A

Addendum C – Interpreting Services

The services rendered by Allied Instructional Services will be that of Deaf/Hard of Hearing Services (Interpreter Services) provided by a State Qualified Interpreter.

The services may include but are not limited to:

- Adhere to educational programming as governed by the student's Individualized Education Program (IEP)
- Assess the sign communication needs of the student and provide direct interpreting services to students who are deaf/hard of hearing in an effective and appropriate manner and in the target mode established by the student
- Establish and maintain professional and collaborative relationships with educational staff, parents, students, and community members and function as an effective member of the educational team
- Demonstrate professional judgment in all assignments and exhibit comprehensive and functional knowledge of the RID Code of Ethics/Professional Code of Conduct
- Maintain a professional appearance and demonstrate behavior that is conducive to a professional setting
- Collaborate with team members to ensure that appropriate equipment and technology are functional and available to support the needs of the student (assistive hearing devices, closed captioning, etc.)
- Maintain effective communication with all key members of the educational team in order to support the communication needs of the student
- Make efforts to attend individual student meetings regarding child study, IEP meetings, triennial reviews, etc. and provide input regarding the individual communication needs of the student
- Obtain/Maintain credentials in accordance with state regulations and provide verification of credentials as required
- Adhering to pertinent laws, regulations, and policies as they relate to the assignment.

Payments: AIS acknowledges that District requires billing for services provided to be per hour, and District agrees that the rate of reimbursement for the service/s provided will be that of $60.00 an hour portal to portal, to include in-District, remote or a hybrid of the two. Notice of need to cancel, i.e., student illness/absentee, must be made at least 3 hours in advance of scheduled service or regular daily charge will apply.

DocuSign Envelope ID: DDC8D200-3A06-4DDD-9EC0-06FCFCE50C9A

Addendum D – Speech Language Pathology Assistants

Scope of Services:
The services rendered by Allied Instructional Services will be that of a speech language pathologist assistant: The services may include but are not limited to:

- Self-identify as SLPAs to families, students, patients, clients, staff, and others. This may be done verbally, in writing, and/or with titles on name badges.
- Exhibiting compliance with federal, state, and local regulations including: The Health Insurance Portability and Accountability Act (FERPA), the Family Educational Rights and Privacy Act (FERPA); reimbursement requirements; and state statutes and rules regarding SLPA education, training, and scope of practice. (ASHA SLPA Scope of Practice)
- Assist the SLP with speech, language, and hearing screenings without clinical interpretation.
- Assist the SLP during assessment of students, patients, and clients exclusive of administration and/or interpretation.
- Assist the SLP with bilingual translation, if bilingual, during screening and assessment activities exclusive of interpretation; refer to Issues in Ethics: Cultural and Linguistic Competence (ASHA 2017).
- Follow documented treatment plans or protocols developed by the supervising SLP.
- Document student, patient, and client performance (e.g., tallying data for the SLP to use; preparing charts, records, and graphs) and report this information to the supervising SLP.
- Program and provide instruction in the use of augmentative and alternative communication devices.
- Demonstrate or share information with patients, families, and staff regarding feeding strategies developed and directed by the SLP.
- Assist with clerical duties and site operations (e.g., scheduling, recordkeeping, filing, locating documents required by the SLP)
- Perform activities for each session that are routine and do not require professional judgment, in accordance with a plan developed and directed by the speech-language pathologist who retains the professional responsibility for the client.

In Process

Payments: AIS acknowledges that Division requires billing for services provided to be per hour, and Division agrees that the rate of reimbursement for the above service/s provided will be that of $55.00 an hour portal to portal, to include in-division, remote or a hybrid of the two. The fee for work completed for remote office hours as necessary for the implementation of services (report writing, materials preparation, etc.) will be that of $40.00 an hour.

AGENDA ITEM NO. 8.8

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE: May 6, 2024

SUBMITTED BY: Naomi Anderson - (259-2226)

ITEM TYPE: Out of State Travel

AGENDA SECTION: **APPROVAL OF ROUTINE ITEMS**

SUBJECT: Approval of Revised Out of State Field Trip on May 11, 2024, to Wild Adventures Theme Park in Valdosta, Georgia, for BCMS Band Students and Staff Chaperones and Bus Drivers. (Traveling by School Bus)

ATTACHMENTS:
05.06.2024.Approval of Bus Driver Out of State Travel_N.Anderson.pdf

Naomi Anderson
Principal

Ashton N. Griffin
Assistant Principal

BAKER COUNTY MIDDLE SCHOOL
BOBCATS

Dr. Wayne Peterson
Assistant Principal

Pam Harris
Lead Teacher

April 19, 2024

Mrs. Sherrie Raulerson
Baker County School Board Members
270 South Blvd East
Macclenny, FL 32063

Dear Superintendent Raulerson and School Board Members:

This request is being resubmitted to include the bus drivers that were not listed on the request for out of state travel that was previously approved on April 15, 2024.

Please consider approving this request for three instructional staff members along with approximately one hundred students to attend Wild Adventures in Valdosta, Georgia. The students and staff would be traveling by school bus.

The following staff members will be chaperoning this trip if approved:

Mr. Clay Keel
Mr. Myles Moore
Mrs. Heather (CeCe) Snyder
Four bus drivers who have yet to be determined as of the submission of this request for out-of-state travel

This request is for these employees to travel out-of-state to Valdosta, Georgia on Saturday, May 11, 2024 by school bus. This end of the year trip would be a valuable experience for both the students and chaperones.

Thank you for your consideration of this travel request.

Sincerely,

Naomi Anderson

Building a Legacy of Excellence, One Student at a Time

AGENDA ITEM NO. 8.9

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE: May 6, 2024

SUBMITTED BY: Teri Ambrose - (259-0418)

ITEM TYPE: Finance

AGENDA SECTION: **APPROVAL OF ROUTINE ITEMS**

SUBJECT: Approval of the Tentative Schedule for the 2024 TRIM Timeline.

ATTACHMENTS:
05.06.2024.Approval of TRIM Timeline_T.Ambrose.pdf

Baker County Public Schools
Support Services

Sherrie Raulerson, Superintendent of Schools
392 South Boulevard East, Macclenny, Florida 32063
Telephone: (904) 259-6251 www.bakerk12.org Fax: (904) 259-2825

DATE: April 30, 2024

TO: Sherrie Raulerson, Superintendent

FROM: Teri Ambrose
Executive Director of Finance & Support Services

RE: TENTATIVE SCHEDULE FOR TRIM TIME LINE

Listed below is the tentative schedule for the TRIM timeline:

July 1, 2024	Property Appraiser Certifies Tax Roll
By July 19, 2024	The Commissioner of the Department of Education Certifies the Required Local Effort (RLE) millage rate for each school district.
July 22, 2024	School Superintendent submits proposed tentative budget to School Board for approval prior to advertising. (Workshop prior to the Board meeting – 8:00 AM.)
July 25, 2024	Publish tentative budget in newspaper(s)
July 29, 2024	Tentative budget and millage hearing Tentative budget and millage are adopted at this hearing. (5:05 PM)
By August 4, 2024	School Superintendent advises Property Appraiser of proposed millage, etc. (Form 420-S).

DISTRICT SCHOOL BOARD MEMBERS
Tiffany McInarnay, District 1 Jack Baker Jr., District 2 Paula T. Barton, District 3 Mandi Canaday, District 4 Amanda Hodges, District 5
AN EQUAL ACCESS/EQUAL OPPORTUNITY INSTITUTION

By	
August 24, 2024	Property Appraiser prepares notice of proposed property tax. Property Appraiser mails TRIM Notice.
September 3, 2024	Final budget and millage are adopted at this hearing. (5:05 PM)
By	
September 9, 2024	School Superintendent certifies adopted Millage to Property Appraiser and Tax Collector. Submit budget to DOE.
By	
October 4, 2024	School District certifies compliance with Section 200.065 and to Department of Revenue.

AGENDA ITEM NO. 9.1

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE:	May 6, 2024
SUBMITTED BY:	N/A
ITEM TYPE:	Removed Routine
AGENDA SECTION:	**APPROVAL OF ITEMS FOR ACTION**
SUBJECT:	Approval of Removed Routine Items.

AGENDA ITEM NO. 9.2

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE: May 6, 2024

SUBMITTED BY: Teri Ambrose - (259-0418)

ITEM TYPE: Payroll

AGENDA SECTION: **APPROVAL OF ITEMS FOR ACTION**

SUBJECT: Approval of the Revised 2024-2025 Payroll Schedules.

ATTACHMENTS:
05.06.2024.Approval of Revised 2024-2025 Payroll Schedules_T.Ambrose.pdf

Baker County Public Schools
Support Services

Sherrie Raulerson, Superintendent of Schools

392 South Boulevard East, Macclenny, Florida 32063

Telephone: (904) 259-6251 www.bakerk12.org Fax: (904) 259-2825

DATE: April 23, 2024

TO: Sherrie Raulerson, Superintendent

FROM: Teri Ambrose, Executive Director for Support Services

RE: 2024-2025 Payroll Schedules

Due to a typographical error, the payroll schedules for Instructional and Non-Instructional need to be corrected. I apologize for the error. Please request Board approval of the attached updated payroll schedules.

Thank you for your assistance in this matter. If you have any questions, please let me know.

BAKER COUNTY DISTRICT SCHOOL BOARD
2024-2025
NON-INSTRUCTIONAL

2024-2025 PAYROLL SCHEDULE		186 Day Non-Instructional	187 Day Non-Instructional	191 Day Non-Instructional	193 Day Non-Instructional	197 Day Non-Instructional	206 Day Non-Instructional	216 Day Non-Instructional	240 Day Non-Instructional	261 Day Non-Instructional	Payroll Due In Office By Close of Bus.	Payday	For Employee Groups
Total Checks		25	25	25	25	26	26	26	26	26			
JUL 1	JUL 10								7	7	JUL 10 ←	JUL 18	261, 240
JUL 11	JUL 24							4	10	10	JUL 24 ←	AUG 02	261, 240, 216
JUL 25	AUG 07					4	9	10	10	10	AUG 08	AUG 16	261, 240, 216, 206, 197
AUG 08	AUG 21	8	9	10	11	10	10	10	10	10	AUG 22	AUG 30	ALL
AUG 22	SEP 04	9	9	9	9	9	9	9	9	9	SEPT 5	SEP 13	ALL
SEP 05	SEP 18	10	10	10	10	10	10	10	10	10	SEPT 19	SEP 27	ALL
SEP 19	OCT 02	10	10	10	10	10	10	10	10	10	OCT 3	OCT 11	ALL
OCT 03	OCT 16	10	10	10	10	10	10	10	10	10	OCT 17	OCT 25	ALL
OCT 17	OCT 30	9	9	9	9	10	10	10	10	10	OCT 31	NOV 08	ALL
OCT 31	NOV 13	9	9	9	9	9	9	9	9	10	NOV 14	NOV 22	ALL
NOV 14	NOV 27	7	7	7	7	7	7	7	7	10	NOV 27 ←	DEC 06	ALL
NOV 28	DEC 11	8	8	8	8	8	8	8	8	8	DEC 12	DEC 20	ALL
DEC 12	DEC 25	7	7	7	7	7	7	7	7	9	DEC 18 ←	JAN 03	ALL
DEC 26	JAN 08	2	2	3	3	3	3	3	3	5	JAN 9 ←	JAN 17	ALL
JAN 09	JAN 22	9	9	9	9	9	9	9	9	10	JAN 23	JAN 31	ALL
JAN 23	FEB 05	10	10	10	10	10	10	10	10	10	FEB 6	FEB 14	ALL
FEB 06	FEB 19	9	9	9	9	9	9	9	9	10	FEB 20	FEB 28	ALL
FEB 20	MAR 05	10	10	10	10	10	10	10	10	10	MAR 6	MAR 14	ALL
MAR 06	MAR 19	7	7	7	7	7	7	7	7	10	MAR 14 ←	MAR 28	ALL
MAR 20	APR 02	7	7	7	7	8	8	8	8	10	APR 3	APR 11	ALL
APR 03	APR 16	10	10	10	10	10	10	10	10	10	APR 17	APR 25	ALL
APR 17	APR 30	10	10	10	10	10	10	10	10	8	MAY 01	MAY 09	ALL
MAY 01	MAY 14	10	10	10	10	10	10	10	10	10	MAY 15	MAY 23	ALL
MAY 15	MAY 28	9	9	9	9	9	9	9	9	9	MAY 29	JUN 05	+1 216; +3 206, 197, 193, 191,+4 187, 186
MAY 29	JUN 11			2	3	2	6	10	10	10	JUN 11 ←	JUN 19	261, 240, 216, 206, 197, 193, 191
JUN 12	JUN 30							1	11	13	JUN 18 ←	JUN 26	261, 240, 216
Work Days		180	181	185	187	191	200	210	233	248	Arrows Indicate **Early Dates**		
Holidays		6	6	6	6	6	6	6	7	13	←		
Total Days		186	187	191	193	197	206	216	240	261			

Non-Instructional Paid Holidays (6)		
Labor Day	Sep	2
Thanksgiving	Nov	28
Christmas	Dec	25
New Year's Day	Jan	1
M.L. King Day	Jan	20
Memorial Day	May	26

DAYS TO WORK FOR SPRING BREAK (261)
AND CHRISTMAS (240) TO BE DETERMINED
BY CALENDAR APPROVAL

Revised 05/06/2024

BAKER COUNTY DISTRICT SCHOOL BOARD

2024-2025

INSTRUCTIONAL

2024-2025 PAYROLL SCHEDULE		197 Day Instructional	216 Day Instructional	240 Day Instructional	261 Day Instructional	Payroll Due In Office By Close of Bus.	Payday	For Employee Groups
Total Checks		26	26	26	26			
JUL 1	JUL 10			7	7	JUL 10←	JUL 18	261, 240
JUL 11	JUL 24		4	10	10	JUL 24←	AUG 02	261, 240, 216
JUL 25	AUG 07	4	10	10	10	AUG 08	AUG 16	ALL
AUG 08	AUG 21	10	10	10	10	AUG 22	AUG 30	ALL
AUG 22	SEP 04	9	9	9	9	SEPT 5	SEP 13	ALL
SEP 05	SEP 18	10	10	10	10	SEPT 19	SEP 27	ALL
SEP 19	OCT 02	10	10	10	10	OCT 3	OCT 11	ALL
OCT 03	OCT 16	10	10	10	10	OCT 17	OCT 25	ALL
OCT 17	OCT 30	10	10	10	10	OCT 31	NOV 08	ALL
OCT 31	NOV 13	9	9	9	10	NOV 14	NOV 22	ALL
NOV 14	NOV 27	7	7	7	10	NOV 27←	DEC 06	ALL
NOV 28	DEC 11	8	8	8	8	DEC 12	DEC 20	ALL
DEC 12	DEC 25	7	7	7	9	DEC 18←	JAN 03	ALL
DEC 26	JAN 08	3	3	3	5	JAN 9 ←	JAN 17	ALL
JAN 09	JAN 22	9	9	9	10	JAN 23	JAN 31	ALL
JAN 23	FEB 05	10	10	10	10	FEB 6	FEB 14	ALL
FEB 06	FEB 19	9	9	9	10	FEB 20	FEB 28	ALL
FEB 20	MAR 05	10	10	10	10	MAR 6	MAR 14	ALL
MAR 06	MAR 19	7	7	7	10	MAR 14←	MAR 28	ALL
MAR 20	APR 02	8	8	8	10	APR 3	APR 11	ALL
APR 03	APR 16	10	10	10	10	APR 17	APR 25	ALL
APR 17	APR 30	10	10	10	8	MAY 01	MAY 09	ALL
MAY 01	MAY 14	10	10	10	10	MAY 15	MAY 23	ALL
MAY 15	MAY 28	9	9	9	9	MAY 29	JUN 05	+1 216, +3 197
MAY 29	JUN 11	2	10	10	10	JUN 11←	JUN 19	ALL
JUN 12	JUN 30		1	11	13	JUN 18 ←	JUN 26	261, 240, 216
Work Days		191	210	233	248	Arrows Indicate **Early Dates**		
Holidays		6	6	7	13	←		
Total Days		197	216	240	261			

Teacher Paid Holidays (6)		
Labor Day	Sep	2
Veteran's Day	Nov	11
Thanksgiving	Nov	28
M.L. King Day	Jan	20
President's Day	Feb	17
Memorial Day	May	26

DAYS TO WORK FOR SPRING BREAK (261)
AND CHRISTMAS (240) TO BE DETERMINED
BY CALENDAR APPROVAL

Revised 05/06/2024

AGENDA ITEM NO. 9.3

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE: May 6, 2024

SUBMITTED BY: Sherrie Raulerson - (259-0401)

ITEM TYPE: Travel F.S. 1001.39

AGENDA SECTION: **APPROVAL OF ITEMS FOR ACTION**

SUBJECT: Approval of Board Member Travel and Travel Reimbursement for the FSBA / FADSS Joint Conference in Tampa, Florida on June 5-7, 2024: Tiffany McInarnay, Jack Baker Jr., Amanda Hodges, & Mandi Canaday.

ATTACHMENTS:
05.06.2024.Approval of Board Member FSBA Travel and Travel Reimbursement_S.Raulerson.pdf

Baker County Public Schools
Sherrie Raulerson, Superintendent of Schools
270 South Boulevard East, Macclenny, Florida 32063
Telephone: (904) 259-6251 www.bakerk12.org Fax: (904) 259-1387

April 19, 2024

This letter is to request Board approval of the travel and travel reimbursement for the following School Board Members to attend the FSBA/FADSS Annual Summer Conference to be held at the Grand Hyatt Tampa Bay in Tampa, Florida on June 5-7, 2024, for the purpose of official school district business. Both the travel and travel reimbursement comply with rules of the State Board of Education and are in accordance with F.S. 1001.39.

Tiffany McInarnay
Jack Baker Jr.
Amanda Hodges
Mandi Canaday

Thank you,

Sherrie Raulerson

Sherrie Raulerson
Superintendent of School

SR/ams

AGENDA ITEM NO. 9.4

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE:	May 6, 2024
SUBMITTED BY:	Tina Bradley - (259-0476)
ITEM TYPE:	Plan
AGENDA SECTION:	**APPROVAL OF ITEMS FOR ACTION**
SUBJECT:	Approval of the 2024-2027 School Health Services Manual. (Executive Summary of Changes Included.)

ATTACHMENTS:
05.06.2024.Approval of 2024-2027 School Health Services Manual_T.Bradley.pdf

Family Service Center

418 - 8th Street South * Macclenny, Fl 32063
Located on the campus of Keller Intermediate School - Baker County School District
Phone (904) 259-7871 * Fax (904)259-9169
The First Newly Constructed Family Service Center in Florida

April 24, 2024

Sherrie Raulerson
Superintendent
Baker County School District
270 South Boulevard East
Macclenny, Florida 32063

Dear Superintendent Raulerson:

Please submit for approval the (changes) to the Baker County District Schools and Baker County Health Department School Health Services Manual. See attached Executive summary.

Thank you for your continued support.

Sincerely,

Tina L. Bradley, RN, BSN
Health Services Specialist

TLB/alg

Executive Summary of changes to the School Nurse Manual
April 2024

Please note: Page numbers are not sequential throughout due to additions & changes to manual. They will be corrected before final printing once approved by the board.

Chapter 1

- No changes

Chapter 2

- Pg. 7, added "Role of Licensed Practical Nurse"
- Pg. 8, added "float RN" to "School Health Staffing"
- Pg. 9-12, removed old version of "School Clinic Review Sheet"
- Pg. 13-16, added new version of "School Clinic Review Sheet"
- Pg. 17, added "Naloxone" to "Sub Nurse Orientation Checklist"
- Pg. 18, removed "medical exemption & "religious exemption" & replaced with "immunization exemption" / removed "AviQ Injector" / changed "diastat' to "diazepam"
- Pg. 22, added "Mental Health Counselor" to "Meet the Staff"
- Pg. 25, changed "FCAT" to "state" testing / added "plan for fluoride program" / added "return screening equipment & glucometer to Family Service Center"
- Pg. 26, added "location of Naloxone" to from
- Pg. 28-29, added "Job Description of LPN"
- Pg. 33, removed "cough drops" & added "Naloxone" to "Health Room Supplies" list
- Pg. 34, changed "Accucheck machine" to "glucometer" / changed "Accucheck strips" to "glucose test strips" on "Health Room Supply List"
- Pg. 35, Verbiage changed for personnel w/ CPR & First Aid training
- Pg. 40, Number of AED changed from "one" to "two" per primary school
- Pg. 45, removed "Accucheck machine" / added "Glucometer & test strips" / added "glucose tablets/gel" to "Suggested Items for Emergency Kit
- Pg. 47, added "or returned to Family Service Center" to list
- Pg. 52-54, removed page – Vision Quest no longer a resource
- Pg. 55, removed "Florida's Vision Quest" from resource list
- Pg. 57-58, added "Community Resources-Baker County" list

Chapter 3

- Pg. 57, removed old version of required immunizations for school entry
- Pg. 58, added new version of required immunizations for school entry
- Pg. 59-65, removed previous version of Florida Statutes and replaced with most current version
- Pg. 70, removed year from "Immunization Cheat Sheet"
- Pg. 71, updated Varicella vaccine requirements
- Pg. 73, verbiage added to include students entering Florida school for the first time to vision and hearing screenings

Chapter 4

- Pg. 99, page removed – Vision Quest no longer a resource
- Pg. 100, page removed – no longer required by Dr. Futch
- Pg. 101-102, page removed – no longer use Titmus screener
- Pg. 105, removed old version of referral for eye exam
- Pg. 106, added new version of referral for eye exam
- Pg. 107, removed old version of Vision Follow Up Letter
- Pg. 108, added new version of Vison Follow Up Letter

Chapter 5

- Pg. 121, removed page – form no longer used

Chapter 6

- Pg. 149, page removed – no longer use Influenza-like illness reporting form
- Pg. 152, page added – Public Health Fact Sheet Covid 19
- Pg. 170, page added – Public Health Fact Sheet

Chapter 7-(Part 1 of 3)

- Pg. 177, added "sesame" & "environmental factors" under Allergies/causes
- Pg. 220, new page added "Insulin Dose Calculations Worksheet"
- Pg. 235, removed page - old version of Hypoglycemia facts
- Pg. 236, added page – updated version of Hypoglycemia facts

Chapter 7-(Part 2 of 3)

- Pg. 238, removed page – old version of Hyperglycemia facts

Chapter 7-(Part 3 of 3)

- Pg. 239, added page – old version of Hyperglycemia facts
- Pg. 282-283, pages added – Valtoco Training Skills Checklist
- Pg. 284-285, pages added – Child Specific Valtoco Training Skills Checklist
- Pg. 286-287, pages added – VNS Magnet Training Checklist
- Pg. 288-289, pages added – Child Specific VNS Magnet Training Checklist

Chapter 8

- No changes

BAKER COUNTY DISTRICT SCHOOLS
AND
BAKER COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES
POLICY AND PROCEDURE MANUAL

Superintendent
Sherrie Raulerson

_____ _____
Signature **Date**

Physician
Carl Eason, M.D.

_____ _____
Signature **Date**

Health Services Specialist
Tina Bradley, BSN, RN

_____ _____
Signature **Date**

Director of Nursing
Jordan Duncan, BSN, RN

_____ _____
Signature **Date**

School Health Coordinator
Amber Griffis, RN

_____ _____
Signature **Date**

BAKER COUNTY DISTRICT SCHOOLS

AND
BAKER COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES

HEALTH SERVICES MANUAL
2024 - 2027
Sherrie Raulerson, Superintendent

Page Numbers will be corrected before final version is printed

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Chapter 1

Introduction

Chapter 1

Introduction

School Health Services Program

Overview:

The mission of Florida's School Health Services Program is to appraise, protect and promote the health of students. Preventive and emergency school-based health services are provided to public school children in grades pre-kindergarten through twelve. Services are provided in accordance with a local School Health Services Plan jointly developed by the county health department, school district and School Health and Wellness Advisory Committee (SHWAC). With the increasing number of medically complex students, this cooperative effort becomes more vital. Parents have the primary responsibility to ensure the health and well-being of their children, but school nurses play a critical role in ensuring that all children experience a safe and stable learning environment. According to the National Association of School Nurses (NASN), the role of the school nurse is to advance the well-being, academic success and life long achievement of students. School nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential problems; and actively collaborate with others to build students' and their families' capacity for adaptation, self management, self advocacy and learning. **Every child deserves a school nurse!**

Program Components:

- ***Basic Schools***. Basic school health services are mandated by the School Health Services Act, s. 381.0056, F.S., and are provided to all Florida public school students. Basic services include health record reviews, follow-up for mandated school entry physical examinations and appropriate grade level immunizations against preventable communicable diseases, screenings for health conditions that can directly affect student learning ability (vision, hearing, growth and development and scoliosis), first aid, medication assistance and emergency health services.
- ***Comprehensive School Health Services Projects***. In addition to all basic school health services, comprehensive project schools in 57 counties provide enhanced services in accordance with s. 381.0057, F.S. These services include student health management, interventions and classes to reduce risk-taking behaviors, violence and injury prevention, and services to reduce teen pregnancy and promote returning to school after giving birth. Comprehensive school health services provide more in-depth health management through the increased use of registered nurses (RN) for assessments, interventions, case management and improving access to health care through referrals to insurance programs and family physicians.

- ***Full Service Schools***. Full Service School projects are located in all 67 counties. Since 1990, this program has provided the infrastructure necessary to coordinate and deliver services donated by community partners and participating agencies. The effectiveness of this program has been enhanced by the co-location of services for children and their families. This program is authorized by s. 402.3026, F.S. and focuses on underserved students in poor, high risk communities needing access to medical and social services, as identified through demographics. Florida's Full Service Schools provide all basic school health services, in addition to the coordination of medical and specialized social services, such as: nutritional services, economic and job placement services, parenting classes, counseling for abused children, mental health and substance abuse counseling and adult education for parents.

Chapter 2

Overview

Chapter 2

Overview

The following introduces various resources that contribute to or are a part of the local school health program:

- Public Health Nurse Role, Registered Nurse, School Nurse, UAP roles.
- Role of School Health RN
- School Nurses/Health Room Designees and Job descriptions
- Recommendations for health room supplies: Expendables and Non-Expendables
- Emergency health needs
- Critical incident information
- School Health Advisory Committee (SHAC)
- General information on Federal, State and Local Programs that may impact school health

The Role of the Public Health Nurse

The Baker County Health Department (BCHD) and the Baker County School District (BCSD) work collaboratively to provide school health services to the students of Baker County.

The Florida Department of Health has statutory responsibility, in cooperation with the Department of Education, for supervising the administration of the school health services program and to perform periodic program reviews (FS 381.0056).

Program Oversight:

1. Monitor compliance of the School Health Service Plan.
2. Provide consultative and support services to the health room personnel.
3. Perform biannual program reviews and provide results to the school administration and Supervisor of Student Services. See School Health Room Review form.
4. Provide approved protocols for BCSD health room services.
5. Maintain and update the School Health Services Manual.
6. Collect and analyze data for the annual School Health Services Report and bi-annual School Health Services Plan.

Screenings:

The BCHD will provide one oversight nurse, if requested, as well as additional screening equipment/supplies, if available. The BCHD will be notified of the screening date at each school.

Training

1. Provide annual updates on school health policies and procedures at the August School Health Services meeting.

The Role of the School Health Nurse

General Responsibilities of the School Nurse

The school nurse (registered nurse) enhances health within the school and community by providing health appraisals, nursing assessments, nutrition assessments, preventive dental services, periodic health screenings, health counseling, consultation, referral and follow-up of suspected or confirmed health problems, emergency health services, and health promoting activities and education to reduce risk-taking behaviors. School nurses work with school personnel to assure that all students meet the mandated requirement for immunization and physical examination documentation. Health education is conducted by the school nurse in both formal classroom presentations and informal small group or one-on-one sessions. School nurses collaborate with parents, teachers, school social workers, school counselors, school psychologists, and other health care providers to develop individualized Healthcare Plans (IHP), identify available health resources, and identify the need for health referrals to address specific health problems discovered through mandated health screenings and assessments.

Role of the Registered Nurse (RN)

The definition of the "practice of professional nursing" in Chapter 464, F.S. means the performance of those acts requiring substantial specialized knowledge, judgement, and nursing skill (see Ch. 464, F.S. for the full definition). Depending upon the local staffing model used, the RN may provide direct services to students and families, and/or work in a supervisory capacity in the training and direction of Unlicensed Assistive Personnel (UAP), who provide direct services to students.

School health rooms constitute an independent practice setting. The registered nurse is the only member of the education team who is legally qualified, trained, and capable of assessing the health needs of the student population and the only one who can legally delegate nursing activities to unlicensed assistive personnel. As defined in the Nurse Practice Act, professional nursing includes:

- Administration of medications and treatments as prescribed by a licensed practitioner
- Promotion of wellness, maintenance of health and prevention of illness
- Responsible for making decisions based on educational preparation and experience in nursing

- Performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles
- Observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured or infirm

Role of Licensed Practical Nurse(LPN)

The LPN monitors and provides appropriate care to medically fragile students to and from school and throughout the school day. Direct nursing services and other duties assigned are under the supervision of a licensed registered nurse.

- The LPN provides direct health services to students according to their IEP/504 plans.
- The LPN maintains a safe and healthy environment for all students
- The LPN maintains health records in accordance to the Baker County School District records policy.
- The LPN records progress and maintenance of care to assigned students and submits this data electronically daily.
- The LPN works cooperatively with all school personnel.
- The LPN performs other duties as assigned by the registered nurse or school principal.

The LPN must possess a current State of Florida Licensed Practical Nurse License, a current CPR & First Aid certificates.

Role of Unlicensed Assistive Personnel (UAP)

The definition of unlicensed assistive personnel are persons who do not hold licensure from the Division of Medical Quality Assurance (currently in DOH, but moving to the Department of Business and Professional Regulation in October 2011). UAP may be paraprofessionals, nursing assistants, health aides, or school staff who have been designated by the principal to assist with medications and health-related duties (such as office clerks, administrative staff, teachers, coaches, bus drivers, etc.). These activities are authorized by s. 1006.062, F.S.

"The UAP functions in an assistive role to registered nurses in the provision of school health services through regular assignments or delegated tasks or activities and under the supervision of a registered professional nurse." (Ch. 64B9-14.001, F.A.C)

UAP who assist in the health room must be certified in cardio pulmonary resuscitation (CPR) and First Aid. It is recommended that any school staff providing health services also be certified in CPR and First Aid. All UAP must receive child specific training in order to assist in providing selected nursing tasks. The UAP may perform selected tasks after receiving training and validation of competence in that skill by a registered nurse. The UAP will receive ongoing monitoring, supervision and evaluation of the selected task by a registered nurse.

Certain tasks may not be performed by or delegated to a UAP. These include activities which are not within the delegating or supervising nurse's scope of practice, and activities that include use of the nursing process and require special knowledge,

judgment or skills. Section 1006.062, F.S. states "Notwithstanding the provisions of the Nurse Practice Act, Part 1 of Chapter 464, district school board personnel may assist students in the administration of prescription medication when the following conditions have been met:…". The UAP provides observation and communicates student status and any changes to the nurse.

Unlicensed assistive personnel assist in providing student health services. Activities performed depend on the level of their health related training and in response to a student's physical complaints. This may include observation of visible signs of illness, asking questions regarding the nature of the health concern, listening to student's responses, documenting information, and providing appropriate action based on protocols. Services provided by the UAP in the school setting relate to student's complaints or symptoms, resulting in a response or referral to the registered nurse.

Delegation

As the health-related needs of students intensify and the availability of licensed health staff in schools decreases, delegation of duties to the Unlicensed Assistive Personnel (UAP) is an available option in meeting the continuing health needs of students. Section 1006.062, F.S. outlines specific services that can be delegated to the UAP. Chapter 64B9-14, F.A.C. provides requirements for delegation to UAPs (definitions, delegation of tasks or activities, and delegation of tasks prohibited). The delegation of nursing services in the school setting is a role that can be performed only by a registered nurse.

See Appendix E, Technical Assistance: School Health 2, *The Role of the Professional School Nurse in the Delegation of Care in Florida Schools,* August 2006, for definitive guidance.

School Health Room Staffing

School health rooms are staffed by RNs at each Baker County School.

Florida Statute 1006.062 requires each school have two (2) additional personnel trained in Medication Administration for relief in the health room.

A substitute health room relief pool is available through the Baker County School District when coverage is needed due to a nurse's absence.

A full-time float RN will be rotating to each school site as needed to assist in clinics and provide coverage as needed.

Graphic will be replaced with updated version

School Clinic Review Sheet 2018-2019

County:		School:		Principal:		Visit Date:	
Basic ☐	Comprehensive ☐	Full Service ☐	Number of Students:		Reviewer:		

Legend: Automated External Defibrillator (**AED**), Centers for Disease Control and Prevention (**CDC**), Elementary School (**E.S.**), Florida Administrative Code (**FAC**), School Health Administrative Resource Manual (**SHARM**), Florida Statutes (**F.S.**), Full Service School (**FSS**), General Records Schedule (**GS7**), High School (**H.S.**), Licensed Practical Nurse (**LPN**), Medication Administration Record (**MAR**), Middle School (**M.S.**), Medication Use in Schools Resource Manual (**MUSRM**), Registered Nurse (**RN**), Unlicensed Assistive Personnel (**UAP**)

I. Personnel				
Health Room staffed full time: Yes ☐ No ☐		If no, # hours/days staffed:		Additional # Trained for Meds/Procedures:
# of Health Room Staff by type:	RN(s):	LPN(s):	UAP(s):	Additional # Trained for CPR/First Aid/AED:
RN supervisor:		Frequency on site:		Average Daily # Clinic Visits:

I. Health Room/Clinic Facilities Items for Review				
References	**Clinic**	**Yes**	**No**	**Comments**
s. 381.0056, F.S. Ch. 64F-6, FAC	Health treatment protocols for management of chronic and complex conditions, and emergency procedures are readily available, including communicable disease control protocols (clinic manuals, Emergency Guidelines for Schools, and the SHARM)			
Ch. 64F-6, FAC	Administrative protocols and references are available (local protocols)			
II. References	**Clinic Physical Facilities**	**Yes**	**No**	**Comments**
s. 381.0056(6)(c), F.S. SHARM, p.53	School has adequate physical facilities for health clinic			
III. References	**Clinic Log**	**Yes**	**No**	**Comments**
GS7 – Item 120 Ch. 64F-6.005(1)(e), FAC s. 1002.22, F.S. SHARM, p. 50	Standardized clinic log (paper or electronic): student name, date, time in/out, reason for clinic visit, clinic staff, disposition. Clinic log concealed to protect student confidentiality.			
IV. References	**Medication Policy and Procedures**	**Yes**	**No**	**Comments**
s. 1006.062(1), F.S. s. 1002.20(3)(h)) F.S. 6A-6.0251, 6A-6.0252 and 6A-6.0253, FAC Ch. 64B9-14.002, FAC	School District Medication Policy available & addresses the following:			
	School personnel designated by principal to assist in administration of medications and procedures (list of designated staff available);			
	Annual training of designated personnel with verification of delegate's understanding of assignment documented on a skill-specific checklist;			
	Verification of periodic monitoring and supervision of delegated tasks;			
	Medication Error policy, procedures and form to report medication errors, including instructions on parties to be notified (principal, supervising school nurse, prescribing MD, parents, risk management, and poison control).			
	Allowances for students to self-carry and self-administer emergency medications: asthma, anaphylaxis, pancreatic enzyme supplements and diabetic care equipment and supplies.			
V. References	**Emergency Supplies and Procedures**	**Yes**	**No**	**Comments**
Ch. 64F-6.004(1), FAC	Policies/procedures for management of health emergencies posted/available in clinic, office and designated locations			
Ch. 64F-6.004 (1)(b), (2), (3), FAC; s.1006.165(2), F.S. s. 401.2915, F.S. Ch. 64J-1.023, FAC SHARM, p. 27	Health room staff & 2 additional school staff are certified in first aid and cardiopulmonary resuscitation (CPR); certification copies available onsite. The locations of emergency supplies and equipment and a list of persons currently certified in first aid and CPR is posted in the health room, school office, and other key school locations. Persons reasonably expected to use an automated external defibrillator (AED) have documented trainings; including CPR training.			
Ch. 64F-6.004(5),(6), FAC	First Aid supplies are not expired; recommended non-latex supplies: band aids, gauze/roller gauze, cotton balls/applicators, tape, gloves; portable first aid kit, emergency/trauma supplies			
s. 1006.165(1), F.S. Ch. 64J-1.023, FAC SHARM, p. 27	AED required only at schools that are members of the Florida High School Athletic Association. If present, the AED(s) is/are maintained in			

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	safe and secure locations and in usable condition, and the AED(s) location is registered with local EMS			
VI. Medication Administration				
Reference	**Medications**	**Yes**	**No**	**Comments**
Ch. 64B16-28.108, FAC SHARM, p. 19	Medication label contains student name, medication name, dose, route of administration, directions for use and the prescribing provider's name. If *either* the discard after date *or* the manufacturer's expiration date are outdated, the medication is considered to be expired. If the prescription label discard date states "see manufacturer's expiration date", follow the manufacturer's date.			
s.1006.062(1)(b)(2), F.S. s.1002.20(3)(h)(i)(j)(k), F.S. SHARM, p. 19	Medications received, counted and stored in original container; secured under lock and key when not in use. Emergency medications may be in a secure, unlocked location during the school day			
s. 499.0121(1)(c),(5)(a)(b), F.S. Ch. 64B16-28.108, FAC	Expired medications must be identified accordingly and quarantined from usable medications until returned/destroyed			
s. 499.0121(3(a)(b), F.S., MUSRM page 72, SHARM, p. 21	Medications requiring refrigeration stored in designated, locked refrigerator or in a locked container in a secure refrigerator, with the temperature monitored on a regular basis. No personal (staff) food is stored in the clinic refrigerator.			
s. 1006.062(1)(b)(1), F.S., 64F-6.005, FAC SHARM, p. 49	Parental permission to administer medication(s), statement of need for medication, known student-specific side effects to medication documented (physician permission if required by school district medication policy)			
Comments:				

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Student Health Record Review Sheet 2018-2019

Legend: Body Mass Index (**BMI**), Code of Federal Regulations (**CFR**), Emergency Care Plan (**ECP**), Florida Administrative Code (**FAC**), Family Educational Rights and Privacy Act (**FERPA**), School Health Administrative Resource Manual (**SHARM**), Florida Statutes (**F.S.**), Growth and Development (**G**), Hearing (**H**), Individualized Health Care Plan (**IHP**), Kindergarten (**K**), Scoliosis (**S**), Vision (**V**)

Answer "Y" (Yes) or "N" (No) for each item reviewed; for mandated screenings, circle each documented screening

County:	**School:**	**Reviewer:**		**Date:**	
Recommended health record review: *Four students including with chronic conditions*		**#1**	**#2**	**#3**	**#4**
	Student's current grade level				
	Student's initials				
	Health condition				
I. References	**Cumulative Health Record**	**#1**	**#2**	**#3**	**#4**
s. 1003.25, F.S. Ch. 64F-6.005(1)(a-h), FAC Ch. 6A-1.0955 (4)(a), FAC SHARM, p. 48	Cumulative health record maintained for each student paper or electronic.				
s. 1003.22(4), F.S. Ch. 64D-3.046, FAC Ch. 64F-6.005(1)(a), FAC SHARM, p. 32	Immunization certification (Form DH 680) present and current for grade level; **or:**				
s. 1002.20(3)(b), F.S. s. 1003.22(5)(a-e), F.S.	Temporary medical exemption current; or, permanent medical exemption or Religious Exemption (Form DH 681) provided				
s. 1002.20(3)(a), F.S. s. 1003.22(1), F.S. Ch. 6A-6.024, FAC Ch. 64F-6.005(1)(d), FAC SHARM, p. 34	School Entry Health Exam (Form DH 3040 or equivalent) present, unless documented as exempt pursuant to statutes.				
Ch. 64F-6.005 FAC	Documentation of health history, chronic conditions, treatment plans, nursing assessments, IHPs, health counseling, consultations, recommendations, referrals and follow-ups				
s. 1006.062(1)(b)(1) Ch. 64F-6.005(1)(h), FAC	Documentation of physician's orders and parent permission to administer medication or medical treatments in school				
s. 1002.22, F.S. Ch. 6A-1.0955, FAC 34 CFR §§99.30—99.36 (FERPA)	The confidentiality of all student health records shall be protected				
II. References	**Mandated screenings**	**#1**	**#2**	**#3**	**#4**
s. 381.0056(4)(a)(6-9), F.S. Ch. 64F-6.003 FAC	**K** Hearing (H) Vision (V)	H V	H V	H V	H V
	1st grade: Hearing, Vision, Growth & Development with BMI (G)	H V G	H V G	H V G	H V G
	3rd grade: Vision, Growth & Development with BMI	V G	V G	V G	V G
	6th grade: Hearing, Vision, Growth & Development with BMI, Scoliosis	H V G S	H V G S	H V G S	H V G S
	K-5th, entering FL schools for first time: Hearing, Vision	H V	H V	H V	H V
III. References	**Emergency Information Form**	**#1**	**#2**	**#3**	**#4**
Ch. 64F-6.004(1)(a), FAC SHARM, p. 26	Emergency Information form available/updated annually				
	Emergency contact person and contact information				
	Physician's name and contact information				
	Allergies and Significant health history				

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	Parent/guardian permission for emergency care documented (written or electronically), or documentation of attempt(s) to obtain permission was unsuccessful; or parent/guardian documented refusal to provide consent for emergency care maintained in student's health record				
IV. References	**Individualized Healthcare Plan (IHP)**	**#1**	**#2**	**#3**	**#4**
s.1006.062, F.S. Ch. 64F-6.005(1)(b), FAC Ch. 6A-6.0253(1)(d), FAC Ch. 6A-6.0251, FAC Ch. 6A-6.0252, FAC NASN IHP Position Statement SHARM, p. 16 & p. 24-25	Student specific demographics, current photo if possible, parent/guardian and health care provider contact information				
	Known allergies to foods, insects or medications; any previous episodes of anaphylaxis				
	Nursing assessment by RN to include: level of independent function (e.g., medication self-administration), student specific symptoms, physical activity/limitations (including special accommodations necessary); review of all medications				
	Nursing diagnosis				
	Planned desired health & education goals and outcomes				
	Nursing interventions to achieve goals and outcomes including information about delegated interventions and the specific designated UAP trained and authorized to provide the services				
	Nursing evaluation of outcomes				
	Annual review and updating the IHP as necessary				
V. References	**Emergency Care Plan (ECP)/Emergency Action Plan (EAP) for distribution to appropriate staff (separate or in IHP)**	**#1**	**#2**	**#3**	**#4**
s.1002.20(h)(i)(j), F.S. s.1006.062, F.S. Ch. 64F-6.004(4), FAC Ch. 64F-6.005(1)(b)(h), FAC Ch. 6A-6.0253(1)(c)(d), FAC Ch. 6A-6.0251, FAC Ch. 6A-6.0252, FAC Ch. 6A-6.0253, FAC SHARM, p. 24	Student specific demographics (student name, grade, date of birth), current photo if possible, emergency contacts and their phone numbers				
	Health problem with brief description or definition				
	Signs and symptoms the student may experience				
	Medication(s) the student takes or may need in case of emergency				
	Interventions to be performed in case of emergency				
	When to call 911				
	Any special precautions				
VI. References	**Medication Administration Record (MAR)**	**#1**	**#2**	**#3**	**#4**
s. 1006.062(1)(b)(2), F.S. MUSRM page 47	Student demographics: name, age, DOB, grade, ID, photo (if available)				
	Allergies (medication, food, environmental, etc.)				
	Medication: name, dose, route, frequency, time administered in school				
	Name/initials/signature of persons administering medications				
	Explanation documented for medications not administered				
	Initial and refill pill/dose counts documented				

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New Graphic

School Clinic Review Sheet

County:		School:		Principal:	Visit Date:
Basic ☐	Comprehensive ☐	Full Service ☐	Number of Students:	Reviewer:	

Legend: Automated External Defibrillator (**AED**), Cardio-Pulmonary Resuscitation (CPR), County Health Department (CHD), Florida Administrative Code (**FAC**), School Health Administrative Resource Manual (**SHARM**), Florida Statutes (**F.S.**), General Records Schedule (**GS7**), Individualized Seizure Action Plan (**ISAP**), Licensed Practical Nurse (**LPN**), Registered Nurse (**RN**), Unlicensed Assistive Personnel (**UAP**)

I. Personnel				
Health Room staff:				Additional # Trained for Meds/Procedures:
Health Room Staff by type:	RN(s):	LPN(s):	UAP(s):	Additional # Trained for CPR/First Aid/AED:
RN Supervisor:		Frequency on site:		Average Daily # Clinic Visits:

I. Health Room/Clinic Facilities Items for Review				
References	**Clinic**	**Yes**	**No**	**Comments**
s. 381.0056, F.S. Ch. 64F-6, FAC s. 1006.0626, F.S..	Policies, procedures and protocols for the following are maintained in writing and on-file (readily available) at the school district, each school and the CHD: • Management of the school clinic (equipment, supplies) • Documentation, records maintenance and confidentiality • Management of chronic and complex health conditions, sick care and first aid • Individualized Seizure Action Plan (ISAP) • Communicable disease prevention and management • Health emergencies			
II. References	**Clinic Physical Facilities**	**Yes**	**No**	**Comments**
s. 381.0056(6)(c), F.S. SHARM, p.53	School has adequate physical facilities for health clinic			
III. References	**Clinic Log**	**Yes**	**No**	**Comments**
GS7 – Item 120 Ch. 64F-6.005(1)(e), FAC s. 1002.22, F.S. SHARM, p. 49-50	Standardized clinic log (paper or electronic): student name, date, time in/out, reason for clinic visit, clinic staff, disposition. Clinic log concealed to protect student confidentiality.			
IV. References	**Medication Policy and Procedures**	**Yes**	**No**	**Comments**
s. 1006.062(1), F.S. s. 1002.20(3)(h)(i))(j)(k), F.S. 6A-6.0251, 6A-6.0252 and 6A-6.0253, FAC Ch. 64B9-14.002, FAC s.1014.06, F.S.	School district medication policy available & addresses the following:			
	School District policy and procedure for the implementation of the Parent's Bill of Rights which includes: 1) written parental consent prior to providing, soliciting or arranging to provide health care services or prescribe medicinal drugs to a minor child; and 2) written parental consent prior to a medical procedure to be performed on a minor child in its facility.			
	School personnel designated by principal to assist in administration of medications and procedures (list of designated staff available);			
	Annual training of designated personnel with verification of delegate's understanding of assignment documented on a skill-specific checklist;			
	Verification of periodic monitoring and supervision of delegated tasks;			
	Allowances for students to self-carry and self-administer medications for: asthma, anaphylaxis, pancreatic insufficiency, and diabetes (equipment, supplies and medication).			
NASN Medication Administration in Schools, Position Statement 2017 DOH Policy 5-6-18 Incident Reporting	Medication Error policy, procedures and form to report medication errors, including instructions on parties to be notified (principal, supervising school nurse, prescribing physician, parents, risk management, and poison control).			
V. References	**Emergency Supplies and Procedures**	**Yes**	**No**	**Comments**
Ch. 64F-6.004(1), FAC	Policies/procedures for management of health emergencies available in clinic, office and designated locations			

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Ch. 64F-6.004 (1)(b), (2), (3), FAC; s.1006.165(2), F.S. s. 401.2915, F.S. Ch. 64J-1.023, FAC SHARM, p. 27	Health room staff & two additional school staff are certified in first aid and CPR; certification copies available onsite. The locations of emergency supplies and equipment and a list of persons currently certified in first aid and CPR is posted in the health room, school office, and other key school locations. Persons reasonably expected to use an AED have documented trainings; including CPR training.			
Ch. 64F-6.004(5),(6), FAC SHARM, 27	First Aid supplies are adequate and not expired; recommended supplies include non-latex band aids and gloves; gauze/roller gauze, cotton balls/applicators, tape, portable first aid kit, emergency/trauma supplies			
s. 1006.165(1), F.S. Ch. 64J-1.023, FAC SHARM, p. 27	AED required only at schools that are members of the Florida High School Athletic Association. If present, the AED(s) is/are maintained in safe and secure locations and in usable condition, and the AED(s) location is registered with local EMS.			
VI. Medication Administration				
Reference	**Medications**	**Yes**	**No**	**Comments**
Ch. 64B16-28.108, FAC SHARM, p. 19	Medication label contains: name and address of the pharmacy, date of dispensing, serial number, name of the patient, name of the prescriber, name of the drug dispensed, dose, route, name of manufacturer, directions for use, and an Expiration Date or Beyond-Use Date. The beyond-use date must not exceed the expiration date and it shall not be a date greater than one year from the date the medicinal drug is filled. If *either* the discard after date *or* the manufacturer's expiration date are outdated, the medication is considered to be expired. If the prescription label discard date states "see manufacturer's expiration date", follow the manufacturer's date.			
s.1006.062(1)(b)(2), F.S. s.1002.20(3)(h)(i)(j)(k), F.S. SHARM, p. 19	Medications received, counted and stored in original container; secured under lock and key when not in use. Emergency medications may be in a secure, unlocked location during the school day.			
s. 499.0121(1)(c),(5)(a)(b), F.S. Ch. 64B16-28.108, FAC SHARM, p. 21	Expired medications must be identified accordingly and quarantined from usable medications until returned to parent/guardian or destroyed.			
s. 499.0121(3(a)(b), F.S., SHARM, p. 21	Medications requiring refrigeration stored in designated, locked refrigerator or in a locked container in a secure refrigerator, with the temperature monitored on a regular basis. No personal (staff) food may be stored in the clinic refrigerator.			
s. 1006.062(1)(b)(1), F.S., 64F-6.005, FAC SHARM, p. 19, 49	Documentation of physician's orders (prescription label) and parental permission to administer medication or medical treatments given in school. Documentation of physician permission if required by school district medication policy.			
Comments:				

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New Graphic

Student Health Record Review Sheet 2022-2023

Legend: Body Mass Index (BMI), Code of Federal Regulations (CFR), Florida Administrative Code (FAC), Family Educational Rights and Privacy Act (FERPA), School Health Administrative Resource Manual (SHARM).) Individualized Seizure Action Plan (ISAP) Items listed in SHARM are not in statute or rule and are recommendations only.

Answer "Y" (Yes) or "N" (No) for each item reviewed; for mandated screenings, circle each documented screening

County:	School:	Reviewer:		Date:	
Recommended health record review: *Four students including with chronic conditions*		#1	#2	#3	#4
	Student's current grade level				
	Student's initials				
	Health condition				
I. References	Cumulative Health Record	#1	#2	#3	#4
s. 1003.25, F.S. Ch. 64F-6.005(1)(a-h), FAC Ch. 6A-1.0955 (4)(a), FAC	Cumulative health record maintained for each student paper or electronic.				
s. 1003.22(4), F.S. Ch. 64D-3.046, FAC Ch. 64F-6.005(1)(a), FAC SHARM, p. 32	Immunization certification (Form DH 680) present and current for grade level; or:				
s. 1002.20(3)(b), F.S. s. 1003.22(5)(a-e), F.S.	Temporary medical exemption current; or, permanent medical exemption or Religious Exemption (Form DH 681) provided				
s. 1002.20(3)(a), F.S. s. 1003.22(1), F.S. Ch. 6A-6.024, FAC Ch. 64F-6.005(1)(d), FAC SHARM, p. 34	School Entry Health Exam (Form DH 3040 or equivalent) present, unless documented as exempt pursuant to Florida statute and/or administrative code.				
Ch. 64F-6.005, FAC	Documentation of health history, chronic conditions, treatment plans, nursing assessments, IHPs, health counseling, consultations, recommendations, referrals and follow-ups				
s. 1006.062(1)(b)(1) Ch. 64F-6.005(1)(h), FAC	Documentation of physician's orders and parent permission to administer medication or medical treatments in school				
s. 1014.06 F.S.	Documentation of written parental consent to provide, solicit, or arrange to provide, health care services to a minor child				
s. 1006.0626, F.S.	Documentation of an Individualized Seizure Action Plan to provide services to a student with epilepsy or seizure disorders (Attach "ISAP Review Form" for all students with Dx of epilepsy or seizure disorders)				
s. 1002.22, F.S. Ch. 6A-1.0955, FAC 34 CFR §§99.30—99.36 (FERPA) SHARM, p. 48	The confidentiality of all student health records shall be protected				
II. References	Mandated screenings	#1	#2	#3	#4
s. 381.0056(4)(a)(6-9), F.S. Ch. 64F-6.003, FAC	K Hearing (H) Vision (V)	H V	H V	H V	H V
	1st grade: Hearing, Vision, Growth & Development with BMI (G)	H V G	H V G	H V G	H V G
	3rd grade: Vision, Growth & Development with BMI	V G	V G	V G	V G
	6th grade: Hearing, Vision, Growth & Development with BMI, Scoliosis	H V G S	H V G S	H V G S	H V G S
	K-5th, entering FL schools for first time: Hearing, Vision	H V	H V	H V	H V
III. References	Emergency Information Form	#1	#2	#3	#4
Ch. 64F-6.004(1)(a), FAC SHARM p. 27	Emergency Information form available/updated annually				
	Emergency contact person and contact information				

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	Physician's name and contact information				
	Allergies and Significant health history				
	Parent/guardian permission for emergency care documented (written or electronically), or documentation of attempt(s) to obtain permission was unsuccessful; or parent/guardian documented refusal to provide consent for emergency care maintained in student's health record				
IV. References	Individualized Healthcare Plan (IHP)	**#1**	**#2**	**#3**	**#4**
s.1006.062, F.S. Ch. 64F-6.005(1)(b), FAC Ch. 6A-6.0253(1)(d), FAC Ch. 6A-6.0251, FAC Ch. 6A-6.0252, FAC NASN IHP Position Statement SHARM, p. 16 & p. 24-26	Student specific				
	Nursing assessment, nursing diagnosis, goals/outcomes, interventions, evaluation of outcomes				
	Annual review and updating the IHP as necessary				
	Demographics, current photo if possible, parent/guardian and health care provider contact information				
	Level of independent function (e.g., medication self-administration), student specific symptoms, physical activity/limitations (including special accommodations necessary); review of all medications				
	Known allergies to foods, insects or medications; any previous episodes of anaphylaxis				
	Specific designated UAP trained and authorized to provide the services				
V. References	Emergency Care Plan (ECP)/Emergency Action Plan (EAP) for distribution to appropriate staff (separate or in IHP)	**#1**	**#2**	**#3**	**#4**
s.1002.20(h)(i)(j), F.S. s.1006.062, F.S. Ch. 64F-6.004(4), FAC Ch. 64F-6.005(1)(b)(h), FAC Ch. 6A-6.0253(1)(c)(d), FAC Ch. 6A-6.0251, FAC Ch. 6A-6.0252, FAC Ch. 6A-6.0253, FAC NASN IHP Position Statement SHARM, p. 24-26	Student specific				
	Interventions to be performed in case of emergency				
	When to call 911				
	Any special precautions				
	Demographics (student name, grade, date of birth), current photo if possible, emergency contacts and their phone numbers				
	Health problem with brief description or definition				
	Signs and symptoms the student may experience				
	Medication(s) the student takes or may need in case of emergency				
VI. References	Medication Administration Record (MAR)	**#1**	**#2**	**#3**	**#4**
s. 1006.062(1)(b)(2), F.S.	Initial and refill pill/dose counts documented				
	Student demographics: name, age, DOB, grade, ID, photo (if available)				
	Allergies (medication, food, environmental, etc.)				
	Medication: name, dose, route, frequency, time administered in school				
	Name/initials/signature of persons administering medications				
	Explanation documented for medications not administered				

COMMENTS: _____

_____

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Baker County District School and
Baker County Health Department
School Health Services

Substitute Nurse Orientation Checklist and Packet

Sub Nurse Name: _____
Date: _____

Local School Health Policy	Nurse Initials
Child Abuse Reporting	_____
Communicable disease – flu, chicken pox, etc.	_____
Emergency /Crisis procedures	_____
Call 911	_____
Immunization Guidelines	_____
Physical Exam Requirements	_____
Screenings	_____
Illness and Injury - head injury, eye injury, etc.	_____
Reporting of Dog Bites	_____
Naloxone	_____

Reference Materials	Nurse Initials
School Health Services Manual	_____
Emergency guidelines	_____
Emergency Red Bag	_____

Documentation and Student Health Records	Nurse Initials
Confidentiality	_____
Cumulative Health Record	_____
Computerized Records	_____

Medication Administration	Nurse Initials
What a doctor's order must include	_____
Medication request form/parent signature	_____
Administration of medication by school personnel	_____
Authorization for self-carry/Administration of medicine	_____
Daily log for medication administration-computer & paper	_____
Authorization for disclosure of health information	_____
Medications that students may carry	_____

Forms	Nurse Initials
Accident Report	_____
Yellow Cards	_____
Medication Administration and Permission forms	_____

	Nurse initials
Medication Treatment Variance Report	_____
Medical Management Plans	_____
Individual Health Care Plans (IHCP)	_____
Emergency Care Plans (ECP)	_____
~~Medical exemption~~	_____
~~Religious exemption~~	_____
Immunization Exemptions	_____
Concussion Checklist	_____

Care of Children with Special Health Care Needs	Nurse initials
504 Accomodation Plan	_____
Individual Education Plan (IEP)	_____
Exceptional Student Education Program (ESE)	_____

Medically Complex	Nurse initials
Diabetes Mellitus	_____
Blood Glucose Monitoring	_____
Insulin Administration – syringe, pen, pump	_____
Diabetes Medical Management Plan	_____
Glucagon Administration	_____

Allergies/Anaphylaxis	Nurse initials
Epinephrine Auto Injector	_____
~~Auvi Q Injector~~	_____

Asthma	Nurse initials
Medication by metered dose inhaler (MDI)	_____
Medication by nebulizer procedure	_____

Seizure/Epilepsy	Nurse initials
~~Diastat~~ Diazepam Administration	_____

Daily Logs	Nurse initials
AED	_____
Medication Refrigerator	_____

Meet the staff	Nurse initials
Principal – Assistant Principal	_____
School Health Coordinator	_____
Clinic Relief Staff	_____
School Office staff	_____
Cafeteria manager	_____
Guidance counselor	_____
Data Processor	_____
School Resource Officer	_____

Other items	Nurse initials
Dental Bussing	_____
Poison Control Center	_____
When to notify parents	_____
When to notify administration	_____
Phone system	_____
Reason to call 911	_____

Completion Date:_____

Signature of Sub Nurse:_____

Signature of clinic nurses:

_____ _____

_____ _____

_____ _____

*Please return completed orientation checklist to School Health Specialist at the Family Service Center.

BAKER COUNTY DISTRICT SCHOOLS AND BAKER COUNTY HEALTH DEPARTMENT SCHOOL HEALTH SERVICES

School Nursing Orientation Outline

Florida School Health Program

- Purpose and overview
  - Florida Statutes
  - Florida Department of Health
  - Florida Department of Education
- Local school district program
  - BCHD involvement

Role Development and Professionalism

- Orientation programs
- Job description
- Performance appraisal by Principal
- Florida Nurse Practice Act
- Licensure
- Delegation
- School nurse certification (NASN)
- CPR certification
- First aid certification
- Professional organizations
- Continuing education
  - School Health conference
  - Immunization updates

Reference Materials

- School Health Services Manual, Nutrition Services Manual
- Internet resources
- Emergency guidelines
- Asthma Guidelines
- Diabetes Guidelines

Local School Health Policy and Procedure Manual

- Child abuse reporting
- Communicable disease
- Emergency/crisis procedures
- Health education
- Illness and injury
- Immunization guidelines

- Immunization record review
- Medication administration
- OSHA standards/BBP
- Screening
- Care of medically complex child

School Health Reporting

- Purpose and overview
- Coding
- Data collection for annual report
- Daily/monthly/yearly logs
- Outcome Disposition report for screenings
- Monthly screening statistics report
- Comprehensive Health Education Classes report
- EARS (Employee Activity Report)
- Other: FTE week

Documentation and Student Health Records

- Confidentiality
- Nursing process documentation
- Record review process by BCHD
- Cumulative health records (DOH Form 3041)
- Professional treatment record (medical record)
- Computerized records - Skyward

Forms

- Accident report
- Emergency and medical information forms – yellow cards
- Medication administration and permission forms
- Medication/treatment variance reports
- Medical management plans
- Individual Healthcare Plans (IHCP)
- Emergency Care Plans (ECP)
- Parent letters for non-compliance/expulsion
- Immunization certificate (DOH Form 680)
- Religious Exemption (DOH Form 681)
- Student Health Examinations (DH 3040)
- Sports physicals

Health Insurance

- KidCare program
- Medicaid/Medicaid billing re: school health services

Care of Children with Special Healthcare Needs

- Legislation
- 504 Accommodation Plan
- ESE Staffing/Individual Education Plan (IEP)
- ESE screenings
- Exceptional Student Education (ESE) Program

Resources and Referrals

- Epidemiology: Disease Reporting
- BCHD Nurse Referral

Meet the Staff

- Principals
- County Health Department School Health Coordinator
- Student Services Supervisor
- Clinic relief staff
- School office staff
- Cafeteria manager and staff
- Teachers and Coaches
- Support Staff:
  - Psychologist/Mental Health Counselor
  - Guidance Counselors & Secretary
  - Bookkeeper
  - Bus drivers
  - Custodian
  - School Resource Officer

Committees

- School Health Advisory Committee (SHAC)
- School Advisory Committee (SAC)
- Safety Committee
- Other:

School Nurse Calendar
August (pre-planning or first 2 weeks):

- Assist with Health Fair.
- Attend open house at appropriate site.
- Attend School Nurses Meeting.
- People to meet with during pre-planning week:

  Principal/Administration:
  - Clarify expectations: Other Duties?
  - Attendance at Faculty Meetings?
  - Who is your trained lunch relief?
  - Who makes coverage arrangements?
  - Skyward assistance?

  Guidance Department:
  - Guidance Secretary: *Ask about ESE/IEP/care planning meetings and your need to be a part of that process if there are individual health issues.

  Data Processor:
  - Discuss Record Reviews (Immunizations & P.E.'s)
  - FL Shots accessibility?
  - 'New', 'Transferring' or 'Withdrawn' students' notification
  - Accessing 'Health Folder' in the cumulative files?

  Bookkeeper:
  - Clinic budget?
  - Appropriate paperwork for days off
  - paycheck

  Cafeteria Manager:
  - Communicate 'Food Allergy' students?
  - Accessing School Menu?
  - School menu nutritional values? (See School District website for details)

  P.E. Teachers:
  - Handling health emergencies?
  - Communication by with radios, clinic passes or planners?

  Your Lunch Relief:
  - Establish relief time
  - Health room procedures to be followed this year
  - Consider Child Specific Training needs. (i.e. - Diabetics, epi-pens, asthmatics, etc.)

- Essential Information to give all Faculty & Staff:
  - Communicating with you (phones, radios & e-mail)
  - Review the uses of the health room
  - Students' admission to the health room.

- Routine meds and/or procedure guidelines
- Your legal requirements for documentation & sharing of 'Confidential Information'
- 'Faculty Info Letter' & CPR & First Aid Certification forms
- 'Medical Emergency Plan' and locations of the AEDS
- 'Universal Precautions' overview
- 'Field Trips' procedures and need for designated medication trained faculty

- Health Room Set-Up: (things to consider)
  - Skyward documentation
  - Development of Individual Healthcare Plans (IHCP) and Emergency Care Plans (ECP)
  - Medical Conditions Report from Skyward.
  - Schedule Parent Conferences as needed.
  - Check first aid boxes/bags
  - Review Students' Emergency Health Information Sheets
  - AED update monthly

First Month of School

- Check emergency kits
- Receive student medications from parents
- IHCP and/or ECP development
- Review Emergency and Medical Information forms and take action as needed
- Mass health screenings: review health screening chapter in the manual and set date with school administration
- Update 'Medical Emergency Plan' and post
- Blood Borne Pathogen for all staff
- Stop the Bleed training
- Prepare and e-mail completed weekly and monthly reports to the Baker County Health Department via email
- Coordinate/prepare dental packets for bussing program

Second Month of School

- Ask for report of Immunization excluded students
- KG and 7th grade electronic submission
- Work on school screening planning
- Continue to develop IHCPs and ECP's as needed
- Prepare and e-mail completed weekly and monthly reports to the Baker County Health Department via email
- Prepare Medical High Risk List
- Begin Medicaid Billing

Following Months

- **February** – consider any special health considerations during upcoming ~~FCAT~~ state testing
- FTE reports in February
- Elementary - notify 6th grade parents about 7th grade Tdap requirements
  - plan for fluoride program
- Prepare and e-mail completed monthly reports to the Baker County Health Department
- Healthcare articles are to be included in school newsletters at least once every 2 months

Last Month of School

- Parent "Pick up medication" notices
- Prepare the end of year report
- Health room paperwork for storage by BCSD guidelines
- Inventory remaining supplies and list needs
- Close health room and complete 'End-of-Year Checklist'
- Schedule pick-up of blood borne pathogen waste
- Code all screening results
- Prepare list of High Risk medical students for receiving nurse
- Turn in care plans to be updated during the summer
- Return screening equipment and glucometer to Family Service Center

BAKER COUNTY DISTRICT SCHOOLS and
BAKER COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES

SUBSTITUTE HEALTH ROOM WORKSHEET

School Name: _____ **Health Room Hours:** _____ a.m. to _____ p.m.

School Health Manual (guidelines for working in the health room) is located _____

_____

Procedure for 9-1-1 calls: _____

_____

Location of AED: _____

Location of Emergency Bag: _____ Location of Naloxone: _____

Phone numbers:

School phone number: _____ Health room extension: _____

School Fax# _____ To dial out you press _____

For nursing questions, the Baker County Public Health Nurse is _____ and her office and cell phone numbers are _____ and _____

Another good resource person to ask questions to is _____

The School Health office number is 904-259-6551.

School Contacts:

Principal _____ Ext. _____

Asst. Principal _____ Ext. _____

Secretary _____ Ext. _____

Registrar/Records Secretary _____ Ext. _____

Resource Officer _____ Ext. _____

Physical Education Teacher _____ Ext. _____

Location of:

Gloves: _____

Medication cabinet and health room keys: _____

Medication Administration Sheets: _____

Care plans: _____

Medication Information:

- If a child does not come to the health room for his scheduled medication, contact the teacher and ask that the child be sent to the health room.
- Sign out the medications when administering them.
- Please document each student visit in the Skyward computer system.

Lunch Time: _____

_____ will work when you are on your break/lunch.

There is food for purchase in the lunchroom, or you may eat in the teacher's lounge, which is located:

Job Locator: 47.0
Registered Nurse
Position Grade: Support Salary Schedule
Evaluated by: Principal

Job Description:

The Registered Nurse provides professional nursing services to medically involved students enrolled in the School District of Baker County in accordance with Baker County School Health Services Manual; provides supervision of medical services; assists in the implementation of the health services program, including emergency care of students and other such duties as may be assigned by the principal.

Responsibilities and Duties of this position include:

1. Assists when appropriate in completing health room records, screenings, and keeping records on students being referred to the health room and services to students.
2. Assists in implementation of the Annual School Health Services Plan and completion of data for Annual Report.
3. Provides and monitors physician ordered nursing care, treatments, procedures and medications to designated students, which may include medically complex students.
4. Assists in maintaining health room area and supplies, when appropriate.
5. Performs medically complex procedures within the scope of Florida Registered Nurse licensure, including but not limited to catheterization, tracheal suctioning, postural drainage, gastrostomy feedings, and nursing assessment.
6. Provides supervision, coordination, and/or consultation to other staff who provide medical services to students (including student's physician).
7. May be assigned to ride school bus or other school vehicles with specific medically fragile students in an emergency.
8. Participates as a member of the child study team, staffing and core team to provide information on health issues and to facilitate student referrals for service.
9. Assists in the establishment of a cumulative health record and nursing care plan on appropriate students and documentation of health problems identified, medical procedures or corrective measures.
10. Assists child's physician in the development of specific individualized nursing care plans for exceptional students or 504 students.
11. Assists in providing staff awareness regarding health related instruction, including but not limited to Universal Precautions and Blood Borne Pathogens Procedures.
12. Participates in workshops and training sessions as required.
13. Provides other duties of a similar nature or level.

Required Qualifications:

1. Minimum of Associates Degree; Bachelor's Degree preferred..
2. Must be certified in CPR and maintain certification during employment.
3. Must be licensed as a Florida State Licensed Registered Nurse in accordance with Florida Statute 464 and must maintain such license during employment.
4. Effective 4/18/03, must possess current certification in First Aid prior to employment, and must maintain certification while employed.
5. One (1) to three (3) years pediatric or community health nursing preferred

Reports to:

School Principal or county coordinator of nurses.

Terms of Employment:

Salary & benefits shall be paid consistent with the District's approved compensation plan.

Evaluation: Performance of this job will be evaluated in accordance with provisions of the Board's policy on evaluation of personnel.

New Graphic

43.02

SCHOOL DISTRICT OF BAKER COUNTY

JOB DESCRIPTION

Licensed Practical Nurse / LPN

QUALIFICATIONS:

(1) Florida R.N. or L.P.N. license.
(2) Current First Aid and CPR Certification.
(3) One (1) to three (3) years of pediatric, public health or school nursing experience preferred.

KNOWLEDGE, SKILLS AND ABILITIES:

Knowledge of federal, state and district rules, regulations and policies as they relate to job functions. Knowledge of current trends, research and best practices relating to school nursing. Skilled in interpersonal relationships, handling student problems, concerns and emotional distress with sensitivity and tact. Ability to provide health services to all students in assigned school, including, but not limited to, health screenings, health assessments, health counseling, health education, medication administration, health record reviews and documentation of services, referrals and outcomes. Ability to work independently and make decisions with minimum supervision, to tolerate highly stressful situations, to handle multiple tasks in a professional and courteous manner. Ability to maintain confidentiality of health information. Ability to complete job duties following both the "School Health Services Act" and the "Nurse Practice Act" Florida Statutes.

REPORTS TO:

Specialist, Health Services, or School Principal.

JOB GOAL

To assess health needs and provide direct health services/consultations to students, and to protect and promote the health of students and personnel at assigned school(s).

SUPERVISES:

N/A

PERFORMANCE RESPONSIBILITIES:

* (1) Assist in taking of prescribed medication by students and maintain required records.
* (2) Handle physician's orders for medications and transcribe onto the medication administration record.
* (3) Assess student health needs and provide first aid to students within the scope of licensure.
* (4) Provide nursing procedures, per doctor's orders, for catheterizations, tube feedings, glucose monitoring or other prescribed procedures.
* (5) Coordinate, conduct, evaluate, refer and follow-up on required health screenings.
* (6) Counsel students and parents concerning health problems.
* (7) Maintain clinic in a safe and professional manner.
* (8) Order and maintain clinic supplies as appropriate.
* (9) Complete health room cards and keep records on students referred to the clinic.

LPN (Continued)

*(10) Review health records and immunization for compliance, following state and district policy for non-compliance.
*(11) Complete student health record for every student enrolled at assigned school(s), documenting identified problems and updating as needed.
*(12) Prepare all required reports and maintain all appropriate records.
*(13) Assist in the implementation of the annual School Health Services Plan and completion of data for the Annual Report.
*(14) Provide annual employee bloodborne pathogen training.
*(15) Provide CPR/First Aid training for school staff and post updated roster for assigned school(s).
*(16) Assist with health related instruction of students, parents, or staff.
*(17) Participate as a member of health and safety-related committees, as needed.
*(18) Participate in workshops, in-service and other training sessions, as required.
*(19) Maintain effective interpersonal relationships and communication with students, parents, school personnel and the community.
*(20) Respond to inquiries and concerns in a timely manner.
*(21) Keep supervisor informed of potential problems or unusual events.
*(22) Demonstrate initiative in the performance of assigned responsibilities.
*(23) Serve as health liaison between home and school.
*(24) Model and maintain high ethical standards.
*(25) Follow attendance, punctuality and proper dress rules.
*(26) Follow all School Board policies, rules and regulations.
*(27) Demonstrate support for the School District and its goals and priorities.
*(28) Participate in ESE staffings, as needed.
(29) Perform all other duties as assigned.

PHYSICAL REQUIREMENTS:

May require the assisted transfer/lifting of students to attend to personal needs. Utilization of proper body mechanics required for all such transfers/lifting.

TERMS OF EMPLOYMENT:

Salary and benefits shall be paid consistent with the district's approved compensation plan. Length of the work year and hours of employment shall be those established by the district.

EVALUATION:

Performance will be evaluated by the Principal. Principal evaluation will be in accordance with the provisions of the Board's policy on evaluation of personnel documented on the appropriate form. School Health Coordinator evaluation will include an annual site evaluation documented on the approved form.

*Essential Performance Responsibilities

Job Description Supplement Code 8

School Health and Wellness Advisory Committee

Educators realize that a child's physical, emotional, social and mental health directly affects his or her capacity to learn. The health of children is linked more than ever to the behaviors they adopt. Experience has shown that when schools involve parents, and other community partners, risky behaviors can be more successfully addressed.

A School Health and Wellness Advisory Committee (SHWAC), which is mandated by the School Health Services Act (FS. 381.0056) is an advisory group composed of school, health and community representatives who act collectively to provide advocacy for school health and identify needs and opportunities to maximize community resources.

The SHWAC must include members who represent the ten component areas of the Coordinated School Health Program model as defined by the Centers for Disease Control and Prevention. The eight component areas include health education, physical education, nutrition, school health services, guidance, psychological and social services, healthy school environment, staff wellness and family and community involvement.

Ten Component Model

The following are descriptions of the ten components of a coordinated school health program.

#1 Health Education: A planned, sequential, K-12 curriculum that addresses the physical, mental, emotional and social dimensions of health. The curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors.

#2 Physical Education and Physical Activity: Physical Education incorporates planned, sequential instruction that promotes lifelong physical activity, designed to develop basic movement skills, sports skills, and physical fitness as well as to enhance mental, social, and emotional abilities.

#3 Nutrition Environment & Services: Nutrition, Environment & Services includes integration of nutritious, affordable, and appealing meals, nutrition education, and an environment that promotes healthy eating behaviors for all children. Healthy school nutrition is designed to maximize each child's education and health potential for a lifetime.

#4 Health Services: Health Services includes preventive services, education, emergency care, referral, and management of acute and chronic health conditions. Services are designed to promote the health of students, identify and prevent health problems and injuries, and ensure care for students.

#5 School Counseling, Psychological, and Social Services: School Counseling, Psychological, and Social Services consist of activities that focus on cognitive, emotional, behavioral and social needs of individuals, groups, and families. School based counseling, psychological and social services are designed to prevent and address problems, facilitate positive learning and healthy behavior, and enhance healthy development.

#6 Social & Emotional School Climate: Social and Emotional School Climate refers to the psychosocial aspects of students' educational experience that influence their social and emotional development. Such climates promote health, growth, and development by providing a safe and supportive learning environment.

#7 Physical Environment: The physical and aesthetic surroundings and the psychosocial climate and culture of the school.

#8 Employee Wellness: Opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities.

#9 Family Engagement: Families and school staff work together to support and improve the learning, development, and health of students. Family engagement with schools is a shared responsibility of both school staff and families. Family engagement should be continuous across a child's life and requires an ongoing commitment as children mature into young adulthood.

#10 Community Involvement: An integrated school, parent, and community approach for enhancing the health and well-being of students. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

These components are found to be highly effective in addressing the health risk behaviors that contribute markedly to the leading causes of death, disability and social problems among youth and adults in the US. These risk behaviors involve physical inactivity, poor nutrition, risky sexual behaviors, alcohol and drug use, tobacco use and unintentional injuries and violence. These harmful behaviors are often established during childhood and early adolescence.

The Florida's Coordinated School Health Program is designed to help the young people of our state to grow into healthy and productive adults, by focusing on their physical, emotional, social and educational development, in kindergarten through twelfth grade. The program is a working partnership between the Florida Department of Education and the Florida Department of Health.

The functions of a SHWAC:

- Annually review and approve the School Health Plan
- Advise the school district of current initiatives and resources
- Program planning
- Parent and community involvement
- Advocacy
- Recruitment of community health resources
- Input on fiscal planning
- Evaluation, accountability and quality control

For a successful SHWAC, it is important that the school district and the local health department take an active role and that the School Superintendent and other key personnel support the idea. Remember…….Healthy children make better students, and better students make stronger communities.

Health Room Supplies

The following are a list of recommended health room supplies. Volume on hand for the expendables will depend on student numbers and usage rate. Many of the non-expendables will be ordered from a separate budget.

1. Ace Wrap Bandages
2. Adhesive tape, 1”
3. Alcohol, rubbing
4. Alcohol Prep Pads
5. Aloe Vera Lotion
6. Ammonia Inhalants
7. Baby Wipes
8. Bacitracin ointment
9. Bandaids
10. Calamine lotion/Caladryl
11. Cold packs or ice bag
12. Cotton applicators (long stick)
13. Cotton balls
14. ~~Cough drops (for Middle and High school only)~~ Naloxone
15. Disposable Splints
16. Eye Wash
17. Gauze steripads
18. Gloves, latex
19. Glucose Tabs
20. Kleenex
21. Non-Adhering Pads-different sizes
22. Orthopic Eye Patch
23. Paper cups
24. Peroxide
25. Pins, safety
26. Saline solution, sterile
27. Scissors
28. Soap, Dial or Safeguard (bactericidal)
29. Thermometers
30. Triple Antibiotic Ointment
31. Tweezers
32. Vaseline
33. Portable, insulated, locked container for medications on field trips.
34. Cot, covering (paper) and washable blanket.
35. Covered jars to keep supplies, i.e. cotton balls, applicators, etc.
36. 2” Kling gauze
37. Zip lock bags

Health Room Supplies continued

38. Stop the Bleed Kit
39. Stop the Bleed Gauze
40. Eye Cups
41. Pulse Oximeter
42. ~~Accucheck~~ ~~Machine~~ Glucometer
43. ~~Accucheck~~ Glucose Test-Strips
44. Sharps Containers
45. Sanitary Pads
46. Crackers
47. Juice
48. Burn Aid (for staff)
49. Sani-cloth wipes
50. Surgical masks
51. All purpose RX destroyer
52. Vapor rub
53. Thermometer probe covers-disposable
54. Otoscope specula-disposable
55. Scale
56. Stadiometer (height measurer)
57. Stethoscope
58. Red Biohazard bags
59. Blood pressure cuffs-assorted sizes
60. Wheelchair

Personnel Certified in First Aid and CPR

School: _____

PERSONNEL TRAINED IN CPR/FIRST AID
LOCATION INFORMATION
(To be filled out by each school for all teachers)
LOCATION OF FIRST AID SUPPLIES:
HEALTH CLINIC

~~PERSONNEL WITH FIRST AID TRAINING~~ ~~PERSONNEL WITH CPR TRAINING~~
CPR TRAINED FIRST AID TRAINED
(Please include contact number)

1. _____
2. _____
3. _____
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20. _____

SCHOOL NURSE: _____

EMERGENCY NUMBER 911

SCHOOL DISTRICT OF BAKER COUNTY
FACULTY AND STAFF HEALTH INFORMATION FORM
School Year _____

This is a medical information form that we would like to keep on file in the health room. Providing this information is entirely voluntary. It would only be used by the health room nurse in the event of an emergency situation. This form will be kept in strict confidence, stored in a locked file and shredded at the end of the school year.

Name: _____

Emergency contact: _____

Relationship: _____ Phone: _____

Personal Physician: _____ Phone: _____

Hospital Preference: _____

ALLERGIES: _____

MEDICATIONS: _____

_____

Please list any health problems, conditions, concerns you may have that would be beneficial for us to be aware of in an emergency situation.

_____

_____

_____

_____

Nurse Notes:

BAKER COUNTY SCHOOL BOARD

Staff Request for Administering Medication at School

LAST NAME FIRST BIRTHDATE AGE

ADDRESS COUNTY

CITY STATE ZIP CODE PHONE NUMBER

NAME OF MEDICATION_____ DOSAGE_____

PURPOSE OF MEDICATION_____ ALLERGIES_____

It is understood by the undersigned that school personnel WILL NOT be responsible for possible side effects from administering the above medication. I also give the school nurse permission to discuss the use of this medication with my physician.

Signature of person receiving medication

_____

Date: _____

Date given:_____Site of injection:_____ Nurse initials:_____
Additional
comment:_____

Date given:_____Site of injection:_____ Nurse initials_____
Additional
comment:_____

Date given:_____ Site of injection:_____ Nurse initials_____
Additional
comment:_____

Date given:_____Site of injection:_____ Nurse initials:_____
Additional
comment:_____

Date given:_____ Site of injection:_____ Nurse initials_____
Additional
comment:_____

Date given:_____Site of injection:_____ Nurse initials_____
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Additional
comment:_____

Date given:_____Site of injection:_____ Nurse initials_____
Additional
comment:_____

Date given:_____Site of injection:_____ Nurse initials:_____
Additional
comment:_____

Meeting Emergency Health Needs

Students shall have emergency information (FL Administrative Code 64F-6.004) updated annually, entered in Skyward and maintained at their school of enrollment in the health room. The following minimum information must be collected for each student:

- Contact person
- Family physician
- Allergies
- Significant health history
- Permission for emergency care

The Baker County School District Medical Emergency Plan with the location of emergency supplies and equipment, along with a list of persons currently certified by a nationally recognized certifying agency to provide first aid and CPR must be posted in several areas throughout the school. Notices of personnel certified in first aid and CPR shall be posted, at a minimum, in the health room, school office, cafeteria, gymnasium, home economics classrooms, industrial arts classrooms, and any other area that poses an increased potential for injury.

All school-based nurses or health designees must be certified in first aid and CPR by a nationally recognized certifying agency. In addition, schools must have at least two additional staff members who are currently certified by a nationally recognized certifying agency to provide first aid and CPR as per FL Administrative Code 64F-6.004. Copies of current certifications shall be kept on file in the Health Room. Current certified staff and phone numbers shall be posted by telephones in the administrative offices and in the Health Room.

The school principal (or school nurse or other designee) is responsible for monitoring the adequacy and expiration date of first aid supplies, emergency equipment, and health room facilities and other supplies. All injuries and episodes of sudden illness referred for emergency health treatment shall be documented and reported immediately to the principal or the person designated by the principal. CALL Poison Control at 1-800-222-1222 for any ingestion of drugs or chemicals, etc. to determine what procedures should be followed.

A first aid bag is located in each school health room. Secondary schools have an AED located in the health room, front office, gymnasium or PE field location as required by Florida Statute. Most primary schools have ~~one~~ two AED. A maintenance check will be performed monthly on all AEDs and documented appropriately on the AED Maintenance Checklist. At the end of the school year, the form should be faxed or emailed to Health Services at the Family Service Center.

BAKER COUNTY SCHOOL BOARD – SCHOOL HEALTH SERVICES

EMERGENCY NURSING FLOW SHEET

Date	**Mode of Arrival** Walk W/C Carried RN to Student	**Pain Scale** 0 1 2 3 4 5 6 7 8 9 10

RAPID ASSESSMENT

AIRWAY	**BREATHING**	**CIRCULATION**	**NEURO**
Patent Impaired	Unlabored Labored Shallow Deep Wheezing Rhonchi Clear Diminished	Palpable Pulse _____ Strong Weak Regular Irregular Normal Pale Jaundice Cyanotic	Alert Oriented Confused Unresponsive Clear Slurred Garbled

TIME	**B/P**	**PULSE**	**RESP**	**TEMP**	**ACCUCHEK**	**LMP**

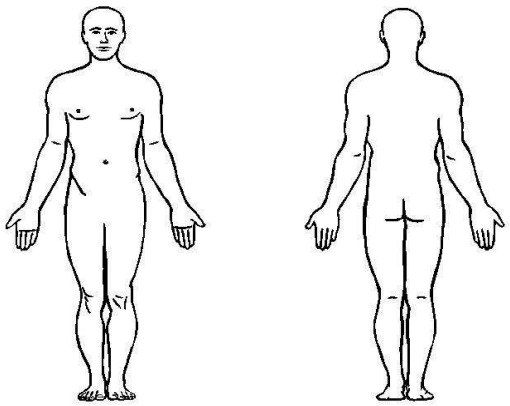
GLASCOW COMA SCALE

Best Eye Opening	4 – Spontaneous 2 – To Pain 3 – To Voice 1_- None
Best Verbal	5 – Oriented 2 – Incomp. Sounds 4 – Confused 1 – None 3 – Inappropriate Words
Best Motor	6 – Obeys Commands 3 – Flexion 5 – Localizes Pain 2 – Extension 4 – Withdrawal 1 - None
GCS TOTAL:	
PUPILS Size Right _____ Left _____ Reactivity Right _____ Left _____	

Abdomen
Soft
Firm
Distended
Tender
Painful
Rigid
Rebound
Nausea
Vomiting
Diarrhea

Bowel Sounds
Present
Absent
Hypoactive
Hyperactive

Incontinence
Bowel
Bladder



A – Abrasion
B – Burns
C – Redness
D – Deformity
E – Ecchymosis
FB – Foreign Body
H – Hematoma
P – Pain/Tender
L – Laceration
PW – Puncture Wound
R – Rash
S - Swelling

NOTES

_____
_____
_____
_____
_____
_____
_____

UNDER THE INFLUENCE SCREENING

GENERAL INFORMATION							
DATE:	TIME:	CAMPUS:		LOCATION:			
NAME:		GRADE:	AGE:		GENDER: LMP:		
METHOD OF TRANSIT TO SCHOOL/HOME: Self Parent Friend Walks Bus Other:				DRIVER'S LICENSE?			
REFERRING ADMINISTRATOR:							
WHY IS THIS STUDENT BEING SCREENED? (incident, acting inappropriately, witnesses, in possession of drug/paraphilia, etc.)							
HEALTH HISTORY (known health problems)		MEDICATIONS (daily, in past 24 hours)					
ALLERGIES: NKA General _____ Medication _____ Food _____ Insect _____							
HISTORY/ACKNOWLEDGEMENT OF PREVIOUS DRUG/ALCOHOL USE? **YES / NO** WHAT?							
TIME LAST ATE? WHAT?		LAST SLEPT? HOW LONG?					

ASSESSMENT						
V/S TIME	T Orally	P Regular	R Unlabored	BP L/R Sitting	SAT	
V/S TIME	T Orally	P Regular	R Unlabored	BP L/R Sitting	SAT	
V/S TIME	T Orally	P Regular	R Unlabored	BP L/R Sitting	SAT	
V/S TIME	T Orally	P Regular	R Unlabored	BP L/R Sitting	SAT	
V/S TIME	T Orally	P Regular	R Unlabored	BP L/R Sitting	SAT	
ORIENTATION	PERSON YES / NO	PLACE YES/NO	TIME YES/NO	EVENT YES/NO		
OVERALL APPEARANCE	Dress Code Out of Dress Code	Clothes Neat/Clean/Well-Groomed Clothing Stained/Torn/Disheveled	Weather Appropriate Inappropriate for Weather			
APPEARANCE	Normal Distant Dazed Confused Nervous Sleepy Jittery Other					
MUSCLE TONE	Normal Flaccid Rigid					
GAIT	Steady Weaving Needs Assistance to Walk Hold/Reaching for Support Robotic Gait Carried					
BEHAVIOR	Alert/Cooperative Uncooperative Depressed Anxious Drowsy Lethargic Relaxed Excited Euphoric Paranoid Hostile Aggressive Other					
MENTAL STATUS	Oriented Confused Hallucinating Lethargic Paranoid Distorted Time Perception Short Term Memory Loss Other:					
SPEECH	Normal Rapid Slurred Mumbling Incoherent Other:					
SKIN	Normal Pale Flushed Clammy Dry Diaphoretic Burns Injection Marks					
BREATH/BODY ODOR	Normal Alcohol Chemical Musky Sweet Other:					
INSPECTION EYES NOSE MOUTH HANDS	Glasses/Contact No EYES Normal Bloodshot Watery Other: Nose/Nares (redness, residue) NO Lower Lip (blisters, debris) NO Tongue (green/brown, blister) NO Uvula Swollen NO If YES, Describe: Hands (stained, debris) NO If YES, Describe:					
PUPIL SIZE, REACTION, TRACKING,	Pupil Size mm Reaction PERRL Sluggish Fixed Tracking Smooth Horizontal Nystagmus NONE Vertical Nystagmus NONE Convergence Normal, Crosses Eyes					

CONVERGENCE	

BALANCE/COORDINATION

RHOMBERG BALANCE "I want you to stand with your feet together and your hands at your side. When I tell you to, I want you to close your eyes and slightly tilt your head backward. When I say "Begin", I want you to estimate the passage of 30 seconds in your mind. When you believe 30 seconds has elapsed, open your eyes, bring your head forward and say stop. Do you understand? (Stop test after 90 seconds)

Estimated 30 seconds as seconds. Tremors? NO Opened eyes? NO Body Swaying? NONE Type of Swaying?

ONE LEG STAND "I want you to stand with your feet together, hands by your sides. Do not start until told to do so. When instructed, raise either foot approximately 6 inches off the ground with your toe pointed out, foot parallel to the ground and count in the following manner: 1001, 1002, 1003 until told to stop. While performing this test, keep your hands at your sides, keep your legs straight and watch your feet. If your foot touches the ground, immediately raise it back up and continue counting. This test will last approximately 30 seconds. Do you understand?"

Swaying? NONE Uses Arms To Balance? NONE Hops? NONE Puts Foot Down? NONE

FOLLOW UP

OUTCOME: Returned to Administrator/SRO/Counselor PARENT CONTACTED BY: REFERRAL TO:

ADDITIONAL INFORMATION:

ASSESSED BY:

This assessment does not imply any type of medical diagnosis. It is solely to assess if the student is in need of immediate or urgent medical evaluation, care, treatment, or is a potential risk to self and/or others.

Baker County School District
AED Maintenance Check
Daily, Monthly, Yearly
Year:_____

School: _____
AED ID#: _____
(ID # can be found on back of AED)
Location of Unit: _____

Daily Maintenance: Check the STATUS INDICATOR to ensure that it is flashing GREEN. When the indicator is flashing GREEN, the AED is ready for a rescue. If the indicator is flashing RED or not flashing at all, refer to the Troubleshooting Table in the manual, located in the AED carrying case.

Daily Maintenance Check

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug																															
Sept																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															
Jul																															

(please initial each box)

Monthly Maintenance Check

Aug _____
Sept _____
Oct _____
Nov _____
Dec _____
Jan _____
Feb _____
Mar _____
Apr _____
May _____
Jun _____
Jul _____

Monthly Maintenance:

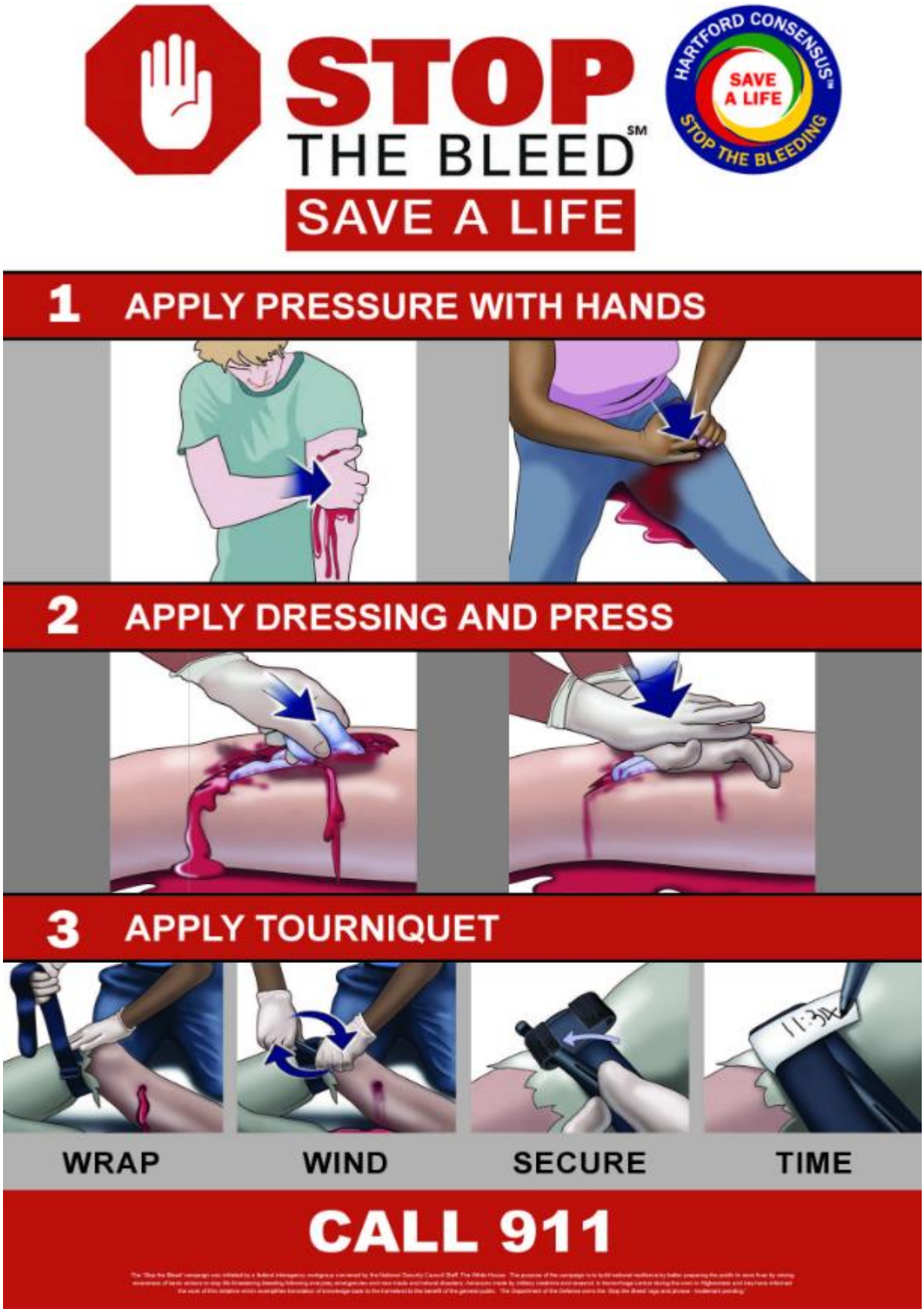
1. *Check the status indicator to insure it is flashing green.*
2. *Check the condition of the unit and accessories.*
3. *Check pads and battery pack expiration dates.*

Extended Self Test (Only preform Extended Self Test if the AED has been used).
Date Used: _____ **Please Initial:** _____

1. *Check the status indicator to insure it is flashing green.*
2. *Check the condition of the unit and accessories.*
3. *Run Extended Self Test. To initiate the Extended Self Test with the unit off, press and hold the On/Off button for at least 5 seconds. The unit will run tests for approximately 10 seconds and report its status before automatically shutting down.*
4. *Replace pads.*

Suggested Items for Emergency Kit

~~Accucheck Machine~~
Alcohol Pads
Antiseptic Hand rub
Assorted bandages
Band-Aids
B/P cuff
Combine Dressing
CPR Shield
Eye Wash
Gauze
Gloves-assorted sized
Glucometer & Test Strips
Glucose Tablets/Gel
Instant Ice Pack
Paper
Pen
Penlight
Pulse Oximeter
Red bags
Ring Cutter
Scissors
Stethoscope
Stop the Bleed Kit
Tape
Thermometer
Tongue Depressors
Ziploc bags (to organize bandages, dressings, gloves)


STOP
THE BLEED℠
SAVE A LIFE
HARTFORD CONSENSUS™
SAVE A LIFE
STOP THE BLEEDING
1 APPLY PRESSURE WITH HANDS
2 APPLY DRESSING AND PRESS
3 APPLY TOURNIQUET
WRAP
WIND
SECURE
TIME
CALL 911

END-OF-YEAR HEALTH ROOM CLOSURE PROCEDURES

- All medications are returned to parents or disposed of. Medications are not to be kept in the health room over the summer. Medications that expire during the school year will need to be picked up by the parent within two weeks of the expired date.
- Out of date medication is stored in a separate locked cabinet until the appropriate parent picks up the medication.
- All medical records are secured for the summer.
- All medication sheets are filed and/or stored.
- All student visit records are filed and/or stored.
- All foodstuffs are removed. No food is to be kept in the health room over the summer.
- Health room is thoroughly cleaned including refrigerator and equipment.
- Supply list/order for next year is prepared and forwarded to appropriate person at school health services.
- Principal/Maintenance is given a list of needed repairs, etc.
- All biohazard waste is removed and the appropriate paperwork completed.
- All equipment is locked/secured or returned to Family Service Center.

Critical Incidents

These incidents include but are not limited to:

- Student safety
- Medical Emergency Plan
- Crisis management
- Weapons on campus
- Violence

When an evacuation is ordered during an emergency situation, Emergency Yellow Cards must be placed in a container and taken to the evacuation site by the health room designee. They must remain in the possession of the health room designee until the situation has subsided and re-entry to the facility is allowed.

Child Abuse Reporting

Chapter 39 of the Florida Statutes mandates that any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare shall report immediately such knowledge or suspicion to the central abuse hotline of the Department of Children and Families.

The Florida Child Abuse Hotline is 1-800-96-ABUSE

Mandatory reporting in Florida includes Nurses, Health Professionals, Mental Health Professionals, School Teachers, School Officials or Personnel, Social Workers, Day Care Center Workers, Professional Child Care Workers, Physicians, Osteopaths, Medical Examiners, Hospital Personnel, Foster Care Workers, Law Enforcement, Judges, Institutional Workers, Chiropractors and Practitioners who rely solely on spiritual means of healing.

The nurse who reports a suspected case of child abuse should notify the principal or assistant principal and guidance counselor.

Resource Information on Federal, State and Local Children's Programs

Florida KidCare

Through Florida KidCare, the State of Florida offers health insurance for children from birth through age 18. It includes four different parts, or programs. Eligibility for some KidCare programs is based on income. When applying for the insurance, the KidCare office will check which program a child may be eligible for:

- **Medikids:** for children under age 5
- **Healthy Kids:** for children age 5 through 18, available in most counties
- **Children's Medical Services Network:** for children from birth through 18 who have special health needs or ongoing medical conditions
- **Medicaid:** for children from birth through 18

In order to apply for the Florida KidCare program a Florida KidCare application must be filled out online at www.floridakidcare.org or mailed to the address found on the application. Applications can be obtained by calling 1-888-540-KIDS or may be found on the KidCare website. They are also available at many schools.

Services covered by Florida KidCare include:

- Doctors visits
- Check-ups
- Shots
- Hospital
- Surgery
- Prescriptions
- Vision
- Hearing
- Mental health
- Emergencies
- Dental

All Florida KidCare programs use selected doctors, hospitals, therapists, or health plans to provide services.

Healthy Start

The goal of Healthy Start is to reduce infant mortality, reduce the number of low birth weight babies and improve health and developmental outcomes. For more information call the Baker County Health Department 904-259-6291.

WIC (Women, Infants and Children)

WIC is a nutrition education program that provides supplemental foods, which promote good health for pregnant, breastfeeding and postpartum women, infants and children up to the age of five.

Being enrolled in the WIC program offers a number of excellent benefits including:

- Nutritious foods at no cost
- Nutrition counseling for yourself and your children
- Saves money on groceries. The extra money can be used to purchase fresh fruits, vegetables, meats, baby food and other foods that WIC does not provide.

Call 904-259-6291 to get more information about WIC or to make an appointment.

BAKER COUNTY HEALTH DEPARTMENT PEDIATRIC DENTAL PROGRAM

The Baker County Health Department in conjunction with the Baker County School Board is providing dental services to children on Medicaid or specific Medicaid HMO's.

The following procedure should be followed when referring children for Dental Bus Services:

1. Send home BCHD Dental Program consent form. (see attachment)

2. When returned, forward to the appropriate school nurse.

3. BCHD Dental Clinic checks insurance eligibility and will send names and status to each appropriate school nurse.

4. You will then receive packets to send home with the student to be filled out and returned to school health room.

5. When you receive the completed packets forward them to the BCHD dental clinic.

6. Parent may call Baker County Health Department for appointment when completed packet has been returned to their child's school.

To schedule an appointment for the dental bus or to ask questions, please call 904-259-9815.

The Dental Bussing Program enables eligible children to be "bussed" to the Baker County Health Department during school hours for dental care.

Students who are on **Medicaid or Kidcare** are eligible for this program. Services provided: dental exam/x-rays, cleanings, sealants, fillings and extractions.

Parents who wish to have their children participate should sign the permission slip below and fill out the attached medical history. Please return the packet to your child's school nurse or the Baker County Health Department-Dental Clinic.

PLEASE NOTE: Your child will not be scheduled for a dental visit until the health history package is received and eligibility is verified. Please fill out the packet LEGIBILY and NEATLY. BE SURE TO SIGN ALL PAGES AND DO NOT LEAVE ANY BLANK SPACES or QUESTIONS UNANSWERED; this will delay your child's care while papers are being returned to you for completion.

******RETURN BY October 31st *****

Not all eligible children will be served due to limitations in the number of appointments. We will attempt to provide as much care as our time and resources allow.

If you have any questions, please feel free to contact our office 904-259-9815 or your school nurse.

PLEASE PRINT CLEARLY

I give my permission for my child_____,
Date of Birth_____,
Mailing Address_____,
Phone Number (daytime) (_____) _____,
Name of school child attends _____Grade_____,
Teacher _____, to participate in the Baker County Health Department Dental Program and to be transported to and from the Health Department located at 480 West Lowder Street, Macclenny, Florida. I also give permission for my child to receive x-rays, local anesthesia and dental treatment which includes cleanings, fillings, and extractions (tooth removal) as well as any pre or post-op medications that the dentist feels are appropriate.

_____ _____
Parent or Guardian Signature Date

_____ ____BAKER_____
Printed name (same as above) County

Graphic will be removed

Dear School/Health Department Personnel,

Please find enclosed vision referral information (including a master copy of our referral form) for Florida's Vision Quest. We are a **501c3, state-funded** organization that partners with Florida public schools and health departments to provide no cost eye exams and corrective eyeglasses, when needed, for qualifying students.

Our program offers both **in-office** services through our network of dedicated physicians as well as **on-site** services, when the number of children is sufficient, via the Vision Quest Mobile Unit. Additional information for the mobile unit is included in this packet.

Since our program began in 1994, we have provided clear vision to over 140,000 children. It is our goal to insure that every child in need have an opportunity to see their world clearly.

Upon review of this referral information, if you have any questions, please do not hesitate to contact our office at **386-917-1001 ext. 226**. Our staff will be happy to work with you to help your students receive the care they need.

Sincerely,

The Florida's Vision Quest Team

167 N. Industrial Drive • Orange City, FL 32763 • 386-917-1001 • www.flvq.org

Graphic will be removed

Florida's Vision Quest (FVQ)
2018-2019 Guidelines for Vision Referrals

Students Must Meet All Three Criteria:

- **Enrolled in public schools (PreK-12),**
- **Failed** a school-based vision screening at 20/40 or worse **and,**
- **Not have access** to Medicaid, Medicaid HMOs, other government sponsored health insurance, or commercial insurance that cover eye exams and glasses

Submitting a Referral:

- Fill out **left-hand side** of the FVQ Referral Form **COMPLETELY**. Print or type information only.
- Must provide School District assigned **Student ID#.**
- **Fax** - 386-917-1008 or 386-917-1009, or
- **Email** – scan completed form into a computer and email to **Becky@flvq.org**.
- **Mail** - Florida's Vision Quest, 167 N. Industrial Dr., Orange City FL 32763

What happens next?

After FVQ receives the referral and **eligibility is verified**, a **letter will be sent to the family** with the assigned Doctor's information and instructions.
Letters will be in **both English and Spanish**.
Parent/Guardian **must schedule an appointment** with the **assigned Doctor** upon receiving the letter.
After the examination, if glasses are required, **glasses will be mailed to the Doctor's office** for dispensing.

Important reminders:

- **Only school or health department staff may submit referral forms.** DO NOT GIVE TO FAMILIES!
- Referrals completed by students or families **will not be processed!**
- Please remember that this program is designed to provide eye exams and eyeglasses for students who **would not be able to obtain them by any other means** due to financial hardships.

Replacing Broken or Lost Eyeglasses:

- Eyeglasses have a **six-month warranty**. Call our office at 386-917-1001 x226 or x228 for information.
- **Additional** eyeglasses may be purchased for a fee of **$48.00**.
  - Please call our office at **386-917-1001 ext. 228** to purchase via **credit/debit card**. A **$2.00 processing fee** will be charged on all credit/debit card transactions.

OR

  - If preferred, parents may **mail a check/money order (payable to Vision Quest Lab, LLC)** with a note that includes **child's name, date of birth, a daytime phone number**, and the **return mailing address** to:

Florida's Vision Quest
167 N. Industrial Drive
Orange City, FL 32763

Graphic will be removed

PH: 386-917-1001 x228 or 221
FAX: 386-917-1008 or 386-917-1009

Florida's Vision Quest
Referral Form

167 N. Industrial Drive
Orange City, FL 32763

Section I: Completed by school/health department personnel.

_____ County: _____

ent ID#: _____ (Must have to process)

ent Name: _____
First M.I. Last

Date of Birth: ____/____/____ Gender: Male or Female

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ FL Zip: _____

Phone#: _____

Email : _____

Send Spanish letter? □ Does child wear glasses? □

Does child have access to vision insurance? Y or N

Did child fail vision screening, per State guidelines? Y or N

Vision Screening Date ___/___/___

Ethnicity/Race:

□ Asian □ White

□ Black/African American □ Other

□ Hispanic/Latino

School : _____ ES MS HS

Grade: _____

Eligibility Verified By: _____

Referral Contact Signature and Title

Contact Name: _____

Contact Phone: (____) _____ - _____ ext. _____

Contact Fax: (____) _____ - _____

Contact E-Mail: _____

Section II: Completed by Physician and Optical

Student Name: _____

Parent/Guardian Signature for Permission on File? _____ (Please initial)

Dr. _____ County: _____
In Office ____ On Mobile Unit ____

Dr. Ph: (____) _____ - _____ Dr. Fax: (____) _____ - _____

Diagnosis (circle all that apply) **Exam date:** _____

Amblyopia Esotropia Hyperopia **Best corrected acuity:**

Astigmatism Emmetropia Myopia **R 20/____**

Color Blind Glaucoma Strabismus **L 20/____**

Other: _____

	Sphere	Cyl	Axis	Prism	Direction	Base Curve	Lens type
R							SV
L							FT
	Add	Seg Ht	OC Ht	**PD**			TRI
R				DISTANCE			
L				NEAR			OTHER

FRAME Color Eye Size DBL All Frames Supplied By Lab

Dilation: Yes ___ No ___ If 'No', why? Send To:

Notes:

Insurance (FL:VQ Ofc. Only) Eligible(No Ins.)___ Ineligible ___

Dispensed Date: **Revised 6/18**

RESOURCES

Acute Problems	Private Provider.
Career & Adult Education	(GED) 904-259-0403
Child Abuse	DCF Children & Families Abuse Hotline **1-800-96A-BUSE.** Domestic Violence 904-259-2009 located at the Family Service Center.
Chronic Diseases	Baker County Health Department 904-259-6291 Or Private Providers.
Domestic Violence	904-259-2009 at the Family Service Center
Family Planning	Baker County Health Department, 904-259-6291
Food	Samaritan's House, 904-259-1588
Dental	Private Providers Baker County Health Dept. 904-259-9815 (Medicaid and sliding scale fees)
Drug Abuse	Baker Community Counseling Services 904-259-0264 Drug Education – 904-259-7822
Eating Disorders	Baker County Health Department 904-259-6291
Educational /Student Services	904-259-7825
Glasses	Macclenny Lions Club, Applications available by school nurse. ~~Florida's Vision Quest- applications available by school nurse.~~ Private Providers
Hearing	Baker County Public Health Department 904-259-6291 Private Providers
Immunizations	Baker County Public Health Department 905-259-6291 Private Providers

Mental Health	River Region Behavioral Health Care 904-899-6300 ext. 4100 Refer through guidance office for ESE. Meridian Baker 904-259-4091 or Meridian Crisis Line (352)374-5600 Option 1
Obesity	Baker County Public Health Dept. 904-259-6291 Private Providers
Parenting Help	Head Start, Family Service Center 904-259-8162 or 904-259-8722
Poison Control Center	800-222-1222 (University of FL. Poison Information Center)
Pregnancy	Baker County Public Health Department – 904-259-6291 First Coast Women's Center 904-259-2585 Private Provider
School Physicals	Baker County Health Department by appointment Private Providers CVS Pharmacy Baker Rural Health Clinic
Scoliosis	Baker County Health Department – 904-259-6291 Private Providers
Sexual Violence	Women's Center of Jacksonville located at the Family Service Center, 904-722-3000 **Rape Crisis Hotline** 904-721-7273
Sexually Transmitted Disease	Baker County Health Department, 904-259-6291
Social or Emotional Problems	Refer to school guidance counselor

New graphic

Community Resources – Baker County

Mental Health & Substance Abuse

AHEC (Tobacco Quit Line)
904-482-0189

Alcoholics Anonymous
(904)399-8535

Gateway Community Services
(Substance Abuse Treatment)
555 Stockton Street
Jacksonville, FL 32204
(904)387-4661

Meridian
(Counseling/Substance Abuse)
92 West Lowder Street
Macclenny, FL 32063
(94) 259-4091

Baker Counseling
Ms. Sally I. Haynes LMHC, MAC, EMDR Certified
(Mental Counseling, Substance Abuse, Free sexual abuse counseling)
6924 East Mount Vernon St #107
Glen St. Mary, FL 32040
904.226.4025

Narcotics Anonymous
(904)723-5683

Poison Control Hotline
1-800-222-1222

Suicide Crisis Lifeline
988

The Hope Center of Baker County, Inc. (Support Groups/Peer Recovery)
300 East MacClenny Avenue
MacClenny, FL 32063
(904) 259-5726

Willow Tree Therapy Services
(Mental Health Counseling)
19 W Macclenny Ave, Suite 111
Macclenny, FL 32063
904-349-5299

Education

Baker County Adult Education Center
523 West Minnesota Avenue
Macclenny, FL 32063
(904)259-0403

Episcopal Children's Services
418 South 8th Street
Macclenny, FL 32063
(904) 259-4225 Child Care Resource and Referral
(904)259-1177 Head Start
(904)-259-8982 Early Head Start

FDLRS - Florida Diagnostic & Learning Resource System
Identifies ages 0-21, who may need special education and early intervention Services
1-800-227-6036

New River Public Library
(Diploma/GED Assistance)
(386)496-2526

Medical

Children's Medical Center
1419 S 6th Street
Macclenny, FL 32063
904-653-1822

Florida Department of Health in Baker County
(Medical/ Dental)
480 West Lowder Street
Macclenny, FL 32063
(904)259-6291

Baker Rural Health Clinic
155 N 3rd St
Macclenny, FL 32063
904-653-4700

Baker Medical Services Ed Fraser Hospital
159 North 3rd Street
Macclenny, FL 32063
(904) 259-3151

Florida Kid Care (Children/Youth)
888-540-5437

Hometown Home Health
(In-home healthcare)
421 S 6th Street
Macclenny, FL 32063
904-259-2273

Macclenny Pediatrics
28 W Macclenny Ave
Macclenny, FL 32063
904-259-5766

VITAS Healthcare
(Hospice)
36 E Macclenny Ave
Macclenny, FL 32063
904-259-8919

Family & Community Resources

Baker County Council on Aging
9264 Buck Starling Rd
Macclenny, FL 32063
904-259-2223

Baker County Veteran's Council
Macclenny, FL 32063
904-259-2516

Emily Taber Public Library
(Story Time/Computer use)
14 West McIver Avenue
Macclenny, FL 32063
(904)259-6464

First Baptist Church of Macclenny
Garment Rack
(Clothing giveaway 3rd Saturday each month)
372 South 6th Street
Macclenny, FL 32043
(904)259-2933

First Coast Women's Services
(Free Pregnancy Test/Ultrasounds)
368 South 5th Street
Macclenny, FL 32043
(904)259-2585

Florida Child Abuse Hotline
1-800-962-2873

Glen Baptist Church
(Foster Care Closet/accepts gently used donations for families)
9846 George Taber Blvd
Glen St. Mary, FL 32040
(904)259-6977

New graphic

Healthy Start
(Pregnancy/Infant/Car Seat Checks/Breastfeeding Support)
480 West Lowder Street
Macclenny, FL 32063
(904)259-6291

Hubbard House
(Domestic Violence)
PO Box 4909
Jacksonville, FL 32201
1-800-500-1119 or 904-259-2009

Positive Divorce Resolution
(Parenting Class)
https://www.divorce-resolution.com/
1-888-747-5362

Three Rivers Legal Services
1-800-372-0936

United Way 211
904-632-0600

Women's Center of Jacksonville
Rape Recovery Team Hotline
Provides Counseling, Community Education, Information and Referral
904-574-1326
904-718-5242

YMCA of Baker County
136 West Lowder Street
Macclenny, FL 32043
(904)259-0898

Youth Crisis Center
(Youth ages 18-24)
904-725-6662

Veteran's Crisis Line
1-800-273-8255

Financial, Food, & Employment Assistance

Career Source (Employment)
1184 South 6th Street
Macclenny, FL 32063
(904)259-9309

ElderSource
Aging Population & Disability Resource Center
1-888-242-4464
904-391-6600

Child Support Assistance
1415 West Highway 90, Suite 110
Lake City, FL 32025
(386)719-2794 or 1-800-622-5437

Community Action Agency
1218 South 6th Street
Macclenny, FL 32063
(904)259-4481

Partnership for Strong Families
5950 NW 1st Place, Suite 300
Gainesville, FL 32607
O: (352) 244-1626 | C: (352) 318-1298

Macclenny Housing Authority
(Housing/HUD)
402 Stansell Avenue
Macclenny, FL 32063
(904)-259-6881

Medicaid/Access Florida
1-866-762-2237

Sulzbacher Center for the Homeless (Jacksonville)
904-359-0457

The Samaritan House
(Food)
Monday – Saturday 10am – 1pm
6444 U.S. Hwy 90
Glen St. Mary, FL 32040
(904)-259-1199

WIC
(Breastfeeding/Nutrition Counseling)
480 West Lowder St
Macclenny, FL 32063
(904) 320-6034

Chapter 3

Registration Requirements, Record Keeping and Confidentiality

Chapter 3

Record Keeping and Confidentiality

Maintenance of Health Records

According to Florida Administrative Code 64F-6.005, personnel authorized by School Board policy shall maintain cumulative health records on each student in the school. Such records shall include information regarding:

- Immunization status and certification.
- Health history, including any chronic conditions and treatment plan.
- Screening tests, results, follow-up and corrective action.
- Health examination report.
- Documentation of injuries and/or episodes of sudden illness referred for emergency health care.
- Documentation of any nursing assessments done, written care plans, counseling in regards to health matters and results.
- Documentation of any consultation with school personnel, students, parents, guardians, or service providers about a student's health problem, recommendations and results.
- Documentation of physician's orders and parental permission to administer medication or medical treatments given in the school.

Confidentiality

FERPA is a Federal law that protects the privacy of students' "education records." FERPA applies to educational agencies and institutions that receive funds under any program administered by the U.S. Department of Education. This includes virtually all public schools and school districts and most private and public postsecondary institutions. The term "education records" is broadly defined to mean those records that are: (1) directly related to a student, and (2) maintained by an educational agency or institution or by a party acting for the agency or institution. At the elementary or secondary school level, students' immunization and other health records that are maintained by a school district or individual school, including a school-operated health clinic, that receives funds under any program administered by the U.S. Department of Education are "education records" subject to FERPA, including health and medical records maintained by a school nurse who is employed by a school district. Therefore, if the nurse is hired as a school official, the records maintained by the nurse or clinic are "education records" subject to *FERPA*. Education records in public schools are covered by FERPA and are specifically exempted from the HIPAA Privacy Rule.

If publicly funded schools transmit personally identifiable student health information electronically to Medicaid or an insurance company for health services, they must comply with applicable requirements of the HIPAA Transaction Rule.

The HIPAA Privacy Rule allows covered health care providers to disclose protected health information about students to school nurses, physicians or other healthcare providers for treatment purposes, without the authorization of the student or student's parent.

Any information placed in a student cumulative health record is confidential and should not be released without written consent of the parent or guardian. Confidential information shall include notes taken during a counseling session or mental health assessment and evaluation. Access to the cumulative health record should be limited to those with a genuine need to know and as per School Board Policy. Health records may be kept inside the student's cumulative folder in the records vault or in a locked cabinet inside the health room.

Confidentiality Issues and Students with Communicable Diseases/Chronic Health Conditions

Many times school personnel are placed in the position of answering questions from numerous concerned parents about the spread of a particular disease in the school setting or if a student has a particular disease. The most common and most difficult example is meningitis. Word of a case of meningitis or other infectious disease in a school can cause widespread panic in parents and even school staff. It is important to maintain the confidentiality of the student who has been diagnosed with a communicable disease whether it is meningitis, HIV or Tuberculosis, etc.

Do not release the name of the student with the particular disease to parents, members of the community or even school staff. Only school staff with a legitimate need to know (as determined by the principal) should be informed. However, in a school setting, there are few cases of other personnel that have a genuine need to know. In general, only the principal or his/her designee, shall determine who, if anyone, should have access to student health-related information.

Inadvertent or intentional release of confidential information such as a medical diagnosis in association with a student can place the employee and the school district at considerable legal risk.

General advice regarding the spread of a disease, prevention of spread and control measures can frequently be given without compromising a student's right to confidentiality. On medical issues, the School District, with direction from the Health Department, will establish a plan of action based on individual situations.

NEW STUDENT REGISTRATION

SCHOOL ENTRY IMMUNIZATION AND MEDICAL EXAMINATION LAW FLORIDA STATUTE 1003.22

The school entry immunization and medical examination law (Florida Statute 1003.22) should be enforced when registering new students in Baker County.

School Entry Immunization Requirements

For the current school year, form DH 680 (Certification of Immunization) and form DH 681 (Religious Exemption) are the only acceptable immunization certifications for admittance to a public or non-public school, grades Pre-K-12. These new requirements apply only to first time students entering into the Florida School System in grades Pre-K-12.

Students who are currently enrolled with proper documentation, who transfer from one school to another; from public to private school; from one county system to another within the State of Florida, etc., do not need new certification, but will be requested to present a copy of their old DH 680 prior to entering. The DH 680 forms will be screened for proper documentation. There will be selected cases that will require the parent to contact their private physician, NAS Jax or the Baker County Health Department for correction or completion of the DH 680. THESE REQUIREMENTS APPLY TO SUMMER SCHOOL ENTRIES ALSO.

Students transferring from counties within the State of Florida can be granted a grace period up to thirty (30) days in which to receive a copy of the records from the transferring school. If there is a question about the spacing of immunizations or if dates of immunizations are missing, no thirty (30) day grace period will be allowed. All new students must present a form DH 680 upon enrollment or the school must receive the hard copy transferred from the previous school prior to enrollment.

If the family has a copy of the student's immunization record (DH 680), this will ensure that their child will not be delayed in enrolling in a new school because of the lack of immunization certification.

School Entry Medical Examination

- All initial entry students to a Florida public or private school must present certification of a medical examination within twelve (12) months prior to the date of Florida school entry.
- Certification of an examination during the past twelve (12) months by a certified medical provider will be valid. The exam must be comparable to the Florida DH form 3040 with the review of systems etc. An out of state physical exam will be accepted as long as it complies with the above requirements. The form 3040 should not be reproduced and distributed to parents. All physicians and Navy hospitals have copies.

- Each school should compile a list of all new Florida entries (K through 12) noting grade level.
- Exceptions: as noted in the law, exemption is permitted for religious reasons.
- Schools are to follow procedures for temporary exclusion for non-compliance.

Procedures for carrying out temporary exclusion policy for non-compliance with health records requirement

Immunizations:

- Florida Transfers: Students transferring from another county in Florida will be given a temporary thirty (30) day exemption in order to allow time for transfer of records. The school will review the records and notify parents if needed.
- New students: All first time entries in Florida schools must present proof of immunizations. The principal will be notified of excluded students.

Physical Examinations:

- All first time entries in Florida schools must present proof of physical examination.

Baker County School District

School Health Services Information Form

Student Name _____ Student Grade _____ Gender (Circle) M F

Student DOB _____ Student ID _____

Parent Name _____ Parent Cell # _____ Parent Home #_____

Parent Work #. _____ Parent Email _____

In an effort to provide safe, informed care for your child at school, each year the Baker County School Health Services Department requires updated health information as part of student enrollment. Baker County School District keeps all medical information about your child confidential as required by the Family Educational Rights and Privacy Act and other applicable laws. However, health information about your child will be communicated to Baker County school personnel who require the information to better serve your child. **If your child has a new medical condition, or any medical changes (acute or chronic) occur during the school year, it is your responsibility as the parent/guardian to notify the school nurse and provide medical documentation from your physician.**

ABDOMINAL ISSUES:
Due to: __ Irritable bowel syndrome __ Gastric reflux
__ Crohn's disease __ Ulcerative colitis
__ Constipation __ Other: _____
What medications are taken for this? _____

ADD/ADHD: When was your child diagnosed? _____
Is your child under medical care at this time? **Yes No**
What medications are taken for this? _____

ALLERGY: (other than seasonal allergies)
__ Food allergy (specify food): _____
__ Medication allergy (specify med): _____
__ Insect allergy (specify insect): _____
__ Latex allergy
Symptoms of reaction? _____
Has a physician prescribed epinephrine for this allergy?
Yes No (If yes, please contact school nurse)
What medications are taken for this? _____

BLOOD DISORDERS:
__ Sickle cell anemia __Sickle cell trait
__ Clotting disorder (i.e. hemophilia)
__ Other _____
What medications are taken for this? _____

BREATHING ISSUES: __ Asthma __ Cystic fibrosis
__ Tracheostomy __ Other _____
When was your child diagnosed? _____
Is your child under medical care at this time? **Yes No**
What medications are taken for this? _____
How often does your child use rescue inhaler? _____
Does your child use a nebulizer? **Yes No**
Does your child wake at night with a cough? **Yes No**

COMMUNICABLE DISEASES:
Has your child had chicken pox? **Yes No** Date: _____
Has your child had a positive TB test? **Yes No** Date: _____

DIABETES: __ Type 1 __ Type 2
What medications are taken for this? _____

EARS, EYES, NOSE: __ Frequent ear infections
__ Hearing Loss **R / L** Wears hearing aid? **Yes No**
__ Frequent Nosebleeds caused by: _____
__ Wears glasses or contacts **Yes No**
__ Vision loss not corrected with glasses/contacts **R / L**

EMOTIONAL ISSUES: __ Depression __ OCD __ Bipolar
__ Other _____
When was your child diagnosed? _____
Is your child under medical care at this time? **Yes No**
What medications are taken for this? _____

HEART CONDITIONS: __ Long Q/T syndrome
__ High blood pressure __ Irregular heart rate
__ Heart defect, type: _____ Repaired? **Yes No**
__ Other _____
What medications are taken for this? _____

MUSCLE, BONE, JOINT DISORDERS: __ Arthritis __Scoliosis
__ Other: _____
Are there any P.E. restrictions for this condition? **Yes No**
Is your child under medical care at this time? **Yes No**
What medications are taken for this? _____

NEUROLOGICAL: __ Migraines __ Autism spectrum disorder
__ Seizures, type: _____ Date of last? _____
__ Cerebral palsy __ Spina bifida __ Other _____
What medications are taken for this? _____

OTHER HEALTH CONDITIONS: _____

Special procedures: (tube feeding, catheterization, etc)

ALL medications taken during school hours and school related activities must be brought to the clinic by an adult. A separate permission form is required for each medication. Florida law requires parent permission and physician order to carry an inhaler or emergency epinephrine at school. Contact your school nurse for information.

Medications not listed above	Amount	Reason	At Home/At School

☐ **My child has NO KNOWN HEALTH CONDITIONS and does not require any medications at home or school.**

Parent/Guardian Name (Print) Parent/Guardian Signature Date

MIS2017.0217.001

Graphic to be replaced with Updated version

Do Not Wait Until the Last Minute!



What Your Child Needs For 2019–2020 School Entry/Attendance

Before entering or attending school in Florida (kindergarten through twelfth grade), each child must provide a *Florida Certification of Immunization* (DH 680 form), documenting the following vaccinations:

Public/Private Schools Kindergarten through Twelfth Grade:

- Four or five doses of diphtheria-tetanus-pertussis (DTaP) vaccine±
- Three doses of hepatitis B (Hep B) vaccine
- Three, four or five doses of polio (IPV) vaccine*
- Two doses of measles-mumps-rubella (MMR) vaccine
- Two doses of varicella vaccine† for kindergarten and grades one through eleven
- One dose of varicella vaccine† for grade twelve

Seventh Grade:

In addition to kindergarten through twelfth grade vaccines, students entering or attending seventh grade need the following vaccinations:

- One dose of tetanus-diphtheria-pertussis (Tdap) vaccine in grades seven through twelve
- An updated DH 680 form to include Tdap, must be obtained for submission to the school

Need health insurance for your child? Apply online at www.floridakidcare.org or call 1-888-540-5437 for an application.

Florida KidCare

± The fifth dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.
* If four or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least six months after the previous dose. A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least six months after the previous dose.
† Varicella vaccine is not required if varicella disease is documented by the health care provider.

FOR MORE INFORMATION, CALL 1-877-888-7468 OR VISIT WWW.IMMUNIZEFLORIDA.ORG.

03/19 Florida HEALTH Immunizing Florida. Protecting Health.

PHAB Accredited Health Department Public Health Accreditation Board

New graphic

Do Not Wait Until the Last Minute!



What Your Child Needs For 2023–2024 School Entry

Before entering or attending school in-person or virtually (kindergarten through twelfth grade) each child must provide a *Florida Certification of Immunization* (DH 680 form), documenting the following vaccinations:

Public/Private Schools Kindergarten through Twelfth Grade:

- Four or five doses of diphtheria-tetanus-pertussis (DTaP) vaccine±
- Three doses of hepatitis B (Hep B) vaccine
- Three, four or five doses of polio (IPV) vaccine*
- Two doses of measles-mumps-rubella (MMR) vaccine
- Two doses of varicella vaccine†

Seventh Grade:

In addition to kindergarten through twelfth grade vaccines, students entering or attending seventh grade need the following vaccinations:

- One dose of tetanus-diphtheria-pertussis (Tdap) vaccine in grades seven through twelve
- An updated DH 680 form to include Tdap, must be obtained for submission to the school

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Florida KidCare

± The fifth dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.
* If four or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least six months after the previous dose. A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least six months after the previous dose.
† Varicella vaccine is not required if varicella disease is documented by the health care provider.

FOR MORE INFORMATION, CALL 1-877-888-7468 OR VISIT WWW.IMMUNIZEFLORIDA.ORG.

05/23 Florida HEALTH Immunizing Florida. Protecting Health.

PHAB Accredited Health Department Public Health Accreditation Board

~~The 2011 Florida Statutes~~

Title XLVIIIChapter 1003
PUBLIC K-12 EDUCATION
Chapter 1003
K-20 EDUCATION CODE

Title XLVIII	Chapter 1003
K-20 EDUCATION CODE	PUBLIC K-12 EDUCATION

~~1003.22 School-entry health examinations; immunization against communicable diseases; exemptions; duties of Department of Health.—~~

~~(1)Each district school board and the governing authority of each private school shall require that each child who is entitled to admittance to kindergarten, or is entitled to any other initial entrance into a public or private school in this state, present a certification of a school-entry health examination performed within 1 year before enrollment in school. Each district school board, and the governing authority of each private school, may establish a policy that permits a student up to 30 school days to present a certification of a school-entry health examination. Children and youths who are experiencing homelessness and children who are known to the department, as defined in s. 39.0016, shall be given a temporary exemption for 30 school days. Any district school board that establishes such a policy shall include provisions in its local school health services plan to assist students in obtaining the health examinations. However, a child shall be exempted from the requirement of a health examination upon written request of the parent of the child stating objections to the examination on religious grounds.~~

~~(2)The State Board of Education, subject to the concurrence of the Department of Health, shall adopt rules to govern medical examinations and immunizations performed under this section.~~

~~(3) The Department of Health may adopt rules necessary to administer and enforce this section. The Department of Health, after consultation with the Department of Education, shall adopt rules governing the immunization of children against, the testing for, and the control of preventable communicable diseases. The rules must include procedures for exempting a child from immunization requirements. Immunizations shall be required for poliomyelitis, diphtheria, rubeola, rubella, pertussis, mumps, tetanus, and other communicable diseases as determined by rules of the Department of Health. The manner and frequency of administration of the immunization or testing shall conform to recognized standards of medical practice. The Department of Health shall supervise and secure the enforcement of the required immunization. Immunizations required by this section shall be available at no cost from the county health departments.~~

~~(4) Each district school board and the governing authority of each private school shall establish and enforce as policy that, prior to admittance to or attendance in a public or private school, grades kindergarten through 12, or any other initial entrance into a Florida public or private school, each child present or have on file with the school a certification of immunization for the prevention of those communicable diseases for which immunization is required by the Department of Health and further shall provide for appropriate screening of its students for scoliosis at the proper age. Such certification shall be made on forms approved and provided by the Department of Health and shall become a part of each student's permanent record, to be transferred when the student transfers, is promoted, or changes schools. The transfer of such immunization certification by Florida public schools shall be accomplished using the Florida Automated System for Transferring Education Records and shall be deemed to meet the requirements of this section.~~

~~(5) The provisions of this section shall not apply if:~~

~~(a) The parent of the child objects in writing that the administration of immunizing agents conflicts with his or her religious tenets or practices;~~

~~(b) A physician licensed under the provisions of chapter 458 or chapter 459 certifies in writing, on a form approved and provided by the Department of Health, that the child should be permanently exempt from the required immunization for medical reasons stated in writing, based upon valid clinical reasoning or evidence, demonstrating the need for the permanent exemption;~~

~~(c) A physician licensed under the provisions of chapter 458, chapter 459, or chapter 460 certifies in writing, on a form approved and provided by the Department of Health, that the child has received as many immunizations as are medically indicated at the time and is in the process of completing necessary immunizations;~~

~~(d) The Department of Health determines that, according to recognized standards of medical practice, any required immunization is unnecessary or hazardous; or~~

~~(e) An authorized school official issues a temporary exemption, for a period not to exceed 30 school days, to permit a student who transfers into a new county to attend class until his or her records can be obtained. Children and youths who are experiencing homelessness and children who are known to the department, as defined in s. 39.0016 , shall be given a temporary exemption for 30 school days. The public school health nurse or authorized private school official is responsible for follow-up of each such student until proper documentation or immunizations are obtained. An exemption for 30 days may be issued for a student who enters a juvenile justice program to permit the student to attend class until his or her records can be obtained or until the immunizations can be obtained. An authorized juvenile justice official is responsible for follow-up of each student who enters a juvenile justice program until proper documentation or immunizations are obtained.~~

~~(6)(a) No person licensed by this state as a physician or nurse shall be liable for any injury caused by his or her action or failure to act in the administration of a vaccine or other immunizing agent pursuant to the provisions of this section if the person acts as a reasonably prudent person with similar professional training would have acted under the same or similar circumstances.~~

~~(b) No member of a district school board, or any of its employees, or member of a governing board of a private school, or any of its employees, shall be liable for any injury caused by the administration of a vaccine to any student who is required to be so immunized or for a failure to diagnose scoliosis pursuant to the provisions of this section.~~

~~(7) The parents of any child admitted to or in attendance at a Florida public or private school, grades pre-kindergarten through 12, are responsible for assuring that the child is in compliance with the provisions of this section.~~

~~(8) Each public school, including public kindergarten, and each private school, including private kindergarten, shall be required to provide to the county health department director or administrator annual reports of compliance with the provisions of this section. Reports shall be completed on forms provided by the Department of Health for each kindergarten, and other grade as specified; and the reports shall include the status of children who were admitted at the beginning of the school year. After consultation with the Department of Education, the Department of Health shall establish by administrative rule the dates for submission of these reports, the grades for which the reports shall be required, and the forms to be used.~~

~~(9) The presence of any of the communicable diseases for which immunization is required by the Department of Health in a Florida public or private school shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency. The declaration of such emergency shall mandate that all students in attendance in the school who are not in compliance with the provisions of this section be identified by the district school board or by the governing authority of the private school; and the school health and immunization records of such children shall be made available to the county health department director or administrator. Those children identified as not being immunized against the disease for which the emergency has been declared shall be temporarily excluded from school by the district school board, or the governing authority of the private school, until such time as is specified by the county health department director or administrator.~~

~~(10) Each district school board and the governing authority of each private school shall:~~

~~(a) Refuse admittance to any child otherwise entitled to admittance to kindergarten, or any other initial entrance into a Florida public or private school, who is not in compliance with the provisions of subsection (4).~~

~~(b) Temporarily exclude from attendance any student who is not in compliance with the provisions of subsection (4).~~

~~(11) The provisions of this section do not apply to those persons admitted to or attending adult education classes unless the adult students are under 21 years of age.~~

1003.22 School-entry health examinations; immunization against communicable diseases; exemptions; duties of Department of Health.—

1) Each district school board and the governing authority of each private school shall require that each child who is entitled to admittance to kindergarten, or is entitled to any other initial entrance into a public or private school in this state, present a certification of a school-entry health examination performed within 1 year before enrollment in school. Each district school board, and the governing authority of each private school, may establish a policy that permits a student up to 30 school days to present a certification of a school-entry health examination. Children and youths who are experiencing homelessness and children who are known to the department, as defined in s. **39.0016**, shall be given a temporary exemption for 30 school days. Any district school board that establishes such a policy shall include provisions in its local school health services plan to assist students in obtaining the health examinations. However, a child shall be exempted from the requirement of a health examination upon written request of the parent of the child stating objections to the examination on religious grounds.

(2) The State Board of Education, subject to the concurrence of the Department of Health, shall adopt rules to govern medical examinations and immunizations performed under this section.

(3) The Department of Health may adopt rules necessary to administer and enforce this section. The Department of Health, after consultation with the Department of Education, shall adopt rules governing the immunization of children against, the testing for, and the control of preventable communicable diseases. The rules must include procedures for exempting a child from immunization requirements. Immunizations shall be required for poliomyelitis, diphtheria, rubeola, rubella, pertussis, mumps, tetanus, and other communicable diseases as determined by rules of the Department of Health. The manner and frequency of administration of the immunization or testing shall conform to recognized standards of medical practice. The Department of Health shall supervise and secure the enforcement of the required immunization. Immunizations required by this section shall be available at no cost from the county health departments.

(4) Each district school board and the governing authority of each private school shall establish and enforce policies that:

(a) Prior to admittance to or attendance in a public or private school, grades kindergarten through 12, or any other initial entrance into a Florida public or private school, require each child to have on file with the immunization registry a certification of immunization for the prevention of those communicable diseases for which immunization is required by the Department of Health. Any child who is excluded from participation in the immunization registry pursuant to s. **381.003**(1)(e)2. must present or have on file with the school such certification of immunization. Certification of immunization shall be made on forms approved and provided by the Department of Health or be on file with the immunization registry and shall become a part of each student's permanent record, to be transferred when the student transfers, is promoted, or changes schools. The transfer of such immunization certification by Florida public schools shall be accomplished using the Florida Automated System for Transferring Education Records and shall be deemed to meet the requirements of this section.

(b) Require the screening of students for scoliosis at the appropriate age.

(5) The provisions of this section shall not apply if:

(a) The parent of the child objects in writing that the administration of immunizing agents conflicts with his or her religious tenets or practices;

(b) A physician licensed under the provisions of chapter 458 or chapter 459 certifies in writing, on a form approved and provided by the Department of Health, that the child should be permanently exempt from the required immunization for medical reasons stated in writing, based upon valid clinical reasoning or evidence, demonstrating the need for the permanent exemption;

(c) A physician licensed under the provisions of chapter 458, chapter 459, or chapter 460 certifies in writing, on a form approved and provided by the Department of Health, that the child has received as many immunizations as are medically indicated at the time and is in the process of completing necessary immunizations;

(d) The Department of Health determines that, according to recognized standards of medical practice, any required immunization is unnecessary or hazardous; or

(e) An authorized school official issues a temporary exemption, for up to 30 school days, to permit a student who transfers into a new county to attend class until his or her records can be obtained. Children and youths who are experiencing homelessness and children who are known to the department, as defined in s. **39.0016**, shall be given a temporary exemption for 30 school days. The public school health nurse or authorized private school official is responsible for follow up of each such student until proper documentation or immunizations are obtained. An exemption for 30 days may be issued for a student who enters a juvenile justice program to permit the student to attend class until his or her records can be obtained or until the immunizations can be obtained. An authorized juvenile justice official is responsible for follow up of each student who enters a juvenile justice program until proper documentation or immunizations are obtained.

(6)(a) No person licensed by this state as a physician or nurse shall be liable for any injury caused by his or her action or failure to act in the administration of a vaccine or other immunizing agent pursuant to the provisions of this section if the person acts as a reasonably prudent person with similar professional training would have acted under the same or similar circumstances.

(b) No member of a district school board, or any of its employees, or member of a governing board of a private school, or any of its employees, shall be liable for any injury caused by the administration of a vaccine to any student who is required to be so immunized or for a failure to diagnose scoliosis pursuant to the provisions of this section.

(7) The parents of any child admitted to or in attendance at a Florida public or private school, grades prekindergarten through 12, are responsible for assuring that the child is in compliance with the provisions of this section.

(8) Each public school, including public kindergarten, and each private school, including private kindergarten, shall be required to provide to the county health department director or administrator annual reports of compliance with the provisions of this section. Reports shall be completed on forms provided by the Department of Health for each kindergarten, and other grade as specified; and the reports shall include the status of children who were admitted at the beginning of the school year. After consultation with the Department of Education, the Department of Health shall establish by administrative rule the dates for submission of these reports, the grades for which the reports shall be required, and the forms to be used.

(9) The presence of any of the communicable diseases for which immunization is required by the Department of Health in a Florida public or private school shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency. The declaration of such emergency shall mandate that all students in attendance in the school who are not in compliance with the provisions of this section be identified by the district school board or by the governing authority of the private school; and the school health and immunization records of such children shall be made available to the county health department director or administrator. Those children identified as not being immunized against the disease for which the emergency has been declared shall be temporarily excluded from school by the district school board, or the governing authority of the private school, until such time as is specified by the county health department director or administrator.

(10) Each district school board and the governing authority of each private school shall:

(a) Refuse admittance to any child otherwise entitled to admittance to kindergarten, or any other initial entrance into a Florida public or private school, who is not in compliance with the provisions of subsection (4).

(b) Temporarily exclude from attendance any student who is not in compliance with the provisions of subsection (4).

(11) The provisions of this section do not apply to those persons admitted to or attending adult education classes unless the adult students are under 21 years of age.

BAKER COUNTY SCHOOL BOARD
SCHOOL HEALTH SERVICES
10 Day Letter
Request for Health Information

STUDENT _____ SCHOOL _____

TEACHER _____ DATE _____

According to the **SCHOOL HEALTH RECORD** maintained at our school, certain information required by the State of Florida for school attendance is incomplete. Please see the item(s) checked below and make arrangements to return this information to the school within ten (10) days. Your child will not be allowed in class after _____ without this information.

___ PHYSICAL EXAMINATION

___ CERTIFICATE OF IMMUNIZATION ___ DATES OF ALL IMMUNIZATIONS

According to the immunization information we have at the school, additional immunizations needed at this time are:

_____ DTP/TD (Diphtheria, Tetanus) _____ Polio

_____ MMR (MEASLES, MUMPS, RUBELLA)

_____ HEPATITIS B: Dose 1 ___ 2 ___ 3 ___

_____ VARICELLA

Thank you for your cooperation.

_____ _____
School Nurse School

PLEASE TAKE YOUR CHILD TO YOUR FAMILY DOCTOR OR TO THE HEALTH DEPARTMENT FOR ASSISTANCE WITH THIS MATTER.

SCHOOL HEALTH SERVICES
REQUEST FOR HEALTH INFORMATION
FINAL LETTER

STUDENT_____ SCHOOL_____

TEACHER_____DATE _____

According to the SCHOOL HEALTH RECORD maintained at our school, certain information required by the State of Florida for school attendance is incomplete. We previously requested this information from you in a letter mailed _____. Please see the item(s) checked below and present this information to the school office on the next school day. YOUR CHILD **WILL NOT BE ALLOWED** TO ATTEND CLASS AFTER _____ WITHOUT THIS INFORMATION.

___ PHYSICAL EXAMINATION

___CERTIFICATE OF IMMUNIZATION ____ DATES OF ALL IMMUNIZATIONS

According to the immunization information we have at the school, additional immunizations needed at this time are: (See attached)

_____ DTP/TD (Diphtheria, Tetanus) ____ Polio

_____ MMR (Measles, Mumps, Rubella)

_____ HEPATITIS B: Dose 1__ 2__3__

____VARICELLA

Thank you for your cooperation.

_____ Principal

_____School

_____School Nurse

PLEASE TAKE YOUR CHILD TO YOUR FAMILY DOCTOR OR TO THE BAKER COUNTY HEALTH DEPARTMENT FOR ASSISTANCE WITH THIS MATTER.

Florida HEALTH

STATE OF FLORIDA
School Entry Health Exam

To Parent/Guardian: Please complete and sign Part I — Child's Medical History.
State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)	

PART I — CHILD'S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left.
(Please explain any "Yes" answers in the space provided below.)

1. Yes ☐ No ☐ Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes ☐ No ☐ Any other specific illness or social/emotional or behavioral problems?
3. Yes ☐ No ☐ Any allergies (food, insects, medication, etc.)?
4. Yes ☐ No ☐ Any prescription medication (daily or occasionally)?
5. Yes ☐ No ☐ Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes ☐ No ☐ Any hospitalization, operation, or major illness (specify problem)?
7. Yes ☐ No ☐ Any significant injury or accident (specify problem)?
8. Yes ☐ No ☐ Would you like to discuss anything about your child's health with a school nurse?

To Parent/Guardian: Please explain any "Yes" answers from above.

_____

_____

_____

_____

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

☒ _____ _____
Signature of Parent/Guardian **Date**

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child's ability to learn in school. **(These services are recommended but not required.)**

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____ *(check one)* Optometrist ☐ Ophthalmologist ☐	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.

DH3040-CHP-07/2013

Florida HEALTH

School Entry Health Exam
Page 2 of 2

Name of Child (Last, First, Middle)	Birth Date

PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date: ____ ____ ____
(Exam must be within one year of enrollment) Month Day Year

Screening Results:

Height: _____ Weight: _____ BMI%: _____ B/P: _____ Hct/Hgb: _____ Lead: _____ Urinalysis: _____

Vision - Without Glasses	Right 20/____	Left 20/____	Passed ☐ Failed ☐ Referred ☐	Hearing – Right	Passed ☐	Failed ☐	Referred ☐
Vision - With Glasses	Right 20/____	Left 20/____		Hearing – Left	Passed ☐	Failed ☐	Referred ☐

Gross dental (teeth and gums)	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____
Head/scalp/skin	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____
Eyes/Ears/Nose/Throat	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____
Chest/Lungs/Heart	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____
Abdomen	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____
Postural assessment	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____

TB risk assessment done ☐ ***(Please review Targeted Testing Guidelines listed below.)***

This child has the following problems that may impact the educational experience:

☐ Vision ☐ Hearing ☐ Speech/Language ☐ Physical ☐ Social/Behavioral ☐ Cognitive

Specify: _____

☐ This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

☐ This child may participate fully in school activities including physical education.

☐ This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
☒	___/___/___	
Name (Please print or stamp)		

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.

DH3040-CHP-07/2013

~~2020-2023~~ Immunization Cheat Sheet

DTaP Vaccine:

Five doses are required. Four are required if the 4th dose is given after child's 4th birthday.

Td spacing (if no DTaP)

- Dose 1: age 7 or older
- Dose 2: 1 - 2 months after the first dose
- Dose 3: 6 - 12 months after the second dose
- If child receives 1st dose of DTaP < 1 year old and is now under 11 years old, needs 4 doses total; if now over 11 years old needs a 4th dose five years after the 3rd dose

TDaP Vaccine:

- 1 dose of TDaP required for all 7th – 12th grades
- If Td given, the child must be referred back to their physician to receive a TDaP
- A Td or TDaP is required for 11th – 12th grades.

Hepatitis B Vaccine:

- Last hepatitis dose should not be given before 24 weeks of age.
- Hepatitis Vaccine: there must be at least one month between dose one and two and two months between doses two and three. However, there must be four months (112 days, minimum) between doses one and three. For counting purposes, a month is considered 4 weeks or 28 days.

MMR Vaccine:

- New entries must have 2 MMRs (Mumps, Measles, Rubella)
- First dose must be given on or after the first birthday

Polio Vaccine:

- Five doses are now required for kindergarten, unless the 4th dose is administered after the child's fourth birthday. (There may be some cases when the third dose was administered after the fourth birthday. This is acceptable.)
- There should be 6 months between the next to last IPV and last IPV dose.
- Polio vaccine is not needed for any students who are 18 years old or older.

Varicella Vaccine:

- Varicella doses given to a child < 13 years old should be 3 months apart
- If child is >13 years old, dose must be at least 4 weeks apart
- 2 doses required for grades K-1211 ~~(for 2019-2020 school year, 1 dose for 12th)~~
- ~~Beginning 2020-2021 school year, 2 doses required for grades K-12.~~

Common vaccines names:

- MMRV or Proquad: Mumps, Measles, Rubella, Varicella vaccine
- Pediarix: Polio, DTaP, Hepatitis B vaccine
- Kinrix: DTaP, polio
- Prevnar: pneumococcal vaccine (PCV7 in Florida SHOTS - not required for school entry)
- IMCV or Menactra: Meningitis vaccine (not required for school entry)
- Boostrix or Adacel: TDaP
- Comvax: Hib – Hep B
- Pentacel: DTaP – IPV - Hib

Spacing between vaccines:

- Vaccines should not be given at shorter than recommended intervals, but longer is okay.
- Day one is the first day after the vaccine is given, NOT the day it is given.
- Okay if given up to 4 days before minimum interval, otherwise dose is invalid.
- Live Viruses:
    - At least 28 days between 2 live viruses (Varicella, MMR, Proquad) if not given the same day
    - If less than 28 days, then 2nd vaccine given is invalid and must be repeated.

For any additional information, refer to the following website:

http://www.cdc.gov/vaccines/pubs/pinkbook/index.html

Florida SHOTS

Florida SHOTS (State Health Online Tracking System) is a free, statewide, centralized online immunization registry that helps health-care providers and schools keep track of immunization records. This helps ensure that children receive all vaccinations needed to protect them from dangerous vaccine-preventable diseases such as measles, mumps, diphtheria, polio, varicella and others. Download the user agreement (Form DH-2115) and fax the completed application form with a copy of the requested documents to **850-412-5801**. Registration information can be found: https://www.flshots.com/enrollment/school.html.

Florida SHOTS helps ensure that the required immunization records for child-care and school attendance are easy to locate no matter where children go within Florida. And in case of disaster, those records remain protected and available. All records secretaries and health room staff will register with Florida SHOTS to access electronic 680s.

Documentation

All students requesting assistance from the School Health Nurse/Designee must present with a Health Room Visit Pass or planner. This document indicates when the student leaves the classroom and their presenting complaint. Secondary school students may present with their planner signed by their teacher. A separate Health Room Student Visit Record shall be maintained on each student documenting the care given on each visit. This Visit record is admissible in a court of law. It is important to document what you observe and do for each student. Never erase or use correction fluid on any entry. Be sure to date and sign each entry. A daily log of all student visits helps keep track of health room traffic as well as summarizing totals that the state DOE/DOH requests on a monthly/annual basis. All students requesting assistance from the School Health Nurse/Designee will have their clinic information entered into the health section of the Skyward computer system.

The Health Room Student Visit Pass is not a legal document. As such, no confidential information should be recorded on it. It can be shredded at the end of the day. The Baker County School District is using the Skyward data entry system for all health room documentation. Paper procedures will always remain in place as a backup or when substitute clinic personnel do not have computer access.

Health Room Coding

0505 Hypertension Screening – Provide hypertension screening, referral and follow-up services to students or other person in the community.

Hypertension screenings are coded by grade level. Abnormal results

are reported for a student only after the re-screening confirms the abnormal finding. The resulting referral must be tracked to ensure that the student receives appropriate follow-up, evaluation, and correction.

0510 Vision screening - Provide vision screening, referral and follow-up services to students or other persons in the community.

Vision screenings are required for all students in kindergarten, 1st, 3rd and 6th grades, and students entering Florida schools for the first time in grades K-5th, and reported using grade codes. **First Time This Year (FTTY)** is a required field and represents the first time during that fiscal year a vision screening is provided to a student. Abnormal results are reported for a student only after the re-screening confirms the abnormal finding. The resulting referral must be tracked to ensure that the student receives appropriate follow-up, evaluation and correction. When the evaluation and/or correction is confirmed, a completed vision outcome is recorded.

0515 Hearing screening - Provide hearing screening, referral and follow-up services to students or other persons in the community.
Hearing screenings are required for all students in kindergarten, 1st and 6th grades, and students entering Florida schools for the first time in grades K-5th, and reported using grade codes. **First Time This Year (FTTY)** is a required field and represents the first time during that fiscal year a hearing screening is provided to a student. Abnormal results are reported for a student only after the re-screening confirms the abnormal finding. The resulting referral must be tracked to ensure that the student receives appropriate follow-up, evaluation and correction. When the evaluation and/or correction is confirmed, a completed hearing outcome is recorded.

0520 Height/ Weight Screening - Growth and development screening is conducted according to Rule 64F-6.003, Florida Administrative Code. Height and weight measurement is obtained in designated grades for the completion of Body Mass Index (0521, 0522, 0523, 0524).
Height/weight measurements are used in the calculation of body mass index (BMI) for all students in grades 1st, 3rd and 6th and optionally, in 9th grade, and reported using grade codes. BMI results are calculated using the student's height/weight, birth date and gender and are categorized by healthy weight, underweight, overweight and obese.

0540 Dental Screening - Screen school children and special high-risk groups for dental health problems and make referrals as indicated.

School health has a statutory responsibility per s. 381.0056, F.S. for "a preventive dental program." Nurses should code to 0540 when they perform dental screenings and follow-up for students with dental complaints (toothaches, cavities, etc.). This is the only way to differentiate dental screenings, referrals and outcomes from other nursing services (5000).

0561 Scoliosis Screening – Provide scoliosis screening, referral and follow-up services to students.

Scoliosis screenings are required for all students in 6th grade, and reported using grade code. Abnormal results are reported for a student. The resulting referral must be tracked to ensure that the student receives appropriate follow-up, evaluation and correction. When the evaluation and/or correction is confirmed, a completed scoliosis outcome is recorded.

0571 Lice Screening - Provide visual examination of the scalp or skin to screen for head lice or scabies infestation, referral and follow-up services to students or other persons in the community.

Pediculosis/scabies screening that occurs during the fiscal year must be entered in HMS with a service date in that same fiscal year (07/01–06/30). Re-screening may be done post-intervention to verify that action taken was effective. If the rescreening continues to be abnormal, do not code an additional abnormal result. The referral is considered complete after the client has received further evaluation and/or medical treatment, parental action is confirmed or the student returns to class.

********Vision, Hearing and Height/weight screenings need to be coded to grades. If screening is done, note the grade of child.********

0598 Record Review - Review and assessment of student records to determine immunization and health status and any significant health risks or problems.

The Record Review (0598) includes a review and assessment of health related records for a student to determine immunization status and the existence of significant health problems. The FTTY represents a “new enrollee record review” and is used one time per student per school year.

4000 Paraprofessional Evaluation/Intervention - Provision of screening and evaluation activities by unlicensed assistive personnel as they relate to student’s physical complaints resulting in a response or referral.

Unlicensed assistive personnel (UAP) may be employed in schools to carry out health room duties. UAPs, such as health assistants,

health aides, clinic assistants, clerks or other school personnel maybe designated by the principal and supervised by the registered nurse. Responsibilities for paraprofessionals include screening and evaluation procedures associated with response to student's physical complaints. Screening and evaluation includes observation for visible signs of illness, asking questions regarding the nature of the health concern, listening to student's responses,
documenting information and providing a response to referral based on protocols.

4050 LPN Encounter - Provision of screening, evaluation, and treatment activities by the Licensed Practical Nurse (LPN) as they relate to student's complaints or symptoms, resulting in a response or referral.

The practice of practical nursing means the performance of selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm and the promotion of wellness, maintenance of health, and the prevention of illness of others under the direction of a registered nurse.

5000 Registered Nurse Assessment - Provide nursing assessment and counseling to students.

Nursing assessment is the identification of health needs and resources of individuals, families, and groups, includes health history, observation, physical assessment, monitoring patient and family reactions, interviewing to ascertain social and emotional stability and resources, and identification of risk factors arising from social, physical, or environmental conditions. This assessment provides the basis for nursing diagnosis and a plan of care. Counseling relevant to the findings and client needs is offered, including advice and instruction for health maintenance, disease prevention, interconceptional and preconceptional counseling and health promotion.

5030 Medication Administration - Assisting students with self-administration of medication.

Medication administration includes the staff member verifying the identity of the student, checking the medication dose, route of administration and time against the order. It also includes assisting the student in the ingestion, injection, application or monitoring the self-administration of the medication. Documentation on the medication log and in the student's cumulative health file is considered part of administration.

Special Instructions: This will be a count of the number of medications administered. If a child receives medications more than one time per day, code each dose given.

5031 First Aid Administration - Administration of first aid and/or Cardio Pulmonary Resuscitation.

The provision of first aid and/or Cardio Pulmonary Resuscitation should include an evaluation of the student's condition, the administration of first aid and/or Cardio Pulmonary Resuscitation and documentation in the student's cumulative health record.

5032 Complex Medical Procedure - Provision of health related services required by the student to function in the school setting.

Service provision activities include the completion and documentation of complex medical procedures or monitoring the student who performs the procedure independently. Complex medical procedures include but are not limited to: cardiac monitoring, carbohydrate counting, glucose monitoring, catheterization, gastrostomy tube feeding (J-tube, PEG), ileostomy care, colostomy care, urostomy care, oxygen therapy, specimen (urine or blood) collection or testing, tracheostomy care, suctioning (oral or tracheostomy), and ventilator dependent care.

Special Instructions: This code will be a count of the number of services provided. If a child receives the service more than one time per day or more than one service at a given time, code each service.

5033 Immunization Follow-up - Review and/or follow-up of student age-appropriate immunizations; including new students, ongoing student status, and grades kindergarten and 7 requirements are conducted and documented.

In order to assure that students meet the immunization requirements indicated in s. 1003.22, Florida Statutes and 64D-3.046, Florida Administrative Code, student immunization status must be periodically reviewed to ascertain if the student is age-appropriately immunized. Immunization follow-up does not include the Record Review (0598) where immunization status is initially determined upon school entry. Immunization follow-up may include verification of information received by electronic transfer through the Florida Automated System for Transferring Education Records system, (FASTER) follow-up activities related to contacting parents and healthcare providers to obtain additional information or coordinate the referrals, and review the immunization status of students at grades kindergarten and 7 to ensure the completion of required series.

5051 Consultations - Coordinate health services with other school activities and advise and/or assist school personnel,

parents/guardians and other health care providers in health related matters.

This code should be used when school health staff coordinate health services and consult with school personnel, parents/guardians and other healthcare providers about an individual student.

5052 ESE staffing/screenings – Provide screening, review of health information, and attend staffing meetings for students (Pre-kindergarten through grade 12) being considered for exceptional student education programs.

Licensed practical nurses (LPN) or unlicensed assistive personnel (UAP) may provide screening and review of health information for students under consideration for Exceptional Student Educational (ESE) programs. Upon request, registered school nurses (RN) may provide further assessment and planning as a component of the ESE evaluation process, as appropriate. Under this code, only RNs may participate in the staffing and evaluation process to determine eligibility for Exceptional Student Education, and develop or conduct annual review of an Individual Education Plan (IEP) for an exceptional student. **Screenings for Exceptional Student Education staffings:** Screenings conducted specifically upon request by the Exceptional Student Education staffing committee should be coded under 5052. Failed screenings are referred to the registered school nurse for rescreening, referral and follow-up, if indicated and coded to the appropriate screening code.

5053 Care Plan Development - Development, review, or revision of individualized student health care plans by a Registered Nurse for students with chronic or acute health problems.

Students who need specific individualized health related services in order to maintain their health status, stay in school and optimize their educational opportunities, are identified by school health staff. Evaluation of the student's health needs is conducted and an individualized healthcare plan (IHCP) is developed. Development of an IHCP, specific to the needs of one student, includes developing an original IHCP. **The development, review and approval of the IHCP can only be done by a Registered Nurse.** The written IHCP must be followed to provide services in a safe and efficient manner. The specific services provided in the school setting may be performed by registered school nurses or delegated to unlicensed assistive personnel (UAP). These UAPs must receive child-specific training, supervision and monitoring by a registered nurse, advanced registered nurse practitioner, medical physician, osteopathic physician, or physician assistant.

The emergency action plan is developed from the IHCP and should be considered one document for the child. The IHCP for the child should include all components necessary to meet the child's health needs in the school setting. It is not dependent on the "number" of conditions.

If the IHCP and/or the emergency action plan is subsequently revised during the school year, it should be counted as one service. See parent care plan letter at the end of the Health Room Coding section.

7500 Community Presentation- Used to document the provision of health information to students, parents and community members in large group settings, mass mailings or school-wide venues.

Examples include health fairs, mailings to parents, town meetings, assemblies, blast emails to parents, morning announcements, etc.

8020 Classes Given - A planned education session using established curriculum and defined learner objectives with one or more persons having common information needs and documentation of attendance noted in client files.

School health staff uses code 8020 for a formal, planned education session with an established curriculum to students, parents, school staff or health professionals having common information needs. Health education (such as human sexuality, etc.) provided to students is subject to parental approval.

8080 Child Specific Training - A planned education session with one or more participants, conducted by an authorized health professional, to provide child-specific training to school personnel (county health department, local school district and school health partners) performing child-specific health related services.

This code is specifically for registered nurses, advanced registered nurse practitioners, physicians, or physician assistants providing school health “child-specific training” as mandated by s. 1006.062, F.S. This child-specific training code will document the training provided to school, partner and county health department staff who provide health-related services and medication assistance to students with special healthcare needs during the school day.

Baker County School District
School Health Services

Dear Parents,

An Individualized Health Care Plan (IHCP) has been assigned to your child due to his/her past medical history. This health care plan is developed by the school nurse and will be used to help manage your child's health needs.

An Emergency Action Plan (EAP) may also have been assigned if your child's condition requires emergency action while at school. This EAP will be shared with your child's teachers to assure that they are aware of your child's condition and any emergency action that may be needed during the school day.

Please make every effort to visit the school and discuss this plan with the nurse. If you are unable to visit the nurse directly, please **call** to discuss your child's needs over the telephone.

You may also mark the appropriate space below and return this form to the school.

Your child's good health is important to learning. I look forward to working together with you to insure your child stays healthy at school. Thank you for your time and attention to this matter.

Sincerely,

_____ _____ _____
School Nurse Phone Date

Please check the appropriate statements below:

_____ Yes, my child has a medical condition that would require an Individualized Health Care Plan.

_____ No, my child no longer has a medical condition.

_____ Yes, I will come to the school and discuss my child's care plan with the nurse.

_____ I will not be able to come to the school but I can be reached at: phone #_____.

_____ _____ _____
Student Parent Signature Date

MONTHLY HEALTH ROOM ACTIVITY LOG

School Name — July

	5000	0598	5030	5031	5032	5033	5051	5052	5053	6610	8080		8020		7500	
	RN Assessment	Record Review	Medication dispensed	First Aid	Complex Med Proced.	Immi Follow- up	Consultation	ESE staffing/ IEP screening	RN Care Plans	Fluoride Treatment	# Child Specific Classes	# Trained in Child Specific Classes	# Health Education Classes	# Trained in Health Education Class	Community Presentation	# Trained in Community Presentation
1																
2																
3																
4																
5																
6																
7																
8																
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10																
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21																
22																
23																
24																
25																
26																
27																
28																
29																
30																
31																
TOTALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Please submit this log by the 5th of each month to amber.griffis@flhealth.gov

3/15/16

MONTHLY OUTCOME DISPOSITION REPORT

SCHOOL:	School Name					
MONTH:	Month and Year					
WEEK	Week 1	Week 2	Week 3	Week 4	Week 5	TOTALS
VISITS						
1. Total Non-Medication Visits						**0**
2. Total Medication Visits						**0**
TOTALS	0	0	0	0	0	**0**
OUTCOME/DISPOSITION						
1. 911 Services						**0**
2. Emergency Room						**0**
3. Returned to Class						**0**
4. Sent Home						**0**
5. Other						**0**
TOTALS	0	0	0	0	0	**0**
REFERRED TO						
1. Abuse Registry						**0**
2. Dental Care						**0**
3. Guidance Counseling						**0**
4. Pregnancy care						**0**
5. Healthy Start						**0**
6. Sexual health services						**0**
7. KidCare						**0**
8. Health care provider						**0**
9. Mental health counseling						**0**
10. Social work services						**0**
11. Substance abuse counseling						**0**
12. Other						**0**
TOTALS	**0**	**0**	**0**	**0**	**0**	**0**

Please email to amber.griffis@flhealth.gov by the 5th of the following month.

Monthly Reporting Statistics

School Name- June

Grade	BMI Healthy Weight 0521	BMI Underweight 0522	BMI Underweight Complete	BMI Underweight Incomplete 9522	BMI Overweight 0523	BMI Obese 0524	BMI Obese Complete	BMI Obese Incomplete 9524	BMI Opt-Out 0621	Dental 0540	Dental First Time This Year (FTTY) * 0540	Abnormal Results	Outcomes	Lice 0571	Lice First time this year (FTTY)* 0571	Abnormal Results	Outcomes	Hypertension Screening 0505	Abnormal Results
PK																			
K																			
1st																			
2nd																			
3rd																			
4th																			
5th																			
6th																			
7th																			
8th																			
9th																			
10th																			
11th																			
12th																			
Adult																			
Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

By the 5th of each month, you must e-mail a completed copy of this report to amber.griffis@flhealth.gov

* First Time This Year = the FIRST time a student presents at the health room for this service. If said student returns for the same service, he/she is not counted as a FTTY again. However, he/she is counted for this service.

7/17/2014

Monthly Screening Statistics

School Name- June

Grade	Vision 0510	Vision First Time This Year (FTTY) * 0510	Abnormal Results	Outcomes	Incomplete Vision 9510	Vision Opt-Out 0610	Hearing 0515	Hearing First Time This Year (FTTY) * 0515	Abnormal Results	Outcomes	Incomplete Hearing 9515	Hearing Opt-Out 0615	Scoliosis 0561	Scoliosis First Time This Year (FTTY) * 0561	Abnormal Results	Outcomes	Scoliosis Incomplete 9561	Scoliosis Opt-Out 0661
PreK																		
K																		
1st																		
2nd																		
3rd																		
4th																		
5th																		
6th																		
7th																		
8th																		
9th																		
10th																		
11th																		
12th																		
Adult																		
TOTALS	0	0	0	0	0		0	0	0	0	0		0	0	0	0	0	0

By the 5th of each month, you must e-mail a completed copy of this report to amber.griffis@flhealth.gov

* First Time This Year = the FIRST time a student presents at the health room for this service. If said student returns for the same service, he/she **is not** counted as a FTTY again. However, he/she **is counted** for this service.

6/25/2015

Health Education Classes Taught in Comprehensive Schools

SCHOOL:	School Name			
MONTH/YEAR:	July			
Subject	# of Classes	Total # of Students	# of Parents	# of Staff
Alcohol, Tobacco & Other Drug Abuse				
Child Abuse				
Date Rape				
Dental Health				
General Health/Other				
HIV/STD				
Bullying				
Injury Prevention/Safety				
Mental/Behavioral Health				
Nutrition				
Parenting Skills				
Physical Activity				
Pregnancy Prevention				
Trauma Informed Care				
Staff Wellness				
Suicide Prevention				
Family Life Instruction				
Human Trafficking				
Violence Prevention/Conflict Resolution				
TOTALS	0	0	0	0

12/18

COMPREHENSIVE SCHOOL HEALTH EDUCATION REPORTING

All Schools must also submit the Health Education Classes Taught in Schools form monthly. You can view this report on your disc.

This report not only collects any education you might have done, but all faculty and staff in your school. All education sessions need the number of students attending. Staff (including teacher, parents and any others in attendance) should be counted also.

The nurses who have been successful with completing this report over the past years have sent a monthly e-mail requesting completion of the attached form, the last week of the month. They then tally any reported data and submit it with the other required reports. They just request it and submit what they get!

If you have any further questions, concerns or comments about this requirement, please call your Baker County Health Department Nurse.



Parent Communication



Baker County District Schools and
Baker County Health Department
School Health Services

School Nurse_____

Phone: _____ Fax: _____

Date: _____

Dear Parent or Guardian of _____

Today, your child was seen by the school nurse at _____ for: _____

_____

_____

Nurse Observations: _____

_____

_____

_____

Care Given: _____

_____

_____

Follow up Recommended: _____

_____

_____

Additional information (if checked)

_____I was unable to reach you

_____It was not necessary to call you but I wanted you to be aware

_____I do not have up-to-date phone numbers, please provide

_____Please call me regarding this issue

_____Please call me before your child returns to school

_____Additional information is attached

Please do not hesitate to call me if you have any questions or concerns.

Chapter 4

Health Screening

Chapter 4

Health Screening

Overview

To address the educational and health needs of students, it is necessary to first assess their physical health and well-being. Health screening techniques allow for early identification of suspected abnormalities. Subsequently, parents and educators can utilize all available health information to plan educational programs and related activities most suited to each student's needs and abilities.

Screening is a traditional part of School Health Services. It centers on vision and hearing since impairment of these senses can interfere with learning, occurs with significant frequency in students, and can be detected with acceptable accuracy by good screening techniques. When referrals from such screening programs result in appropriate examination and corrective measures (which may include classroom placement as well as medical/surgical measures), their value is undeniable.

In addition to vision and hearing, s. 381.0056, F.S. requires provisions for growth and development screening and scoliosis screening.

This type of screening is population based and done on all students designated to receive these screening services, unless parents opt-out in writing. Keep a file of the students that opt out. Individual screening requests by parents or teachers are handled annually on a one-on-one basis.

Populations targeted for mandated screenings are specified in Chapter 64F-6.003, Florida Administrative Code (F.A.C).

- Hearing screening shall be provided, at a minimum, to students in grades kindergarten (K), 1 and 6; to students entering Florida schools for the first time in grades K through 5; and optionally to students in grade 3.
- Vision screening shall be provided, at a minimum, to students in grades K, 1, 3, 6 and students entering Florida schools for the first time in grades K through 5.
- Growth and development screening shall be provided, at a minimum, to students in grades 1, 3, and 6.
- Scoliosis screening shall be provided, at a minimum, to students in grade 6.

Note: Vision and hearing screening should be done for teacher/parent referral of a suspected problem and for students being evaluated for special education placement.

POPULATIONS TO BE SCREENED

Grade	K	1	2	3	6	7	New students to FL: K-5
Vision	**x**	**x**		**x**	**x**		**x**
Hearing	**x**	**x**		(x)	**x**		**x**
Growth & Development		**x**		**x**	**x**		
Body Mass Index (BMI)		**x**		**x**	**x**		
Scoliosis					**x**		

(x) Optional

PRE and POST SCREENING GUIDELINES

The mass screenings for Kindergarten, 1st, 3rd and 6th grade students must be scheduled and completed prior to the December holiday break. Use the following pages as a guideline for when tasks should be completed.

At least six weeks before the screening:

- **Coordinate, schedule and confirm** the screening dates, times and location with your school's administrator. Note, based on previous experience, the best locations are libraries and vacant class rooms or portables, etc. If two rooms are used, they must be located very closely to each other. This will enable the proper supervision of your trained volunteers and will also expedite the process.

- Add the screening dates to your school's **Master Calendar** (check with your administration regarding the testing schedules) and notify your Baker County Health Department RN.

- **Coordinate** your school volunteers.

- Work with your PE coach to complete heights and weights prior to your actual screening dates. If PE coaches are unable to complete heights and weights prior to the actual screening dates, they will need to be done on the day of mass screenings.

- Schedule training for all of your screening volunteers. Plan on at least an hour to train your volunteers. Only RNs or LPNs can perform scoliosis screenings.

- Call your volunteers the day before training and again the day before the screenings to remind them of the same.

- Meet with your "screening location staff" (media center staff, etc.) prior to the screening dates to discuss any of their specific concerns or needs.

- Call your Baker County Health Department RN for any additional suggestions.

At least four weeks before the screening:

- **Set up** the screening schedule. Make sure to obtain your School's Administrator's approval on the screening schedule before sharing it with your teachers and faculty.

- **Hint for scheduling dates:** consult last year's calendar schedule, the picture schedule, or consult your BCHD or fellow School District nurses for suggestions. However, the following will provide a good estimate of how much time to allow for each type of screening:

- KG: Vision & hearing only – 20 minutes per class
  1st grade: Vision, hearing, height and weight (BMI) – 20 minutes per class *
  3rd grade: Vision, height and weight (BMI) – 20 minutes per class *
  6th grade: Vision, hearing, height, weight (BMI) and scoliosis – 30 minutes per class *

  * Subtract 5 minutes per class if the height and weight were done prior to the screening date.

- **Notify the teaching staff** of all pertinent details about the screening. Make sure to explain it to them clearly, and consider several ways to communicate it to them (in-person, by e-mail, phone call, announcement, etc.)

- Provide the screening dates and their individual screening times to each teacher whose students will be screened.

- Remind them that if a student wears glasses, the student should bring the glasses with him/her.

- Remind them of the importance of their promptness and responsibilities in the screening process.

- **Contact** the Family Service Center at (904) 259-6551 to request copies of the student labels for the screening forms. The labels will be grouped separately by class.

- **After you receive the printed labels,** print 1 copy of the screening sheet, write the screening date on it THEN make the required number of copies. Place the labels on the screening sheets and keep them separated by class. This can be done by a school volunteer.

At least two weeks before the screening:

- **Attach any "Opt Out" Notices** you have received from the parents of students to the front of that student's screening form to remind you to NOT include this student in your screenings.

- **Volunteers check height/weight** for 1st, 3rd and 6th grade students. Record the data on the screening results form or class roster.

- **If you used a class roster** to record the heights and weights, transfer the data to the screening results form. (This can be done by volunteers, but remember this information can be extremely sensitive to some individuals.)

- **Check all the equipment** (Titmus machine, Spot Vision screener, audiometer, scales, stadiometer, etc.) to be used to make sure it's in good working order.

- **Make copies** of the schedule and a list of the volunteers and teachers with their room number and phone extensions.

- **Confirm you have a clinic substitute** and leave specific written instructions for screening day in the sub folder.

The day before the screening:

- **Remind the volunteers** of the date, time and importance of arriving early to allow for adequate training time.

- **Remind the faculty** involved in the screenings of their responsibilities.

- **Gather all supplies** needed for the screening room set-up.

- **Have a reminder** of the screenings announced on the morning and/or daily announcements.

- **If possible, set up the screening space,** have all supplies ready for volunteer training and provide a copy of the list of teachers to each of the volunteers.

Screening Day:

- **If unable to set up the day before the screening,** set up the screening space and have all supplies ready for volunteer training and provide a copy of the list of teachers to each of the volunteers.

- **Announce the "Health screenings are TODAY"** on the morning and/or daily announcements. Remind teachers that applicable students must wear their glasses or contacts.

- **If you screen a student** who does not have a pre-printed label on it, you must write the student's name, ID #, date of birth, gender, grade and teacher's name and room number in the label area.

Post-Screening Day:

- **Review ALL completed** screening result forms:

- Are the name, student ID # and screening results recorded and correct?

- Highlight all failures and whether or not glasses were worn, broken or lost if the student wears glasses. Put all highlighted failures and "opt out" forms on the top of the group of forms for each individual class.

- If any screening results have been omitted, pull the form and rescreen the student for the missed test.

- **Begin the screenings** for any students who were absent on the initial screening date. They should be completed within 2 weeks of the initial testing.

- **Any students who fail** the hearing screening must be retested two weeks after the initial test was done.

- **Enter the screening data** into Skyward.

- **Recheck all forms** one last time for completeness. If the form does not have a pre-printed label on it, write the Student ID #, date of birth, gender, grade and teacher's name and room number in the label area.

- **After the screening results** have been entered into Skyward (screening database), the processed screening forms, compiled data reports, individual student health report cards and individual teacher vision, hearing and scoliosis referral reports will be returned to you.

- **After the screening data** has been entered, the actual passing screening forms must be filed in the cumulative health folders. Failure screening forms should be placed in the follow-up folder until documentation of the outcome is received or the 3rd contact has been documented. If follow-up is received, failure screening forms may be filed in the cumulative health folders. Keep all follow-up records attached to the screening form.

The School District of Baker County
Health Services Department
418 South 8th Street, Macclenny, Fl 32063
Phone 904-259-6551 Fax 904-259-1620

Annual Health Services Notification Letter

Dear Parent/Guardians:

Your child has the opportunity to participate in health services through the School Health Services Plan for the _____ school year. As required in section 381.0056, Florida Statutes, our District's School Health Services plan helps to enhance learning by promoting health and wellness for children. We will be providing health screenings to students this year. The screenings are designed to detect health problems that could affect your child's learning and/or growth. The screenings are done according to the grades in our current School Health Plan and may not be done on all children. The screenings include:

- Vision– using the Titmus Tester or Spot Vision Screener for students in grades K, 1, 3, 4, 5, 6, 9
- Hearing– using the Maico Audiometer for students in grades in K, 1, 6, 9
- Scoliosis– frequently called "Curvature of the Spine and is done by visual inspection and scoliometer, 6th grade only.
- Growth & Development and Body Mass Index – through weighing and measuring (see Health School Initiative below) for students in grades 1, 3, 6.
- Dental – visual inspection of the mouth (as time allows)

These screenings will be done by school health nurses and trained volunteers and will not harm your child in any way. If your child does not pass any part of the screening exam, you will be notified. Please note your child's health information will remain confidential.

Healthy School Initiative. Each school year, children in specified grades are measured for height and weight to monitor their physical growth and development. BMI is the recommended screening method for children and adolescents. It is based upon a child's age and gender, calculated using a child's weight and height, and compared to standardized growth charts. This calculation tells us if a child is in the normal range for height and weight, or is outside the norm and has increased potential to develop certain chronic diseases during childhood or adulthood. BMI screening is an additional School Health service to assist in appraising, protecting, and promoting the health status of your child. It is intended to encourage good nutritional habits and healthy physical activity.

BMI screening results will be made available to you at a later date. On the back of this letter you will find some information about activities that will focus on healthy lifestyles and wellness.

Parent/Guardians who do not wish for their child to participate in health services and/or screenings must indicate that information on the Consent to Receive School Health Services form.

If you have any further questions, please feel free to contact your school nurse or the Health Services Specialist at the Family Service Center at 259-6551.

Sincerely,

Tina Bradley, RN, BSN
Health Services Specialist

(This goes on the back of the previous page) send home first day of school.

HEALTHY EATING

Here are some ways to help children develop healthy eating habits:

- Encourage children to enjoy and learn about a variety of foods. All foods can fit in a healthy eating plan.
- Plan meals and snacks for about the same time each day.
- Drink water when thirsty. Limit sodas and sweet drinks.
- Involve children in food shopping and meal preparation.
- Read food labels for fat and sugar content.
- Serve smaller portions. Let your child ask for seconds.
- Let children stop eating when they are full, instead of when the plate is empty.
- Try to have children eat slowly. A child is better able to feel fullness when eating slowly.
- Eat meals together as a family as often as possible and make these mealtimes pleasant.
- Turn off the television during mealtime.

PHYSICAL ACTIVITY

Children should get 1 hour or more of physical activity per day. Plan times and places for your family to engage in activities such as these listed below. Emphasize fun, not skill, when doing these things:

- Walking
- Playing Frisbee at the park or playground.
- Swimming
- Riding a tricycle or bicycle.
- Dancing or music.
- Rollerskating or rollerblading.
- Games such as tennis, soccer, kickball, and basketball.
- Jumping rope.
- Exercising with a fitness video.
- Joining in household tasks such as cleaning and yardwork.
- Remember to limit television and video games to 1 house or less per day!

Children are more likely to feel good about themselves when they feel loved by their parents. Here are some positive parenting tips:

- Help your children feel good about themselves by encouraging them to do activities they enjoy and do well, such as joining a club, helping a neighbor, or taking a special class.
- Spend time reading, singing, and playing with your children every day.
- Spend time listening and talking with your children every day.
- Compliment and encourage your children every day. Be positive and always tell your children what they are doing well.
- Tell your children you love them as a person, although there may be a behavior you dislike.
- Comfort and reward your children by doing a special activity. Rewards could be: a trip to the beach, park, or library; reading books or playing games together. Do not use food as a reward.

Vision Screening

Overview

Vision Screening and eye examinations are essential for detecting visual impairment. Conditions that lead to visual abnormalities may lead to inadequate school performance and prevent students from obtaining maximum benefits from their educational experience. Undetected impairments of the visual process can lead to potential decrease in learning ability and problems in school adjustment.
Procedures:

- Vision screeners use Titmus machines or the Spot Vision Screener.
- If they do not pass the initial screening and the re-screening on the Titmus or Spot machines, then they are referred.
- Students, who normally wear corrective lenses but do not have them at screening, will be screened without them.
- Upon completion of the screening (including documentation), School Health Designees will receive a list of all students who have been referred.
- A letter requesting an exam by an eye care specialist will be sent to the parents of those students who do not pass the screening. The eye specialist is asked to complete a section of the letter and the parents are to return it to the school health office or school health designee.
- Any family who cannot afford care may be referred to the appropriate community agency for assistance with authorization from the parent.
- At the end of the screening, all of the results are to be entered in the health record.
- Data should be kept on those who have been followed up regarding failure notices, so the BCHD School Nurse can input the outcome data in HMS.

Passing Criteria for Vision Screening

Grades:	**Pre-K and K 5 years and under**	**20/40 each eye**
	K over the age of 6 and older	**20/30 each eye**

Hearing Screening

Overview

The purpose of school hearing screening is to identify students with a hearing loss that may affect their intellectual, emotional, social, speech, and/or language development. A subtle hearing loss may be overlooked resulting in developmental or academic delays. Even mild hearing losses may be educationally and medically significant.

Procedures:

- Initial screenings are done on audiometers by the school nurse or those trained by the school nurse.
- Each ear is screened at 25 decibels on 3 frequencies (1000, 2000 and 4000). Failures are re-screened in 2-4 weeks. Pure-tone criteria for failure are not hearing two frequencies in one ear or the same frequency in both ears.
- A letter requesting an exam by the child's physician is sent to the parents of those students who fail the re-screen. The parent is asked to notify the school health office or health designee of the outcome.
- Any family who cannot afford care may be referred to the appropriate community agency for assistance with authorization from the parent.
- All results are to be entered in the health record.
- Data should be kept on those who have followed up regarding failure notices, so the BCHD School Nurse can input the outcome data in HMS.

Scoliosis Screenings

Overview

Scoliosis is an abnormal curvature of the spine usually developing in pre-adolescents and adolescents during rapid growth spurts. Early detection can prevent scoliosis from progressing and can identify those in need of treatment.

Procedures:

- Screenings are conducted by a School Health Nurse or trained nurse using a scoliometer.
- All screeners using a scoliometer should adhere to the recommended referral parameter range of 7° or greater. Failures are re-screened in 2 - 4 weeks.
- Referral letters will be sent home to advise parents of outcomes and recommend physician follow-up.
- All results are to be entered in the health record.
- Data should be kept on those who have followed up regarding failure notices so the BCHD School Nurse can input the outcome data in HMS.

Growth & Development Screening

Overview

Height and weight measurements provide a simple, effective method of identifying potential childhood health problems. These measurements can be used as an educational tool for parents, students, and school personnel.

Height and Weight Screening Process

- These measurements will be conducted at the individual school by a team designated by the school administration.
- A digital scale will be available at each school site.
- Height should be recorded in inches to ¼”
- Weight should be recorded in pounds to 0.1 lbs.
- This information is then recorded on the screening form and used for BMI calculation. Height and weights need to be on the screening sheets.

Body Mass Index Screening

Overview

BMI is a screening tool used to identify individuals who are underweight or overweight. BMI is the recommended screening method for children and adolescents.
It is based on a child’s age and gender calculated using height and weight compared to standardized growth charts. This calculation determines if the child is in the normal range for height and weight or outside the norm, and identifies individuals who may have increased potential to develop certain chronic diseases during childhood or adulthood.

Screening Guidelines:
BMI-for-Age Parameters as per CDC recommendations

- ≥ 95th percentile Obese
- ≥85th to <95th percentile Overweight
- ≥5th to <85th percentile Normal
- < 5th percentile Underweight

Parents will receive results on screened children with referrals for those students that are obese and underweight.

Data should be kept on those who have followed up regarding failure notices so the BCHD School Nurse can input the outcome data in HMS.

Skyward Program

The nurses at each school along with the school health secretary coordinate data entry of all screening data into the Skyward program.

SCHOOL HEALTH SCREENING FORM
GRADES PREK - 5
SPOT VISION SCREENER PROFESSIONAL MODELS

NAME_____

ADDRESS_____

_____

BIRTH DATE: _____

AGE_____ GRADE_____ TEACHER_____

WEARING GLASSES: YES ☐ NO ☐

CONTACT LENSES: YES ☐ NO ☐

DATE:_____

HEIGHT_____ WEIGHT_____

BODY MASS INDEX_____

BLOOD PRESSURE_____

HEARING 25 db

Frequency	L	R
1000		
2000		
4000		

	SE				SE			
OD	DS	DC	AXIS @		DS	DC	AXIS @	OS

Initial Screening Results

Hearing: P____ F____
Vision: P____ F____
Recheck: P____ F____
Date: _____
Referred: ___Yes ___No

Comments:

_____
_____
_____
_____

CIRCLE AND CHECK APPROPRIATE EYE CONDITION

- Myopia (nearsightedness) OD _____ OS _____
- Hyperopia (farsightedness) OD _____ OS _____
- Astigmatism (blurred vision) OD _____ OS _____
- Anisometropia (unequal refractive power) OD _____ OS _____
- Strabismus (eye misalignment) OD _____ OS _____
- Anisocoria (unequal pupil size) OD_____ OS_____
- Gaze _____

SCHOOL HEALTH SCREENING FORM
GRADES 6 - 12
SPOT VISION SCREENER PROFESSIONAL MODELS

NAME_____ DATE:_____

ADDRESS_____ HEIGHT_____ WEIGHT_____

_____ BODY MASS INDEX_____

BIRTH DATE: _____ BLOOD PRESSURE_____

AGE_____ GRADE_____ TEACHER_____ HEARING 25 db

Frequency	L	R
1000		
2000		
4000		

WEARING GLASSES: YES ☐ NO ☐

CONTACT LENSES: YES ☐ NO ☐

Scoliosis Screening

Initial Screening

_____ Pass

_____ Requires recheck. Reading: _____
Comments: _____
_____

Follow-up Screening: Date: _____
_____ Pass

_____ Refer Reading: _____
Comments: _____
_____

Observations: Circle any that apply

Greater arm to body space
Hips uneven
Increased round back
Leg length discrepancy
Obvious spinal curvature
Other
Rib prominence
Shoulder blades uneven
Shoulder elevation
Uneven on bending test
Waist creases uneven

	SE				SE			
OD	DS	DC	AXIS @		DS	DC	AXIS @	OS

Initial Screening Results

Hearing: P____ F____
Vision: P____ F____
Recheck: P____ F____
Date: _____
Referred: ___Yes ___No

Comments:

_____
_____
_____
_____

Circle and Check appropriate eye condition

- Myopia (nearsightedness) OD _____ OS _____
- Hyperopia (farsightedness) OD _____ OS _____
- Astigmatism (blurred vision) OD _____ OS _____
- Anisometropia (unequal refractive power) OD _____ OS _____
- Strabismus (eye misalignment) OD _____ OS _____
- Anisocoria (unequal pupil size) OD _____ OS _____
- Gaze _____

SCHOOL: _____

SCHOOL HEALTH SERVICES

REFERRAL FOR EYE EXAMINATION

Date: _____

Dear Parent(s):

A recent vision screening at school indicated that _____ may have some visual problems. An eye examination is recommended. Please take this form with you at the time of examination.

School Nurse _____
Phone # _____

TO THE EXAMINER:

We are referring this student to you for the following reason: Failed Vision

	SE			SE			
OD	DS	DC	AXIS @	DS	DC	AXIS @	OS

Signs and symptoms of visual problems: _____
_____

_____

EYE EXAMINER REPORT TO THE SCHOOL:

Glasses _____ Prescribed _____ Not prescribed

_____ To be worn at all times
_____ To be worn for distance
_____ To be worn for close work only

Diagnosis and etiology _____

Comments: _____
_____

Examiner's Signature:_____Date:_____

PARENTS - PLEASE RETURN THIS FORM TO THE SCHOOL NURSE

Florida's Vision Quest, Inc.
167 N. Industrial Drive
Orange City, FL 32763
P 386-917-1001

In collaboration with your child's school, Florida's Vision Quest, Inc. a statewide non-profit agency will be providing free **comprehensive vision exams and glasses** (if needed) at your child's school for students who failed the vision screening. A comprehensive vision exam **may include**:

- muscle balance tests (making sure the eye muscles function normally)
- refraction (determines if your child is nearsighted or farsighted)
- Pupil dilation (done using eye drops. The drops take 20 minutes to work, and can cause your child to be more sensitive to light and/or have slightly blurry close vision for up to several hours).

There will be no charge for this complimentary service.

Please complete and sign below. By signing, you are giving permission for these services:

School: _____ Grade_____

Child's Name: _____ Date of Birth: _____

Sex: Female___ Male___

Parent/Guardian: _____ (Print)
Day Phone _____

Parent/Guardian Signature: _____

BAKER VISION CARE

Student Information

Child's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

School: _____

Any known medical problems:

_____

Dilation Consent: The purpose of pupil dilation is to detect signs of eye disease and help determine the eyeglass prescription. Side effects of dilation include blurry reading vision and sensitivity to lights for approximately 2 hours.

Please sign below giving us consent to dilate your child.

X _____

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SCHOOL HEALTH SCREENING FORM
GRADES PREK - 5
TITMUS 2S VISION SCREENER PEDIATRIC MODEL

NAME_____ DATE_____
ADDRESS_____ HEIGHT_____ WEIGHT_____
_____ BODY MASS INDEX_____
AGE_____ GRADE_____ TEACHER_____
BIRTHDATE:_____
WEARING GLASSES: YES ☐ NO ☐
CONTACT LENSES: YES ☐ NO ☐

HEARING 20/30 db

Frequency	L	R
1000		
2000		
4000		

MICHIGAN PRESCHOOL TESTS

ACUITY LEVEL 20/30 MUST READ ALL PICTURES CORRECTLY
LENS LEVER AT "FAR" TO WHICH PICTURE DO THE TABLE LEGS POINT?

LEFT EYE TEST Toggle Switch Toward Right	PASS	FAIL	RIGHT EYE TEST Toggle Switch Toward Left	PASS	FAIL
TEST # 1 BINOCULARITY - Toggle Switch Centered - GIRL - BIRD - BOY					
TEST # 2 RABBIT			TEST # 2 BIRD		
TEST # 3 BOY			TEST # 3 RABBIT		
TEST # 4 GIRL			TEST # 4 GIRL		

TEST #8	**ACUITY "NEAR"**	**LEFT EYE 20/**	**RIGHT EYE 20/**	**BOTH EYES 20/**
TEST #8	**ACUITY "FAR"**	**LEFT EYE 20/**	**RIGHT EYE 20/**	**BOTH EYES 20/**

DIAL #8 VISUAL ACUITY NEAR

	LEFT EYE	BOTH EYES	RIGHT EYE	
1	ZN	RO	HK	20/200
2	RKS	HNC	ZOD	20/100
3	HCDV	SKZO	RNDS	20/70
4	ZROD	NSCH	VZKN	20/50
5	KHSC	OZNR	DNVC	20/40
6	ONRZV	DKHCS	KDSON	20/30
7	SDCHN	VRZKO	HSNRD	20/20

DIAL #8 VISUAL ACUITY FAR

	LEFT EYE	BOTH EYES	RIGHT EYE	
1	ZN	RO	HK	20/200
2	RKS	HNC	ZOD	20/100
3	HCDV	SKZO	RNDS	20/70
4	ZROD	NSCH	VZKN	20/50
5	KHSC	OZNR	DNVC	20/40
6	ONRZV	DKHCS	KDSON	20/30
7	SDCHN	VRZKO	HSNRD	20/20

Initial Screening Results
Hearing: P_____ F_____
Vision: P_____ F_____
Recheck: P_____ F_____
Date _____
Referred ☐ Yes ☐ No
MIS-L465 REV 03/02

Comments:
_____
_____
_____
_____

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SCHOOL HEALTH SCREENING FORM
GRADES 6 - 12
TITMUS 2S VISION SCREENER PROFESSIONAL MODELS

NAME_____
ADDRESS_____
_____
BIRTH DATE:_____
AGE_____ GRADE_____ TEACHER_____

WEARING GLASSES: YES ☐ NO ☐
CONTACT LENSES: YES ☐ NO ☐

DATE:_____
HEIGHT_____ WEIGHT_____
BODY MASS INDEX_____
BLOOD PRESSURE_____
HEARING 20/30 db

Frequency	L	R
1000		
2000		
4000		

Scoliosis Screening
Initial Screening

_____ Pass

_____ Requires recheck. Reading:_____
Comments:_____
_____

Follow-up Screening: Date: _____
_____ Pass

_____ Refer Reading:_____
Comments: _____
_____

Observations: Circle any that apply

Greater arm to body space
Hips uneven
Increased round back
Leg length discrepancy
Obvious spinal curvature
Other
Rib prominence
Shoulder blades uneven
Shoulder elevation
Uneven on bending test
Waist creases uneven

TEST #5	ACUITY "FAR"	LEFT EYE 20/	RIGHT EYE 20/ BOTH EYES 20/
TEST #8	ACUITY "NEAR"	LEFT EYE 20/	RIGHT EYE 20/ BOTH EYES 20/

DIAL #5 VISUAL ACUITY NEAR

	LEFT EYE	BOTH EYES	RIGHT EYE	
1	ZN	RO	HK	20/200
2	RKS	HNC	ZOD	20/100
3	HCDV	SKZO	RNDS	20/70
4	ZROD	NSCH	VZKN	20/50
5	KHSC	OZNR	DNVC	20/40
6	ONRZV	DKHCS	KDSON	20/30
7	SDCHN	VRZKO	HSNRD	20/20

DIAL #8 VISUAL ACUITY FAR

	LEFT EYE	BOTH EYES	RIGHT EYE	
1	ZN	RO	HK	20/200
2	RKS	HNC	ZOD	20/100
3	HCDV	SKZO	RNDS	20/70
4	ZROD	NSCH	VZKN	20/50
5	KHSC	OZNR	DNVC	20/40
6	ONRZV	DKHCS	KDSON	20/30
7	SDCHN	VRZKO	HSNRD	20/20

Initial Screening Results
Hearing: P_____ F_____
Vision: P_____ F_____
Recheck: P_____ F_____
Date _____
Referred ☐ Yes ☐ No
MIS-L465 REV 03/02

Comments:
_____
_____
_____
_____

Dear Parents:

Recently your child participated in hearing, vision, height, weight, and BMI screenings at school. These are basic tests designed to indicate the common problems in children. Florida Law mandates certain screenings for different grades.

RESULTS:

VISION SCREENING PASS FAIL

HEARING SCREENING PASS FAIL

HEIGHT _____ WEIGHT _____ BMI _____ BMI % _____

BMI %	INTERPRETATION
Underweight	Less than 5 %
Healthy weight	5 % to less than 85 %
Overweight	85 % to less than 95 %
Obese	Equal to or greater than 95 %

These are screening tests only. If your child passed these screenings, and you think there still may be a problem, please contact your family doctor or health department for assistance. If your child failed either the vision or hearing test your school nurse will be contacting you in the next few weeks.

School Nurse: _____
Phone # _____

Dear Parents:

Recently your child participated in hearing, vision, height, weight, and BMI screenings at school. These are basic tests designed to indicate the common problems in children. Florida Law mandates certain screenings for different grades.

RESULTS:

VISION SCREENING PASS FAIL

HEARING SCREENING PASS FAIL

HEIGHT _____ WEIGHT _____ BMI _____ BMI % _____

BMI %	INTERPRETATION
Underweight	Less than 5 %
Healthy weight	5 % to less than 85 %
Overweight	85 % to less than 95 %
Obese	Equal to or greater than 95 %

These are screening tests only. If your child passed these screenings, and you think there still may be a problem, please contact your family doctor or health department for assistance. If your child failed either the vision or hearing test your school nurse will be contacting you in the next few weeks.

School Nurse: _____
Phone # _____

BAKER COUNTY DISTRICT SCHOOLS AND BAKER COUNTY HEALTH DEPARTMENT SCHOOL HEALTH SERVICES

Vision Referral Log

Dear Teacher: _____ School/Grade: _____

The following is a listing of the students in your class who did not pass the vision screening recently conducted at your school. The parents of these students are being notified. Some of your students may also be re-screened for possible hearing problems in the coming weeks. If you receive information that a student has seen an eye doctor, or if you have a student in need of assistance, please advise your school nurse.

Student Name	Student Number	Vision Results	Saw Eye Doctor	Received Glasses/ Contacts
		R 20/ L 20/		
		R 20/ L 20/		
		R 20/ L 20/		
		R 20/ L 20/		
		R 20/ L 20/		
		R 20/ L 20/		
		R 20/ L 20/		
		R 20/ L 20/		
		R 20/ L 20/		
		R 20/ L 20/		
		R 20/ L 20/		
		R 20/ L 20/		
		R 20/ L 20/		
		R 20/ L 20/		
		R 20/ L 20/		

SCHOOL: _____

SCHOOL HEALTH SERVICES

REFERRAL FOR EYE EXAMINATION

Date: _____

Dear Parent(s):

A recent vision screening at school indicated that _____ may have some visual problems. An eye examination is recommended. Please take this form with you at the time of examination.

School Nurse _____

Phone# _____

TO THE EXAMINER:

We are referring this student to you for the following reason:

Failed Vision: NEAR : L - 20/ R - 20/ BOTH - 20/
FAR: L - 20/ R - 20/ BOTH - 20/

Signs and symptoms of visual problems: _____

EYE EXAMINER REPORT TO THE SCHOOL:

Visual Acuity (A) without correction L - 20/ R - 20/ BOTH - 20/
(B) with correction L - 20/ R - 20/ BOTH - 20/

Glasses _____ Prescribed _____ Not prescribed

_____ To be worn at all times
_____ To be worn for distance
_____ To be worn for close work only

Diagnosis and etiology _____

Comments: _____

Examiner's Signature: _____ Date: _____

PARENTS - PLEASE RETURN THIS FORM TO THE SCHOOL NURSE

SCHOOL: _____

SCHOOL HEALTH SERVICES

REFERRAL FOR EYE EXAMINATION

Date: _____

Dear Parent(s):

A recent vision screening at school indicated that _____ may have some visual problems. An eye examination is recommended. Please take this form with you at the time of examination.

School Nurse _____

Phone # _____

TO THE EXAMINER:

We are referring this student to you for the following reason: Failed Vision

	SE			SE			
OD	DS	DC	AXIS @	DS	DC	AXIS @	OS

Signs and symptoms of visual problems: _____

_____

_____

EYE EXAMINER REPORT TO THE SCHOOL:

Glasses _____ Prescribed _____ Not prescribed

_____ To be worn at all times
_____ To be worn for distance
_____ To be worn for close work only

Diagnosis and etiology _____

Comments: _____

_____

Examiner's Signature:_____Date:_____

PARENTS - PLEASE RETURN THIS FORM TO THE SCHOOL NURSE

BAKER COUNTY SCHOOL BOARD
SCHOOL HEALTH SERVICES
VISION FOLLOW-UP LETTER

Date _____

School _____

Dear Parent:

You were notified earlier this school year that your child _____ failed the vision screening and that further evaluation was needed.

Please let us know the results of that evaluation. If your child has not been evaluated, please make arrangements to do so as soon as possible.

As of _____ your child's vision screening results were:

R - 20/_____ L - 20/_____ FAR
R - 20/_____ L - 20/_____ NEAR

Comments:

If you require financial assistance, please contact your school nurse.

Thank you for your cooperation and if you should have any questions, please feel free to contact me.

School Nurse _____ Phone _____

New Graphic

BAKER COUNTY SCHOOL BOARD
SCHOOL HEALTH SERVICES
VISION FOLLOW-UP LETTER

Date _____

School_____

Dear Parent:

You were notified earlier this school year that your child _____failed the vision screening and that further evaluation was needed.

Please let us know the results of that evaluation. If your child has not been evaluated, please make arrangements to do so as soon as possible.

As of _____ your child's vision screening results were:

	SE			SE			
OD	DS	DC	AXIS @	DS	DC	AXIS @	OS

Comments:_____
_____
_____

If you require financial assistance, please contact your school nurse.

Thank you for your cooperation and if you should have any questions, please feel free to contact me.

School Nurse _____ Phone _____

BAKER COUNTY DISTRICT SCHOOLS AND BAKER COUNTY HEALTH DEPARTMENT SCHOOL HEALTH SERVICES

SCHOOL:_____ **DATE:**_____

HEARING REFERRAL LOG

Student	Student Number	Teacher	Grade	R results	L results	Saw Dr.	Outcome
				1000 _____ 2000 _____ 4000_____	1000 _____ 2000 _____ 4000_____		
				1000 _____ 2000 _____ 4000_____	1000 _____ 2000 _____ 4000_____		
				1000 _____ 2000 _____ 4000_____	1000 _____ 2000 _____ 4000_____		
				1000 _____ 2000 _____ 4000_____	1000 _____ 2000 _____ 4000_____		
				1000 _____ 2000 _____ 4000_____	1000 _____ 2000 _____ 4000_____		
				1000 _____ 2000 _____ 4000_____	1000 _____ 2000 _____ 4000_____		
				1000 _____ 2000 _____ 4000_____	1000 _____ 2000 _____ 4000_____		
				1000 _____ 2000 _____ 4000_____	1000 _____ 2000 _____ 4000_____		
				1000 _____ 2000 _____ 4000_____	1000 _____ 2000 _____ 4000_____		
				1000 _____ 2000 _____ 4000_____	1000 _____ 2000 _____ 4000_____		
				1000 _____ 2000 _____ 4000_____	1000 _____ 2000 _____ 4000_____		
				1000 _____ 2000 _____ 4000_____	1000 _____ 2000 _____ 4000_____		

SCHOOL _____

SCHOOL HEALTH SERVICES
REFERRAL FOR HEARING EXAMINATION

Name_____ Date _____

Parent's
Name_____ Grade_____

Your child has received a hearing screening as part of the health services program and it was found that your child may need medical attention for a possible hearing loss.

Hearing problems may affect your child's general health and school work. Many hearing problems can be corrected during childhood, so we urge you to take your child to a doctor.

If you have any questions or need help of any kind, please call. If you cannot take your child to the doctor for an ear examination at this time, please let me know. WE WILL EXPECT TO HEAR FROM YOU WITHIN 4 WEEKS.

_____
School Health Nurse Phone

TO THE EAR EXAMINER:
We are referring this pupil to you for the following reason:

Failed Audiometer	Frequency	Decibel
	R_____	_____
	L_____	_____

PHYSICIAN'S REPORT
My Recommended Treatment For _____ (Child) is:

_____ T & A _____MEDICATION
_____ P.E. TUBES _____(OTHER)

Explain Below:

_____

_____ _____
Date Physician's signature

PARENTS PLEASE RETURN THIS FORM TO THE SCHOOL NURSE

BAKER COUNTY SCHOOL BOARD
SCHOOL HEALTH SERVICES
HEARING FOLLOW-UP LETTER

Date_____

School_____

Dear Parent:

You were notified earlier this school year that your child _____failed the hearing screening and that further evaluation was needed.

Please let me know the results of that evaluation. If your child has not been evaluated, please make arrangements to do so as soon as possible.

As of _____ your child's hearing screening results were:

R - 25 decibels	L - 25 decibels
1000	1000
2000	2000
4000	4000

Comments:
If you require financial assistance, please contact your school nurse.

Thank you for your cooperation and if you should have any questions, please feel free to contact me.

School Nurse _____ Phone _____

BAKER COUNTY DISTRICT SCHOOLS AND BAKER COUNTY HEALTH DEPARTMENT SCHOOL HEALTH SERVICES

Scoliosis Failure Worksheet

School _____ **Date** _____

Student	Student Number	Teacher	Saw Dr.	Outcome

BAKER COUNTY SCHOOL BOARD
SCHOOL HEALTH SERVICES
REFERRAL FOR SCOLIOSIS EXAMINATION

Dear Parents,

As a part of our school health services program, a scoliosis screening program for boys and girls in grade 6 has just been completed in the school. Because we screen for scoliosis only in the 6th grade, this is the only referral letter you will receive.

We found that your child _____ appears to have a positive curvature of the spine. We suggest that he/she be checked by your family doctor or orthopedic physician for evaluation and treatment.

If you do not have a family doctor and require financial assistance for this examination, please contact your school nurse. Thank you for your cooperation.

School nurse _____ Phone _____

NAME_____ SCHOOL _____

SCOLIOMETER READING _____ DEGREES_____ DATE _____

Please have your physician complete the following information.

Curvature not found_____

Curvature found _____

Treatment Prescribed:_____

Exercises_____

Surgery _____

Return for further evaluation: _____

Functional Limitation: No ____
Yes____

Comments:_____

Physician Signature:_____Address:_____
Date: _____

BAKER COUNTY SCHOOL BOARD
SCHOOL HEALTH SERVICES
FOLLOW-UP SCOLIOSIS REFERRAL

Dear Parents:

Previously you were notified that your child was found to have a curvature of the spine during our yearly scoliosis examinations. You were sent a referral letter suggesting that he/she be checked by your family doctor or orthopedic physician for evaluation and treatment.

We have not received any notification of evaluation being done. Although it may seem like an insignificant problem, the fact is that **some children require a back brace for a curvature.** Every child is different and many factors play a part in the decision of treatment type, such as maturity, rate of growth, and the parent's stature. It is very important that your child be evaluated.

Scoliosis screening is done in the 6th grade only. This is the final notification you will receive from the school.

_____
School Nurse Phone #

_ _

Name:_____ School:_____

Scoliometer Reading_____on _____

PHYSICIAN TO COMPLETE THE REMAINDER OF THIS FORM

Curvature not found_____

Curvature found_____ Type_____

Treatment Prescribed _____

Exercises_____

Return for evaluation_____ Surgery_____

Functional Limitations: Yes_____ No_____
Comments_____

Today's Date _____ Physician Signature _____
Address _____

Height and Weight Screening Log
(Required for only 1st, 3rd and 6th grades)

Grade: _____ Teacher: _____ Date: _____

Student Name	Student Number	Height	Weight

Baker County School Health Services
Growth and Development Follow-Up Evaluation Notification

Student Name: _____
School Name: _____
Teacher: _____

Dear Parent or Guardian,

The Growth and Development result information and the recommendations based on the child's BMI for Age Percentile are provided to aid parents/guardians in obtaining health care for the child according to the need.

Growth and Development **Height** _____ **Weight** _____ **BMI** _____ **BMI%**_____

Parent/Guardian Reply

I choose **not** to obtain a health care provider's evaluation for the report covering:

Child's Name:_____

Signed_____ **Date**_____

Health Care Provider's Report
(To be completed by the Health Care Provider rendering evaluation and care)

Child's Name: _____

Findings/Plan: _____

_____

Provider Name _____Signature _____Date_____

Parents please return to: Your child's school nurse.

(This page goes on the back of the previous page)

How to Read Your Child's Screening Results

What is BMI?

Body Mass Index, BMI, provides a guideline, based on weight and height, to help judge whether a person's weight is within a healthy range for their height. Additionally, the normal amount of fat differs in girls and boys as they mature. **The BMI for Age Percentile** uses the **BMI** to adjust for the differences between ages, and gender (boys and girls). It is **the BMI for Age Percentile** that identifies if a health risk exists.

BMI for age percentile	What it Means	Recommendation
Less than the 5th percentile	Underweight	Medical Assessment
Greater than or equal to the 5th to the 84th percentile	Healthy Weight	No action needed
Greater than or equal to 85th percentile to the 94th Percentile	Overweight	Medical Assessment if Other risks exist (Family History, heart disease, Diabetes, etc.)
Greater than or equal to 95th percentile	Obese	Medical assessment

If the BMI for age percentile is greater than or equal to the 95th percentile, it tells you that 95% of other children, whose sex and age are the same, are considered to be in a healthier weight range. Greater than or equal to the 95th percentile is considered **obese** and at risk for health problems. If this situation exists, a medical evaluation and intervention is recommended. This guideline is established by the national Centers for Disease Control (CDC).

BMI for Age Percentile is related to health risks

Obese children are likely to become overweight adults. 60 percent of children and teens with a BMI-for-Age Percentile above the 95th percentile (obese) have at least one risk factor, while 20 percent have two or more risk factors for future cardiovascular disease such as heart attack and stroke. Risks in childhood include acquired diabetes type II and reduced cardiovascular health.

Underweight children need to be monitored even if their growth is normal. Children need good nutrition for good growth and development.

If your child's results fall in the less than 5%, or, greater than or equal to 95% for BMI for age Percentile, and, you have chosen to have your child evaluated by a medical provider, please notify your school nurse. It is only through your notification that we can evaluate the outcomes of the screening efforts.

Florida Statue 381.0056 of School Health Act

Growth and Development Screening with BMI

The purpose of accurate height and weight measurements is to provide insight into the student's physical growth and development. If taken at regular intervals and recorded on charts or grids, this information will allow for comparison with past measurements and standards for age and weight for height. Comparison of these measurements to accepted norms is the baseline for nutritional assessment. Growth and development screening is required for students in grades 1, 3, 6, and optionally 9. Body Mass Index (BMI) has been adopted from the Centers for Disease Control and Prevention as the DOH standard for growth and development screening since 2001.

In addition to measuring students' height and weight, BMI calculation is required. This calculation indicates if a child is in the normal range for height and weight, or is outside the norm and has increased potential to develop certain chronic diseases during childhood or adulthood. BMI is the recommended screening method for children and adolescents. It is based upon a child's age and gender, calculated using a child's weight and height, and compared to standardized growth charts.

Chapter 5

Medications

Chapter 5

Medications

Medication Policy

Authority

- Florida Statute 1006.062 authorizes school personnel to assist the student in the administration of prescription medications.
- Every effort should be made to administer medications at home rather than school.
- Administration of Medication Policy – Chapter 5.150

Medication administration procedures will be as follows:
(Non-prescription medicines must follow same guidelines).

Delivery of Medication to School

- Parents will be responsible for delivery and retrieval of medications to and from the school nurse/health designee.
- No medications are to be transported via the school bus system. Only under unusual circumstances will a student be allowed to transport medication. This must be pre-approved by the school and the parent. In addition, a parent must contact the school and inform the nurse/designee of the date the child will be transporting the medication and number of doses being transported.
- All medications to be administered by school personnel shall be received and stored in the original containers and must have current Rx date on bottle along with current dose and expiration date.
- New bottles must be brought in by parents when a new Rx is received. Medication cannot be given from an old Rx bottle.
- RN's are to perform periodic monitoring to ensure that medication administration record entries are consistent with pill counts by using the Skyward computer system. Skyward will generate an email to the appropriate RN where a particular medication count is about to be expired. Nurses will also only accept the number of pills, tabs, etc. as stated on the medication bottle from start date to the end of 30 days. Medication to cover weekends, holidays etc. will be sent home with the parent.
- All medication must be labeled with the student's name, dosage, frequency of administration and physician's name.
- OTC medications may be kept all school year.
- Medication should not be transported between home and school on a daily basis. Separate containers should be kept at home and at school. An empty bottle with a label can be requested from the pharmacy at the time the prescription is filled.
- No student will be allowed to carry prescription or non-prescription medications on their person with the exception of Epi-pens, asthma inhalants, insulin and pancreatic enzymes.
- Parental Authorization for Administration of Medication with Doctors orders and/or Medical Management Plans for self administration must be completed and returned to the school before the student is allowed to carry their medications.
- All medications, including emergency medications, must be registered with the school nurse/health room health designee.
- Any child caught with unidentified medication or caught sharing medication with other students will be subject to school board policy regarding discipline for having drugs on his or her person.

Parental Permission

- For each individual medication administered, the student's parent or guardian shall provide to the school principal or designee a signed parent authorization which shall grant the principal or his/her designee their permission to assist in the administration of each individual medication to be provided during the school day, including when the student is away from school property on official school business. Any unusual circumstances outside of these guidelines will be

processed with the doctor, parent, school nurse and principal. The school principal or his/her trained designee shall assist the student in the administration of such medication.

The Parent Authorization Form Should Include:

- Student's Name
- Purpose of medication
- Physician & phone number if prescribed medication.
- The official form should be sent home with the student. The parent will be contacted to return the form the next day.
- The permission form should be kept in a file or notebook in the area where the medication will be administered.
- When the administration of medication is terminated, the permission form should be filed in the Cumulative Health Record (DH 3041).
- **No medication will be given if presented at school in plastic bags.**

Storage

- Medication should be counted and stored in a locked cabinet, within a locked clinic.
- If medication must be refrigerated, it should be stored in a refrigerator in a limited access area. The refrigeration temperature should be maintained at 34-46 degrees. A daily refrigerator temperature log will be maintained even if there are no meds in the refrigerator.
- These unusual circumstances are addressed through close assessment by the RN in the school and the Baker County Health Department RN serving the school, in close coordination with parents, doctors, and school principals.
- Expired medications will be stored and locked in a separate cabinet.

BAKER COUNTY DISTRICT SCHOOLS AND BAKER COUNTY HEALTH DEPARTMENT SCHOOL HEALTH SERVICES

Medication Administration Skills Checklist

Staff person trained: _____ Position: _____

Procedure Guidelines	Return Demo Date _____
Washes hands before and after procedure.	
Gives proper dose of medication at proper time. States 5 Rights.	
Compares labeled medication container with written order.	
Reads label 3 appropriate times.	
Checks expiration date on label.	
Documents medications given correctly.	
Maintains security of medication area.	
Describes proper actions for medication refusal, field trip, and medication error.	
Emergency Medications:	
Epipen:	
States symptoms of allergic reaction, location of med and emergency plan.	
Demonstrates, with trainer, correct procedure for administration.	
States follow-up procedures	
Glucagon:	
States signs of hypoglycemia, location of med and emergency plan.	
Demonstrates mixing of medication in syringe	
Demonstrates proper injection technique, using correct site.	
Correctly states aftercare.	
Diastat:	
States understanding of when to use this medication, location of med and emergency plan	
Demonstrates proper positioning of child, procedure for administering med	
States aftercare needed	

I understand that I am to administer medications to students according to these procedures and as delegated to me by the Principal. I understand that I am to report immediately to the school nurse any new orders, change in medication orders, changes in student health status, and discovery of a medication error. In the event of a medication error, I am to fill out a medication variance report and forward it to the appropriate parties. I understand that I may not delegate this task to any other person.

Signature _____ Date _____

BAKER COUNTY DISTRICT SCHOOLS and BAKER COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES

Temperature/Refrigerator Log

Refrigeration Temperature Range = 35° to 46° Fahrenheit
Freezer Temperature Range = less than 5° Fahrenheit

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug																															
Sep																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															
Jul																															

Administration – Personnel

- Only school employees who have taken the medication training class may administer medication to students. The principal will assign this responsibility in most cases to members in the administrative suite.
- Per F.S. 1006.062 (2), there shall be no liability for civil damages as a result of the administration of medication where the person administering medication acts as an ordinarily reasonable, prudent person would have acted under the same or similar circumstances.

Recording

- The school employee administering or supervising the administration of medication will initial the medication log after each dose of medication is given and put the time of administration on the medication log.
- The standardized form will be used for documenting administered medication.
- When completed, the medication will be logged into the Skyward computer program for the specific child.

Disposal of Unused Medication

- Medication unclaimed after a reasonable time will be disposed of as per federal guidelines as described below:

Federal Guidelines

- **Do not dispose of any medication, injectable or other, in the sink or toilet.**
- Keep unused or expired prescription medication in the original container. This will help identify the contents if accidentally ingested.
- Mark out name and prescription number for safety.
- For pills: add water or soda to dissolve them.
- For liquids: add something inedible like cat litter or dirt.
- Close the lid and secure with duct or packing tape.
- Place bottle inside an opaque container, tape it closed, and hide in the trash.
- You may also place unused or expired medications into the Rx Destroyer Pharmaceutical solution.

Over the Counter Medications (OTC)

- Over the counter medications may be given at school if ordered by a doctor.
- They must be delivered to school by parent in original container, be age appropriate and be within current expiration date.
- Medication must be given only as bottle directs unless accompanied by physicians written prescription/order.
- Over the counter medication may be shared between siblings, but a separate Medication Authorization form must be completed for each student.

Herbal Medications & Preparations

- When delivered to the school, herbal medication/preparations must be accompanied by a physician's (M.D. or D.O.) written prescription/order.
- Parents/guardians are encouraged to administer these medications/preparations prior to, or after school hours.

*****At the end of the school year, parents shall be notified to pick up unused medicine or it will be disposed of. *****

BAKER COUNTY DISTRICT SCHOOLS and
BAKER COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES

Medication Pick-up/End of Year

Date _____

Dear Parent,

Your child currently has medication in the health room. The medication must be picked up by a parent or authorized adult on or before the last day of school.

Any medication that is not picked up will be disposed of.

Thank you.

_____

Baker County School Health Services
Authorization for Medication to be Taken During School Hours

The following section is to be completed by the parent/guardian:

School Name: BCHS BCMS LES MES WES PKK

Child's Name: _____
Last First Sex Birth Date

Allergies:_____

The following is to be completed by the physician:

Physician's Name:_____

Physician's Address & Phone Number:_____

Diagnosis for which medication is given:_____

Name of medication(s):_____

Form:_____

Dose:_____

If medication is to be given daily, at what time?:_____ AM PM

If medication is to be given "When Needed", describe indications:_____

_____

How can it be repeated?:_____

Is child authorized to self-medicate her/ himself?: YES NO

List significant side effects:_____

Length of time this treatment is recommended:_____

Other information:_____

_____

_____ _____
Physician's Signature Date

MEDICATIONS

Prescription medications may be brought to school and given to clinic personnel to be administered only when it is a necessity and under the following conditions. The parent request for Administering Medication at school must be brought to the clinic before school along with the medication.

1. Complete the form below. All information is required by law.
2. The medication prescribed for the student must be in its original container labeled with the following:
   - Student's name
   - Name of medication
   - Directions concerning the dosage
   - Time of day to be taken
   - Date of prescription and name of the pharmacy

   All Medications will be delivered to and picked up from the school by an adult.

3. Non-prescription medication will not be administered by school personnel. A non-prescription medication, such as aspirin or Tylenol, etc., shall be considered a "prescribed" medication if accompanied with a written order from a physician.
4. Medication forms shall be renewed at the beginning of every school year or as the medication prescription changes.
5. Students who require the use of an inhaler or Epi-pen may carry it with them during the day. It must be properly labeled and a note from the physician and parent requesting the student to carry the inhaler or Epi-pen must be on file in the nurse's office. Students must be able to demonstrate proper use of the inhaler or Epi-pen before they are allowed to carry it.

BAKER COUNTY SCHOOL BOARD
Parent Request for Administering Medication at School

SCHOOL:_____ GRADE:_____

I request that a person delegated by the school principal give my child, _____
the medication prescribed by _____, _____
(Name of Physician) (Address)
for the period from _____ to _____. This medication is to be furnished by me and is to be labeled with my child's name, name of the medication, directions concerning dosage, time of day to be taken, physician's name, and name of pharmacy.

NAME OF MEDICATION:_____ DOSAGE:_____

TIME TO BE GIVEN:_____ PURPOSE OF MEDICATION:_____

POSSIBLE SIDE EFFECTS AND ANY SPECIAL INSTRUCTIONS:_____
_____

ALLERGIES: _____
It is understood by the undersigned that school personnel will not be responsible for possible side effects from administration of the above medication. I also give the school nurse permission to discuss the use of this medication with my child's physician and other school staff on a need-to-know basis.

_____
Parent/Guardian Date
Parent's daytime phone #_____

FOR SCHOOL USE ONLY

Nurse/Parent			Nurse/Parent		
Medication received by	Amount	Date	Medication picked up by	Amount	Date
Medication received by	Amount	Date	Medication picked up by	Amount	Date
Medication received by	Amount	Date	Medication picked up by	Amount	Date
Medication received by	Amount	Date	Medication picked up by	Amount	Date
Medication received by	Amount	Date	Medication picked up by	Amount	Date
Medication received by	Amount	Date	Medication picked up by	Amount	Date
Medication received by	Amount	Date	Medication picked up by	Amount	Date
Medication received by	Amount	Date	Medication picked up by	Amount	Date
Medication received by	Amount	Date	Medication picked up by	Amount	Date
Medication received by	Amount	Date	Medication picked up by	Amount	Date
Medication received by	Amount	Date	Medication picked up by	Amount	Date
Medication received by	Amount	Date	Medication picked up by	Amount	Date
Medication received by	Amount	Date	Medication picked up by	Amount	Date
Medication received by	Amount	Date	Medication picked up by	Amount	Date
Medication received by	Amount	Date	Medication picked up by	Amount	Date
Medication received by	Amount	Date	Medication picked up by	Amount	Date
Medication received by	Amount	Date	Medication picked up by	Amount	Date

Procedure for Administering Medications

THE 5 R'S
- **RIGHT CHILD**
- **RIGHT TIME**
- **RIGHT DOSAGE**
- **RIGHT MEDICATION**
- **RIGHT ROUTE**

DO!!!!!!!!!!!!!!!

1. Wash your hands.
2. Work in good lighting.
3. Concentrate on what you are doing when working with medications.
4. Make certain you have a written order for every medication you give.
5. Check record to make sure child has not already received medication for that time or day.
6. Check label three (3) times:
    1) When taking medicine from storage
    2) When preparing/pouring medicine
    3) When placing medicine in storage
7. Make certain that the data on the medicine request sheet corresponds exactly with the label on the child's medicine.
8. Never give medicine from an unlabeled container or from one which the label is not legible.
9. Make proper identification of the child – ask for name, rather than "are you _____?"
10. Watch the child take the medicine.
11. Never chart a medicine as having been given until it has been administered.
12. Pour tablets/capsules into the bottle cap and then into the child's hand or medicine cup.
13. Pour liquids opposite the label to prevent drips from obscuring the directions. Wipe the rim of the bottle before replacing the cap.
14. Do not leave medicine unattended.
15. Store drugs as recommended:
    a) Refrigerate.
    b) Store away from heat or light.
    c) Keep tightly closed.

Procedures for Administering Medication

Oral Medications

- Student should assume sitting or standing position.
- Pour the tablet from the bottle into the container lid, then into the medicine cup, as necessary.
- Pour liquid by setting medicine cup on a firm surface at eye level and read fluid level at the lowest point of the meniscus (curved upward surface of the liquid in a container). Place lid upside down to avoid contamination and pour with label facing up to avoid obliterating label. Wipe bottle off before replacing cap.
- Return medication to cabinet or refrigerator. Lock cabinet.
- Unless contraindicated, offer a fresh glass of water to aid in swallowing to camouflage the taste of bitter medication, and to assure that medication is washed into the stomach.
- Make sure the student swallows the medication.
- Discard used medicine cup.
- Record the medication on the appropriate forms.
- Observe student for any immediate medication reaction or side effects.

Topical Medications (ointments & salves)

- Gather necessary equipment including gloves or tongue depressor as needed.
- Squeeze medication from a tube, or using a tongue depressor, take ointment out of jar.
- Spread a small, smooth, thin quantity of medication evenly on bandage to be placed on skin. Use a tongue depressor to facilitate the smooth application of ointment.
- Protect skin surface with a dressing and use tape or gauze to secure in place.
- Remove gloves and wash hands.
- Return medication to the medication storage cabinet. Lock cabinet.
- Record medication on the appropriate forms.
- Observe student for any immediate medication reaction or side effects.

Eye Medication – Eye Drops

- Explain procedure to student.
- Give tissue to student for wiping off excess medication.
- Have student tilt head slightly backward and look up.
- Squeeze the prescribed amount of medication into the dropper. Hold dropper with bulb in the uppermost position.
- Place eye-dropper ½ to ¾ inch above eyeball with dominant hand.
- Stabilize the hand holding dropper as necessary. Place other hand on cheek bone and hand holding the dropper on top.
- Expose lower conjunctival sac (mucous membrane that lines eyelids) by pulling down on cheek.
- Drop prescribed number of drops into center of conjunctival sac.
- Repeat procedure if student closes eye and drops fall on eyelid.
- Ask student to gently close eyelids and move eye to assist in spreading medication under the lids and over the surface of the eyeball.
- Remove excess medication with clean tissue.
- Wash hands.
- Replace medication in medication cabinet. Lock cabinet.
- Record medication on the proper forms.
- Observe student for any immediate medication reaction or side effects.

Eye Medications– Eye Ointment

Same as above except for the following application:

- Gently separate patient's eyelids with thumb and two fingers and grasp lower lid near the margin of the lower lid immediately below the lashes. Exert pressure downward over the bony prominence of the cheek.
- Student should look upward.
- Apply eye medication along the inside edge of the entire lower eyelid, starting at the inner corner.

Ear Drops

- Position student on side, with ear to be treated in the uppermost position.
- Fill medication dropper with prescribed amount of medication.
- Prepare student for the instillation of ear medication as follows.
- Child: Lift ear upward and outward.
- Instill medication drops, holding dropper slightly above the ear.
- Instruct student to remain on side for 5-10 minutes following instillation.
- Dispose of unused supplies and wash hands.

Nose Drops

- Student should be in a sitting position with head tilted back, or in a supine (lying on back) position with head tilted back over a pillow.
- Fill dropper with prescribed amount of medication.
- Place dropper just inside the nostril and instill correct number of drops.
- Instruct student not to squeeze the nose and to keep head tilted back for five minutes to prevent medication from escaping.
- Return medication to the medication storage cabinet. Lock cabinet.
- Record the medication on the appropriate forms.
- Observe student for any immediate medication reaction or side effect.

Injectable Medications

- Only RN's are permitted to administer injections, except for those designated and trained by an RN, an LPN, a physician licensed pursuant to Chapter 458 or 459 or a physician assistant licensed pursuant to Chapter 458 or 459 of the Florida Statutes to administer the Epi-Pen or Glucagon for students who need them in an emergency situation.
- Parents must sign Medical Management Plans for allergies/diabetes that contain physician's order to administer emergency medications.

Medication Not Administered

- If the student fails to report to the health room for his/her medication, the health room designee will attempt to locate the student and give the medication, but if this fails, the health room designee shall not be held liable for the missed dosage. A Medication/Treatment Variance Form should be filled out.
- The parent should be notified of a missed dose either by telephone or a note sent home, if parent is unavailable.

Medication Errors

- If a student receives an incorrect drug or dosage, the Principal/designee, parent, and school health services specialist must be notified immediately so that appropriate intervention can be initiated.
- Notation must be made on the student medication log and a medication treatment variance report filled out.

GENERAL PROCEDURE FOR ADMINISTERING MEDICATIONS

Contact your school RN for a performance check and form completion.

Name _____ School_____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Wash your hands.		
2. Work in good lighting.		
3. Concentrate on what you are doing when working with medications.		
4. Make certain you have a written order for every medication you give.		
5. Check records to make sure the child has not already received medication for that time or day.		
6. Check label 3 times: • When taking medication from storage • When preparing/pouring the medication • When placing medication in storage		
7. Make certain that the data on the medication request sheet corresponds exactly with the label on the child's medication.		
8. Never give medication from an unlabeled container or from one which the label is not legible.		
9. Make proper identification of the child - ask for name, rather than "are you _____?		
10. Watch the child take the medicine.		
11. Never chart a medicine as having been given until it has been administered.		

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
12. Pour tablets/capsules into the bottle cap and then into the child's hand or medicine cup.		
13. Pour liquids opposite the label to prevent drips from obscuring the directions. Wipe the rim of the bottle before replacing the cap.		
14. Do not leave the medicine unattended.		
15. Store drugs as recommended: • Refrigerate • Store away from heat or light • Keep tightly closed		
16. Remember the 5 **R's** • Right Child • Right Time • Right Dosage • Right Medication • Right Route		
17. Injectable Medications • Only RN's are permitted to administer injections, except for those designated and trained by an RN, an LPN, a physician licensed pursuant to Chapter 458 or 459 or a physician assistant licensed pursuant to Chapter 458 or 459 of the Florida Statutes to administer the Epi-Pen or Glucagon for students who need them in an emergency situation. • Parents must sign Medical Management Plans for allergies/diabetes that contain physician's orders to administer emergency medications.		
18. Medications not administered • If the student fails to report to the clinic for his/her medication, the clinic designee will attempt to locate the student and give the medication, but if this fails, the clinic designee shall not be held liable for the missed dosage. A Medication/Treatment Variance Form should be filled out. • The parent should be notified of a missed dose either by telephone or a note sent home, if the parent is unavailable.		
19. Medication Errors • If a student receives an incorrect drug or dosage, the Principal/designee, parent, and school health services specialist must be notified immediately so that appropriate intervention can be initiated. • Notation must be made on the Student Medication Log and a Medication Treatment Variance Report be filled out. .		

RN Signature _____ Initials _____ Date _____

UAP Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

BAKER COUNTY DISTRICT SCHOOLS
FLORIDA DEPARTMENT OF HEALTH-BAKER COUNTY
SCHOOL HEALTH SERVICES
MEDICATION/TREATMENT VARIANCE

INSTRUCTIONS: Fill in form completely and fax to School Health Coordinator at Family Service Center 904-259-9169. Form must be completed the same day as the Variance.

Name of Student | **Birth Date** | **Date and Time of Variance**

Name of School | **Prescribed Medication/Dosage/Route/Time on Medication/Treatment Authorization Form**

Person Administering Medication and Position

Description of Incident

Type of Variance:

1. ☐ **Wrong Route**
2. ☐ **Wrong Dose/Extra Dose**
3. ☐ **Wrong Student**
4. ☐ **Wrong Medication**
5. ☐ **Medication not Given/Missed Dose**
6. ☐ **Wrong Time- >1 hour**
7. ☐ **Parent Error**
8. ☐ **Pharmacy Error**
9. ☐ **Other**_____

Time	Description

Location: ☐ Health Room ☐ Off Site_____ ☐Other_____

Describe Action Taken and Times:

Persons Notified of Variance

Persons Notified	Name	Date	Time
911-Poison Control #			
School Health Nurse/PHN			
Principal			
Parent			
School Health Coordinator			
Other			

*Poison Control (1-800-222-1222) or 911 may be contacted for adverse effects.

Name of Person Completing Report

Signature (Person Completing Report) | Date Completed

Reviewed by: Name/Title | Date

Student Medication/Treatment Variance – Instructions for Use

The Variance Report is to be completed when any error/variance in giving a medication or a treatment has taken place. This form must be properly completed according to these instructions the same day the variance has occurred or is discovered. This form does not go home to the parent or in student's health file. Notify School Health Services at (904)259-6551.

The following need to be filled out:

1. Student's name (last name first), DOB, Date and Time of Variance.

2. Name of School.

3. Name of prescribed Medication or Treatment/Dosage/Route/Time exactly as is written on Medication / Treatment Authorization Form.

4. Name of person who administered Medication/Treatment and their position, e.g. Health Aide, RN.

5. Indicate which error/variance occurred by checking the box to the left of the correct entry 1-9. Check all that apply. If #9 is selected a brief description is required.

6. Enter time and description of what happened in boxed area.

7. Mark location site.

8. Describe Action Taken and Times: Enter time. Indicate all action taken and all persons contacted. If you have any questions about how to proceed with the completion of this document, contact the public health nurse. Record any advice you are given by the nurse.

9. Document all persons notified with dates and time of notification. The Health Services Specialist, principal, and parent/guardian must be contacted immediately. Only a verbal response can be documented as a notification. (Unanswered pages or messages left on answering machines are not considered to be notification.) If no parent contact is made, a note needs to be written to the parent stating what happened (Health Services Specialist or principal can assist with content and appropriate documentation of note).

10. Print your name as person completing the form.

11. Sign your name as the person completing the report and enter the date.

12. Leave the "Reviewed By" line blank.

MEDICATION ADMINISTRATION ON FIELD TRIPS

1. It will be the health room designee's responsibility to prepare all medications for field trip administration. Therefore you will need to be aware of all field trip times, etc.

2. All medication leaving the school campus during school hours or after school on a school-sponsored activity must be in its original container and accompanied by a medication form. One medication form per medication. The one already being used in the health room for sign out is preferred for continuity.

3. One **trained** person who has taken the medication training (preferably a teacher or principal's designee) will be responsible for issuing the medication at the appropriate time. This **CANNOT** be a parent chaperone. The time of medication administration must be put on the medication form when the medicine is given, not before nor at the end of the day upon return to campus.

4. The medication must be transported in a locked container (tackle box, soft lunch box, bank bag, etc.) The container MUST be LOCKED! It cannot be transported in a purse.

5. The teacher or designee will be responsible for administration of medications as mentioned for Pre-K – 5 grades. Any student in the Junior High and High School level who requires medication may be responsible for his own medication with signed permission from a parent. Any parent who does not feel their child is responsible enough to take his or her own medication at this level, must consult with the school health designee so that an alternative can be arranged. The medication must be carried in its original container, not in a plastic bag, envelope, etc.

6. Any child caught with unidentified medication or caught sharing medication with other students will be subject to school board policy regarding discipline for having drugs on his or her person.

IT IS VERY IMPORTANT FOR CHILDREN WHO HAVE GLUCAGON, EPI PENS OR INHALERS ORDERED FOR THEM THAT THEY BE CARRIED ON THE TRIP AND APPROPRIATE PERSONNEL BE TRAINED FOR THEIR ADMINISTRATION. PLEASE NOTE THIS NEEDS TO BE DONE EARLY ENOUGH SO THAT TRAINING CAN BE DONE PRIOR TO THE FIELD TRIP.

Guidelines for the Administration of Narcotics for Pain Management

Every effort should be made to discourage the use of narcotics in school. Many are known to cause drowsiness and decreased coordination, thus presenting impaired learning and safety issues for the student. That being said, there are students with chronic health problems and postoperative pain who are attending school. In the event a child is prescribed narcotics for use during the school day, the following rules shall apply:

- All students requiring narcotics during school hours will need a written physician's order for the prescribed narcotic medication. Those students prescribed narcotics for an acute condition (recent surgery, kidney stone, etc) shall have a definite time frame specified on the doctor's orders, after which time the medication will be discontinued and picked up by parent/adult within 72 hours. Long term narcotic orders should be handled individually with the school nurse, parent and physician.
- The medication must be labeled with the student's name, dosage, frequency of administration and the physician's name.
- The parent and the school health designee shall sign the narcotic log to verify the initial count.
- All narcotics shall be stored in a locked cabinet or drawer and the key kept in the designee's possession or locked in the schools safe. Clinic door will be locked at the end of the day.
- Narcotics shall be counted and signed for daily by the designee and another school employee.
- Appropriate school personnel should be advised that the child has been medicated and may exhibit adverse reactions.
- There shall be no liability for civil damages as a result of the administration of such medications where the person administering such medication acts as an ordinarily reasonable, prudent person would have acted under the same or similar circumstances (FS 1006.062 (2)).

BAKER COUNTY DISTRICT SCHOOLS AND
BAKER COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES

NARCOTICS ADMINISTERED FOR PAIN MANAGEMENT

Student Name_____Initial Count_____Verified By_____

Medication _____Dose_____Frequency_____

***Medications must be counted once daily by two people.**

Date	Time	Count	Signatures		Date	Time	Count	Signatures
			/					/
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Chapter 6

Communicable Diseases and Information Sheets

Chapter 6

Communicable Diseases and Infectious Disease Control

BAKER COUNTY SCHOOL DISTRICT POLICY – INFECTIOUS/COMMUNICABLE DISEASE

Every child is entitled to a level of health that permits maximum utilization of educational opportunities. It is the policy of the Baker County School District to work cooperatively with the Department of Health to enforce and adhere to public health and welfare statutes and regulations. Procedures are established for prevention, control and containment of infectious diseases to ensure that both the rights of the individual and concerns of the community are addressed.

INFECTIOUS AND COMMUNICABLE DISEASE ADMINISTRATIVE PROCEDURES

A. Florida Law - The authority for infectious disease control in Florida is Chapter 381.0031 F.S., 64D- 3.046 F.A.C.

B. Reporting and controlling infectious disease suspected or detected within the school community will be accomplished as follows:

1. The Principal will ***not*** permit a student to enter the school who is out of compliance with the current required immunization schedule, unless exempt for medical reasons or religious beliefs.

2. Any student with symptoms of communicable illness should be excluded from school until symptoms are no longer present, or approval for return has been granted by the student's physician, the school nurse, the principal, the County Health Department, or the State Office of Epidemiology. Consult the Control of Communicable Diseases Manual for specific readmission procedures for certain health conditions.

3. If a school administrator has any questions concerning infectious disease, the Health Services Specialist and/or the Baker County Health Department should be contacted.

4. The Florida Department of Health may have access to any establishment and records of any establishment in the discharge of its official duties in accordance with the law.

5. Diseases of public health significance must be reported by the nurse who attends to a student infected with these diseases or suspected diseases.

6. If a need occurs to send letters to parents about a serious, suspected or diagnosed infectious disease, the letter should be initiated by the County Health Department and then reviewed by the Principal and/or the Health Services Specialist and the School Nurse.

7. It is not necessary to inform all parents when a few cases of infectious disease occur if it is determined that the classroom or school is not at risk for an epidemic. Parents/guardians of the affected children will be notified. In certain cases, the School Nurse, in consultation with the Principal and/or Health Services Specialist, may decide to notify all parents of the disease outbreak.

8. If an infectious disease epidemic is present, the Health Service Specialist will confer with the Health Department School Health Coordinator and/or Health Department Epidemiology supervisor. The Health Services Specialist will also consult with the School Principal and School Nurse to determine necessary procedures to prevent further spread of disease. The decision to close schools due to infectious disease outbreaks is at the discretion of the school district's administration. Consultation on such decisions is available to the School District from the State Office of Epidemiology and the Department of Health.

9. School personnel and others involved in education and caring for a child with an infectious disease, will respect the child's right to privacy, including maintaining confidential records. The number of personnel who are aware of the child's condition should be kept to the minimum. (Family Education Rights and Privacy Act of 1974).

General Procedures:

The County Health Department Nurse will be viewed as the resource for communicable disease in the school. She/He can give general information and assist in decision-making when communicable diseases are suspected. The nurse/ health designee must guard against being placed in the position of making a medical diagnosis. The school nurse may also be asked to gather information concerning the suspected communicable disease.

Reporting Procedures:

The procedure outlined below should be followed when verifying or reporting a suspected communicable disease case:

a) Contact the School Nurse. The nurse/ health designee should obtain as much information concerning the situation as is available at the school such as:

1. Name
2. Address
3. Phone
4. Birth date
5. Parent's names
6. Days of attendance at school
7. Immunization dates if pertinent
8. Hospital and physician name, if available
9. Diagnostic Tests performed
10. How information was obtained (source)

b) Phone the Baker County Health Department (904-653-5259) and relay the information obtained.

Refer to the following page for a list of reportable diseases/conditions in Florida. These diseases have the potential to cause a negative impact on public health and must be reported to the local Health Department when suspected or diagnosed.

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Per Rule 64D-3.029, Florida Administrative Code, promulgated August 18, 2021

Florida Department of Health

Did you know that you are required* to report certain diseases to your local county health department?

!	Report immediately 24/7 by phone upon initial suspicion or laboratory test order
☎	Report immediately 24/7 by phone
•	Report next business day
+	Other reporting timeframe

- ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance
- \+ Acquired immune deficiency syndrome (AIDS)
- ☎ Amebic encephalitis
- ! Anthrax
- • Arsenic poisoning
- ! Arboviral diseases not otherwise listed
- • Babesiosis
- ! Botulism, foodborne, wound, and unspecified
- • Botulism, infant
- ! Brucellosis
- • California serogroup virus disease
- • Campylobacteriosis
- \+ Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
- • Carbon monoxide poisoning
- ☎ Coronavirus disease (COVID-19)
- • Chancroid
- • Chikungunya fever
- ☎ Chikungunya fever, locally acquired
- • Chlamydia
- ! Cholera (*Vibrio cholerae* type O1)
- • Ciguatera fish poisoning
- \+ Congenital anomalies
- • Conjunctivitis in neonates <14 days old
- • Creutzfeldt-Jakob disease (CJD)
- • Cryptosporidiosis
- • Cyclosporiasis
- ! Dengue fever
- ! Diphtheria
- • Eastern equine encephalitis
- • Ehrlichiosis/anaplasmosis
- • *Escherichia coli* infection, Shiga toxin-producing
- • Giardiasis, acute
- ! Glanders
- • Gonorrhea
- • Granuloma inguinale
- ! *Haemophilus influenzae* invasive disease in children <5 years old
- • Hansen's disease (leprosy)
- ☎ Hantavirus infection
- ☎ Hemolytic uremic syndrome (HUS)
- ☎ Hepatitis A
- • Hepatitis B, C, D, E, and G
- • Hepatitis B surface antigen in pregnant women and children <2 years old
- ☎ Herpes B virus, possible exposure
- • Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
- \+ Human immunodeficiency virus (HIV) infection
- • HIV-exposed infants <18 months old born to an HIV-infected woman
- • Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old
- ! Influenza A, novel or pandemic strains
- ☎ Influenza-associated pediatric mortality in children <18 years old
- • Lead poisoning (blood lead level ≥5 µg/dL)
- • Legionellosis
- • Leptospirosis
- ☎ Listeriosis
- • Lyme disease
- • Lymphogranuloma venereum (LGV)
- • Malaria
- ! Measles (rubeola)
- ! Melioidosis
- • Meningitis, bacterial or mycotic
- ! Meningococcal disease
- • Mercury poisoning
- • Mumps
- \+ Neonatal abstinence syndrome (NAS)
- ☎ Neurotoxic shellfish poisoning
- ☎ Paratyphoid fever (*Salmonella* serotypes Paratyphi A, Paratyphi B, and Paratyphi C)
- ☎ Pertussis
- • Pesticide-related illness and injury, acute
- ! Plague
- ! Poliomyelitis
- • Psittacosis (ornithosis)
- • Q Fever
- ☎ Rabies, animal or human
- ! Rabies, possible exposure
- ! Ricin toxin poisoning
- • Rocky Mountain spotted fever and other spotted fever rickettsioses
- ! Rubella
- • St. Louis encephalitis
- • Salmonellosis
- • Saxitoxin poisoning (paralytic shellfish poisoning)
- ! Severe acute respiratory disease syndrome associated with coronavirus infection
- • Shigellosis
- ! Smallpox
- ☎ Staphylococcal enterotoxin B poisoning
- ☎ *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
- • *Streptococcus pneumoniae* invasive disease in children <6 years old
- • Syphilis
- ☎ Syphilis in pregnant women and neonates
- • Tetanus
- • Trichinellosis (trichinosis)
- • Tuberculosis (TB)
- ! Tularemia
- ☎ Typhoid fever (*Salmonella* serotype Typhi)
- ! Typhus fever, epidemic
- ! Vaccinia disease
- • Varicella (chickenpox)
- ! Venezuelan equine encephalitis
- • Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
- ! Viral hemorrhagic fevers
- • West Nile virus disease
- ! Yellow fever
- ! Zika fever

*Subsection 381.0031(2), Florida Statutes, provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, subsection 381.0031(4), Florida Statutes, provides that "The Department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners…"

CHAPTER 8.00 - AUXILIARY SERVICES

INFECTION CONTROL GUIDELINES 8.110

School Board employees who handle students' body secretions shall adhere to the following procedures which emphasize avoidance of direct contact of employees' skin and mucous membranes with blood and other body secretions or wastes of persons who may have a communicable disease:

1) Rubber or latex gloves shall be worn and discarded after one (1) use.

2) Body secretions or blood shall be removed by using a freshly prepared disinfectant solution as prescribed in approved District operating procedures. All soiled surfaces shall be cleaned with this mixture by using disposable towels, whenever possible. Any substitute disinfectant solution shall be approved by the appropriate District officer.

3) All soiled articles shall be disinfected and discarded in red bags pursuant to approved guidelines.

4) Mops and other cleaning implements shall be thoroughly rinsed in the disinfectant solution.

5) Hands shall be washed thoroughly with soap and water after removing gloves or if bare hands accidentally contact any body secretions.

STATUTORY AUTHORITY: 1001.41, 1001.42, F.S.

LAWS IMPLEMENTED: 1001.43; 1012.23, F.S.

STATE DEPARTMENT OF HEALTH RULE(S): 64E-16

HISTORY:
ADOPTED:
REVISION DATE(S): 04/05/04, 01/05/08
FORMERLY:

Universal Precautions

"Universal Precautions" simply means treating all body fluids as potential sources of contamination/infection. According to OSHA guidelines all employees should have annual training regarding Universal Precautions, Bloodborne Pathogens and Biomedical waste disposal. Training in the school setting may be accomplished by showing the approved Bloodborne pathogen film or completing the online district program.

The following Presentation may be used when presenting bloodborne pathogen information to staff at the request of the Administration.

BLOODBORNE PATHOGEN PRESENTATION

Introduce topic. Discuss that several incidents happened in Baker County School District to staff members in previous years and the importance of everyone understanding an exposure and what to do.

Show film (DVD available through the school nurse or Health Services) or use computer base module.

Staff sign in sheet goes to principal/or designee.

Discuss exposure:

An exposure occurs when human blood or other potentially infectious materials enter your body by:

- a splash to the eye, mouth, or other mucous membrane
- contamination of non-intact (broken) skin
- a puncture or cut with a sharp instrument

Give examples: A student spitting on a teacher (no blood) would not be an exposure, but an exposure would occur if a teacher got blood on them from assisting a student with a playground injury.

Discuss Universal Precautions

The body fluids of all persons should be considered potentially infectious.

Body fluids include: blood, drainage from scrapes and cuts, feces, urine, and vomit.

Demonstrate how to use gloves.

Baggies with gloves and Band-Aids may be given to staff.

Policy and Procedure if exposure occurs:

- Wash area with soap and water. Use hand sanitizer or antiseptic wipes if no water available.
- Contact School Nurse.
- First aid as needed.
- Report incident to principal and depending on seriousness of situation, principal may notify superintendent office.
- *For staff exposure*, fill out accident report and workman's compensation paperwork. See your school workman's compensation representative. Employee will be sent to the workman's compensation doctor and will follow-up with them regarding treatment plan.
- *For student exposure*, fill out a student accident report and forward to the Risk Management office at the district office. A parent should be advised to follow-up with their child's physician for medical evaluation.

POLICIES & GUIDELINES FOR HANDLING BODY FLUIDS IN SCHOOL

Publicity about certain diseases such as Hepatitis B and AIDS causes concern about the risk of diseases being transmitted in school. There is no evidence that Hepatitis B and AIDS are spread by casual person-to-person contact. However, organisms which cause these, and other diseases, may be present in body fluids such as blood, urine, feces, vomitus, saliva, drainage from sores/cuts, semen, etc. There is only a theoretical potential for the transmission of diseases through casual contact with body fluids of an infected person. Any theoretical transmission would most likely involve exposure of open skin lesions or mucous membranes to blood or other body fluids of an infected person.

It is possible for individuals who have no symptoms of disease to have infectious organisms present in their body fluids. These individuals may be in various stages of infection or may be chronic carriers.

The theoretical risk of disease transmission should be considered when coming into close contact with any person's body fluids. Transmission of disease is more likely to occur from contact with unrecognized carriers than from a person known to be ill because simple precautions are not always taken with a seemingly well person.

Therefore, it is recommended that increased precautions be taken in handling body fluids of *any* student in *any* school setting. The following guidelines are intended to provide simple and effective precautions against disease transmission for all persons exposed to blood or body fluids of any student.

A. Hand washing:

1. Thorough and frequent hand washing is probably the most effective practice in preventing the spread of disease. Proper hand washing requires the use of soap from a dispenser, and warm running water.
   a) Use enough soap to produce lots of lather.
   b) Rub skin against skin to create friction for approximately 30 seconds.
   c) Rinse under running water.
   d) Dry with paper towels.
   e) Keep fingernails short and clean.

2. Examples of when to wash hands:
   a) Before eating and after using the rest room.
   b) Before and after administering first aid or medication to a student.
   c) After contact with another person's blood, saliva, nasal secretions, or other body fluids.

d) After disinfecting items or surfaces contaminated by body fluids.
e) Before and after physical contact with a student.

B. Use of disposable non-sterile gloves:

1. Direct hand contact with body fluids such as blood, feces, urine, and vomitus should be avoided by using disposable gloves. A supply of disposable gloves will be available in the health room and preferable in the classrooms.

2. Examples of when to use disposable gloves:
   a) When cleaning up blood spills, vomitus, etc.
   b) When handling cloth, diapers, paper, or surfaces soiled with blood, urine, feces, or vomitus.
   c) When handling clothes soiled by incontinence.
   d) When caring for bleeding, oozing wounds.
   e) When you have cuts or abrasions on your hands.

3. Procedure:
   a) Gloves are non-sterile and are intended to protect your hands.
   b) Removal of gloves must be done carefully to avoid contaminating your hands with the outside of the soiled glove. Remove gloves last after discarding or disposing of contaminated materials. Follow these steps:
      - Grasp the top edge of one glove.
      - Unroll the glove, inside out, over the hand. Discard in a plastic waste bag.
      - With the bare hand, grasp the opposite glove cuff on the inside surface.
      - Remove the glove by inverting it over the hand. Discard in a plastic waste bag.
      - Wash hands.

BIOMEDICAL WASTE PLAN
BAKER COUNTY SCHOOLS

Purpose: To inform affected staff of the requirements for the proper management of biomedical waste generated in school health rooms.

(Biomedical Waste = BMW)

1. **IDENTIFICATION/DEFINITION OF BMW:**
   Biomedical waste is any solid or liquid waste that may present a threat of infection to humans. Examples include, but are not limited to: discarded sharps, blood, blood products, and human body fluids. The following are also included:
   a) Used, absorbent materials saturated with blood, body fluids, excretions or secretions contaminated with blood. Absorbent material included items such as bandages, gauze, and sponges.
   b) Disposable devices such as nasogastic tubes, foley and/or suction catheters, etc., that have been contaminated with blood or other body fluids.
   c) Sharps or devices with physical characteristics capable of puncturing, lacerating or penetrating the skin.

2. **HANDLING OF BMW:**
   a) All BMW will be segregated from all other waste. This will be done by placing the sharps directly into a sharps container that meets the required specifications.
   b) Biomedical waste **shall not** be mixed with other waste.
   c) Sharps containers shall be designated for the containment of sharps. Milk jugs, coffee cans, or other types of containers are not designed for the containment of sharps and are **not** approved.
   d) Sharps containers shall be leak resistant, rigid, and puncture resistant under normal conditions of handling and use.
   e) Sharps containers should be red, and must be clearly labeled with the international biological hazard symbol.



3. **TRANSFER:**
Packages of BMW shall remain intact until disposal. There shall be no recycling efforts or intentional removal of waste from the sharps container prior to disposal. Packages of BMW shall be handled and transferred by school nurses or designees. BMW will be brought to the Family Service Center and then transferred to The Baker County Health Department. Packages of BMW shall be handled and transferred in a manner that does not risk breaking or puncturing the package. Packages cannot exceed 25 lbs. Sharps containers and BMW packages will be picked up at the Baker County Health Department by the designated BMW service.

4. **RECORDS:**
All BMW records should be maintained for three years. Nurses or assigned designees will list the following information on the log sheet located at the Family Service Center: Date waste received at the Family Service Center, Nurse name, Date waste taken to the BCHD, Name of Person taking waste to the BCHD.

5. **TRAINING:**
Both new and existing school health designees will receive training regarding BMW. This instruction will be given as close as possible to the employees starting their assigned duties. Update training is required annually. A record of all employees trained will be maintained for 3 years. Training will include pertinent components of "The Policies and Guidelines for Handling Body Fluids in School"; including information describing the flow of BMW in each school setting from the point of origin to the point of treatment and disposal.

Baker County Health Department
Public School
Influenza-Like-Illness
Weekly Reporting Form

THE REPORTING PERIOD IS FROM EE SEPT. 17, 2012 – MAY 20, 2013

THE REPORTING PERIOD IS FROM SEPTEMBER – MAY

We understand that students may be absent for a number of reasons. This report will assist us in identifying possible outbreaks or clusters of influenza-like-illness (ILI). **Influenza-like-Illness (ILI)** is defined as a fever equal to or greater than 100 degrees Fahrenheit (oral or equivalent) **and** a cough and/or sore throat (in the absence of a known cause).

Reporting Form: Please fax or email weekly (September through May)

School Name: _____

Contact Person and Phone Number: _____

Week of Report: _____

Total number of students seen in the health room: M __ T __ W __ Th __ F __

Total number of students with ILI symptoms: M __ T __ W __ Th __ F __

Total number of students with confirmed flu: ___ Type A ___Type B ___Unk

Fax or Email this form weekly to Baker County Health Dept.

Fax: (904) 428-5620

Attn: Communicable Disease/Epidemiology
For questions call or email Amber Griffis at (904) 653-5259
Amber.griffis@flheath.gov or
Jordan Duncan at (904) 653-5277
Email: jordan.duncan@flhealth.gov

CLUSTERS AND/OR OUTBREAKS OF ANY ILLNESS ARE REPORTABLE TO THE BAKER COUNTY HEALTH DEPARTMENT. CONTACT US AT THE NUMBERS LISTED ABOVE.

PUBLIC HEALTH FACT SHEET

CAMPYLOBACTER (CAMPY)

Baker County Health Department (904) 259-6291

What is Campylobacter (Campy)?

- Campylobacter is a contagious diarrhea caused by a germ.
- One of the most common causes of diarrhea illness in the U.S.

What are the symptoms of Campy?

- Diarrhea
- Abdominal pain, cramping
- Fever
- Nausea
- Vomiting
- Blood or mucus in the stools

How is Campy spread?

- From eating raw or undercooked poultry
- Contact with the poop of infected birds, farm animals or pets
- Contaminated food or water (i.e. ponds, rivers, lakes, etc.)
- Drinking unpasteurized milk

How can Campy be prevented?

- **Cook** all poultry products thoroughly until no longer pink and the juices are clear
- **Wash** hands thoroughly with soap and water after using the toilet, changing diapers, after animal contact and before preparing or eating food
- **Supervise** hand washing of toddlers and children
- Keep sick children home from school or day care
- Use separate cutting boards for meats and other foods
- Don't drink unpasteurized milk

Resource: www.cdc.gov

PUBLIC HEALTH FACT SHEET

CHICKENPOX (VARICELLA)

Baker County Health Department (904) 259-6291

What is Chickenpox?

- Contagious viral rash illness
- Usually mild, but can be severe
- Vaccine preventable illness

What are the symptoms of Chickenpox?

- Rash, small red spots and bumps blistering over 3-4 days, then forming scabs
- Rash is more noticeable on the trunk than on other parts of the body
- Rash can occur in the mouth, ears and scalp
- Runny nose
- Cough
- Fever

How is Chickenpox spread?

- Direct contact with fluid from the blisters
- From coughs or sneezes of an infected person

How can Chickenpox be prevented?

- Follow recommended Chickenpox vaccine schedule
- Exclude infected individuals from work, school or daycare until all of the rash is “crusted over”
- Good and thorough hand washing
- Cover coughs and sneezes

Resource: www.cdc.gov

New Graphic

PUBLIC HEALTH FACT SHEET
COVID-19
BAKER COUNTY HEALTH DEPARTMENT
(904)259-6291

What is COVID-19?

- A respiratory illness caused by the SARS-CoV-2 virus.
- People with COVID-19 can experience a wide range of symptoms, from mild symptoms to severe illness.

What are the symptoms of COVID-19?

- Fever or chills
- Cough
- Shortness of breath or breathing difficulty
- Fatigue
- Bodyaches
- Headache
- Sore throat
- New loss of taste or smell
- Nasal congestion or runny nose
- Nausea, vomiting, or diarrhea

How is COVID-19 spread?

- From person to person through respiratory droplets entering the eyes, nose, or mouth
- Touching a surface contaminated with these droplets and then touching the eyes, nose, or mouth

How can COVID-19 be prevented?

- Practicing good hand and respiratory hygiene
- Do not share cups and eating utensils
- Frequent disinfection of high touch surfaces

Resource: www.cdc.gov

PUBLIC HEALTH FACT SHEET

CRYPTOSPORIDIOSIS (CRYPTO)

Baker County Health Department (904) 259-6291

What is Cryptosporidiosis (Crypto)?

- Diarrheal illness caused by microscopic (very tiny) parasites
- Most common cause of waterborne illness in people in the U.S.
- Found in recreational and drinking water in every region of the U.S. and the world

What are the symptoms of Crypto?

- Diarrhea
- Loose or watery stool
- Stomach cramps
- Slight fever

How is Crypto spread?

- You can become infected after accidentally swallowing water or food that has been contaminated with the stool from infected humans or animals.

How can Crypto be prevented?

- Wash hands thoroughly with soap and water especially after using the toilet, changing diapers, after contact with animals and before preparing or eating food
- Avoid swimming in pools, lakes, and other recreational water if you have diarrhea (especially children in diapers with diarrhea)
- CHLORINE DOES NOT KILL THE CRYPTO PARASITE

Resource: www.cdc.gov

PUBLIC HEALTH FACT SHEET

ESCHERICHIA COLI

Baker County Health Department (904) 259-6291

What is Escherichia Coli?

- Commonly called E. coli
- E. coli can produce a poison (Shiga-toxin) that can cause serious damage to the intestines, kidney failure and bleeding in severe cases

What are the Symptoms of E. Coli?

- Diarrhea (may be bloody)
- Fever
- Abdominal pain
- Vomiting

How is E. Coli spread?

- Consuming food or water contaminated with the stool (poop) of an infected animal or person
- Undercooked beef
- Unpasteurized milk
- Direct contact with animals such as petting zoos or farms
- Waterparks

How can E. Coli be prevented?

- Thoroughly wash hands after handling raw meat and before handling utensils or food
- Cook meat, especially ground meat, until the juices run clear
- Wash fresh fruits and vegetables before eating especially if eating raw
- Encourage good hand hygiene in daycare centers

Resource: www.cdc.gov

PUBLIC HEALTH FACT SHEET

GIARDIASIS (GIARDIA)

Baker County Health Department (904) 259-6291

What is Giardia?

- Diarrheal illness caused by a tiny parasite

What are the symptoms of Giardia?

- Watery diarrhea
- Abdominal pain
- Bloating
- Excess gas

How is Giardia spread?

- Contaminated water including lakes, streams, pools and waterparks
- Travel to countries where Giardia is common
- Fecal-oral route (person to person)

How can Giardia be prevented?

- **Avoid** swallowing water that may be contaminated (drinking or recreational).
- **Wash** hands thoroughly with soap and water
- Keep children or adults with diarrhea home from school, work or day care and out of recreational pools

Resource: www.cdc.gov

PUBLIC HEALTH FACT SHEET

HAND, FOOT, & MOUTH DISEASE

Baker County Health Department (904) 259-6291

What is Hand, Foot, and Mouth Disease?

- A common viral illness that usually affects infants and young children.
- HFM disease is caused by viruses that belong to the Enterovirus group

What are the symptoms of HFM DIsease?

- Fever
- Reduced appetite
- Sore throat
- A feeling of being unwell (malaise)
- Painful sores in the mouth- red spots that can blister (herpangina)
- Skin rash on the palms of hands and soles of feet- red spots that can blister
- Rash may also appear on the knees, buttocks or genital area

How is HFM Disease spread?

- The virus is found in an infected person's nose and throat secretions, blister fluid, and stool.
- Close personal contact
- Through the cough and sneezes of an infected person
- Contact with stool
- Contact with contaminated objects and surfaces

How can HFM Disease be prevented?

- Frequent, thorough hand washing, especially after toileting or changing diapers
- Cleaning and disinfecting frequently touched surfaces
- Avoid close contact such as kissing, hugging or sharing eating utensils with an infected person

Resource: www.cdc.gov/hand-foot-mouth/

PUBLIC HEALTH FACT SHEET

HAND WASHING

Baker County Health Department (904) 259-6291

What is the best way to wash your hands?

- Wet your hands with clean, running water (warm or cold) and apply soap
- Rub your hands together to create lather (suds)
- Rub well being sure not to miss the backs of your hands, between your fingers and under your nails
- Continue rubbing your hands for at least 20 seconds, hum or sing “Happy Birthday” song two times
- Rinse your hands well under running water
- Dry your hands using a clean towel or paper towel

What if there is no soap or clean, running water?

- Washing hands with soap and water is the best way to reduce germs
- An alcohol-based hand sanitizer that contains at least 60% alcohol can be used
- Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but do **not** eliminate all types of germs
- Hand sanitizers are not effective when hands are visibly dirty

How do I use a hand sanitizer?

- Apply the product in the palm of one hand
- Rub hands together
- Rub the product over all surfaces of your hands and fingers, until your hands are dry

Resource: www.cdc.gov/handwashing/

PUBLIC HEALTH FACT SHEET

HEPATITIS A

Baker County Health Department (904) 259-6291

What is Hepatitis A?

- a viral infection that causes liver inflammation

What are the symptoms of Hepatitis A?

- Fever
- Tiredness, fatigue
- Loss of appetite
- Nausea
- Abdominal discomfort
- Dark brown or coffee colored urine
- Jaundice (yellowing of the skin and eyes)

How is Hepatitis A spread?

- Fecal-oral route
- Infected food handler

How can Hepatitis A be prevented?

- There is a vaccine available to prevent Hepatitis A
- Thorough hand washing after using the bathroom and before eating or preparing food

Resource: www.cdc.gov; American Academy of Pediatrics

PUBLIC HEALTH FACT SHEET

HEPATITIS B

Baker County Health Department (904) 259-6291

What is Hepatitis B?

- A viral infection that causes liver inflammation
- A vaccine preventable illness

What are the symptoms of Hepatitis B?

- Flu-like illness, i.e. muscle aches, nausea, vomiting, fever
- Jaundice (yellowing of the skin or the whites of the eyes)
- Loss of appetite
- Joint pains
- Tiredness, fatigue

How is Hepatitis B infection spread?

- Sexual contact
- Babies born to infected mothers may be infected during birth
- Through blood or blood products
- Hepatitis B virus can remain contagious on surfaces for 7 days or more
- Sharing needles or “works” when “shooting” drugs
- Through occupational needle-sticks or sharps exposure

How can Hepatitis B infection be prevented?

- There is a vaccine available to prevent Hepatitis B
- Do not share personal care items such as razors, toothbrushes, or drug paraphernalia
- Use gloves when handling blood or body fluids
- Clean blood contaminated surfaces with the recommended disinfectants
- Consult with your health care provider about your risk for Hepatitis B and testing

Resource: www.cdc.gov

PUBLIC HEALTH FACT SHEET

INFECTIOUS MONONUCLEOSIS

Baker County Health Department (904) 259-6291

What is Infectious Mononucleosis (Mono)?

- A common viral illness, also known as “kissing disease” or “Epstein-Barr virus (EBV)”
- Usually mild

What are the symptoms of Mono?

- Fever
- Severe sore throat
- Fatigue
- Swollen lymph nodes

How is Mono spread?

- Person to person contact
- Kissing
- Sharing eating or drinking utensils
- Sharing cigarettes, pipes, cigars or hookahs

How can Mono be prevented?

- Avoid using the same eating or drinking utensils, toothbrushes, or other things that go in the mouth
- Frequent, thorough hand washing
- Avoid kissing children on the mouth
- Not necessary to exclude from group settings such as day cares or schools unless facility exclusion criteria is met

Resource: www.cdc.gov; American Academy of Pediatrics

PUBLIC HEALTH FACT SHEET

INFLUENZA (FLU)

Baker County Health Department (904) 259-6291

What is Influenza (Flu)?

- A contagious viral illness

What are the symptoms of the flu?

- Sudden onset of fever
- Nausea
- Vomiting
- Headache
- Chills
- Muscle aches and pains
- Sore throat
- Cough
- Decreased energy

How is the Flu spread?

- Contact with a sick person who is sneezing and/or coughing
- Indirect contact from contaminated hands and articles soiled with nasal and throat secretions, such as tissues

How can the Flu be prevented?

- Yearly flu vaccination
- Good, thorough hand washing
- Avoid people who are sick
- Keep adults and children at home when sick
- Get plenty of rest
- Eat a healthy, well-balanced diet

Resource: www.cdc.gov

PUBLIC HEALTH FACT SHEET

MEASLES

Baker County Health Department (904) 259-6291

What is Measles?

- A highly contagious viral illness caused by the measles virus
- A single case of measles anywhere in the U.S. is considered to be a reportable outbreak

What are the symptoms of Measles?

- Fever
- Cough
- Runny nose
- Red, watery eyes and light sensitivity
- Small red spots in the mouth (Koplik spots)
- Rash at hairline and all over the body
- May have an ear infection or diarrhea
- Serious complications include pneumonia, convulsions, deafness, mental retardation or death

How is Measles spread?

- Airborne by coughs or sneezes of an infected person
- A person can get measles by simply breathing the air in a room where the sick person has been

How can Measles be prevented?

- Follow recommended immunization schedules for the Measles, Mumps and Rubella vaccine
- Frequent and thorough hand washing at all times
- People who are not vaccinated and are exposed to a confirmed case of measles will be excluded from school and or day care settings for the designated period of time

Resource: www.cdc.gov; American Academy of Pediatrics

PUBLIC HEALTH FACT SHEET

MENINGITIS

Baker County Health Department (904) 259-6291

What is Meningitis?

- Infectious disease causing swelling or inflammation of the tissue covering the spinal cord and brain
- There are three most common types of bacteria causing meningitis
  - Meningococcus (Neisseria meningitidis) Infectious/contagious
  - Pneumococcus (Streptococcus pneumoniae)
  - Haemophilus influenzae type b (Hib) this is rare due to routine vaccinations.
- Viral meningitis (non-contagious/non infectious) typically occurs during summer and early fall

What are the signs or symptoms?

- Rapid onset
- Headache
- Fever
- Stiff neck
- Nausea

How is meningitis spread?

- Direct contact with respiratory secretions (sharing food and drinking utensils, cigarettes, etc.)
- Fecal-oral route (enterovirus)

How can meningitis be prevented?

- Bacterial meningitis – vaccination, antibiotic therapy for case and close contacts
- Viral meningitis – use good hand washing techniques
- Exclude from group setting as soon as it is suspected
- Readmit to group setting when cleared by health care provider

Resource: www.cdc.gov; American Academy of Pediatrics

PUBLIC HEALTH FACT SHEET

METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

Baker County Health Department (904) 259-6291

What is MRSA?

- An antibiotic resistant (Methicillin) staphylococcus aureus bacteria
- Other antibiotics are used to treat this type of infection
- Community acquired MRSA has become more common in recent years

What are the symptoms of MRSA?

- Skin infections may be red bumps, puss-filled boils or abscesses
- Enlarging red area of skin (cellulitis) that extends beyond the boil or bump (Impossible to tell if it is MRSA by looking at its appearance)
- Other areas of MRSA infection may produce fever, tiredness, pain and swelling of the joins or bones, cough (if infection is in lungs)

How is MRSA spread?

- Close skin-to-skin contact
- Crowded living conditions
- Poor personal hygiene
- Direct contact with open sores or boils

How is MRSA be prevented?

- Thorough and frequent hand washing with soap and water
- Avoid sharing personal items such as towels
- Cover open or draining sores or boils
- Having a MRSA infection or harboring MRSA bacteria (carrier) is not a reason for exclusion unless other exclusion “criteria” are met, such as fever, uncovered weeping sores or boils
- Avoid contact with other people’s wounds, drainage or contaminated bandages from wounds

Resource: www.cdc.gov; American Academy of Pediatrics

PUBLIC HEALTH FACT SHEET

MUMPS

Baker County Health Department (904) 259-6291

What is Mumps?

- An infectious viral disease

What are the symptoms of Mumps?

- Fever
- Headache
- Earache
- Males may have swollen testicles
- Swelling and tenderness of the salivary glands (by the ear or jaw line)

How is Mumps spread?

- By direct contact with the nose and mouth secretions of an infected person

How can Mumps be prevented?

- Follow recommended immunization schedules for the Measles, Mumps and Rubella vaccine
- Exclude sick children or adults from daycare, school or work

Resource: www.cdc.gov; American Academy of Pediatrics

PUBLIC HEALTH FACT SHEET

NORWALK VIRUS ("NOROVIRUS")

Baker County Health Department (904) 259-6291

What is Norwalk Virus (Norovirus, "Cruise Ship Virus")?

- a highly contagious viral illness
- Other common names include stomach flu and "food poisoning"

What are the symptoms of Noro?

- Diarrhea
- Vomiting
- Headache
- Stomach pain
- Fever may or may not be present

How is Noro prevented?

- Good thorough, frequent hand washing
- If soap and water are not available alcohol based hand sanitizers (containing at least 60% alcohol) can be used
- Carefully wash fruits and vegetables
- Clean and disinfect surfaces using a recommended disinfectant
- Wash soiled laundry immediately. Take care handling the soiled clothes or linens, wash at the maximum available cycle length and machine dry

Resource: www.cdc.gov; American Academy of Pediatrics

PUBLIC HEALTH FACT SHEET

PERTUSSIS (WHOOPING COUGH)

Baker County Health Department (904) 259-6291

What is Pertussis?

- A contagious bacterial infection of the throat and lungs
- A vaccine preventable illness

How is Pertussis spread?

- Through the cough and sneezes of an infected person
- Up to 90% of household members may catch the disease from an infected family member

How can Pertussis be prevented?

- Follow recommended immunization schedules for the Dtap or Tdap vaccine
- Cover coughs and sneezes with a tissue or sleeve. Dispose of the tissue as soon as possible
- Exclude symptomatic adult, infant or child from work, school and/or day care settings until properly treated

Resource: American Academy of Pediatrics

PUBLIC HEALTH FACT SHEET

PINKEYE

Baker County Health Department (904) 259-6291

What is Pinkeye?

- Commonly called conjunctivitis
- Bacterial or viral infections (contagious)
  These infections usually produce a white or yellowish pus that may cause the eyelids to stick shut in the morning.
- Allergic reactions to dust, pollen, and other materials
  The discharge in allergic pinkeye is usually clear and watery.

How is Pinkeye spread?

- Hands contaminated with nasal secretions or eye discharge
- Use of contaminated towels or eye makeup

How can Pinkeye be prevented?

- Good and thorough hand washing and hygiene practices
- Properly dispose of paper tissues used for wiping nose or eyes
- Remove any shared items, such as towels. You can use disposable paper towels
- Children with pinkeye should not attend daycare or school until they have been seen by a healthcare provider

Resource: www.cdc.gov; American Academy of Pediatrics

PUBLIC HEALTH FACT SHEET

PINWORMS

Baker County Health Department (904) 259-6291

What is Pinworm Infection?

- An infection caused by a small white worm (can look like white rice)
- Lives in the large intestines of people

What are the symptoms of Pinworms?

- Itching around the rectum and “private areas”
- Disturbed sleep and irritability are common
- May also include loss of appetite, restlessness, and difficulty sleeping
- Most symptoms of pinworm infection are mild

How is pinworm infection spread?

- Fecal-oral route
- Directly or indirectly by sharing toys, bedding, clothing, toilet seats or bath tubs
- Clusters of pinworm infection are common within a household
- Eggs can survive up to two weeks on clothing, bedding or other objects
- People can become infected after swallowing eggs from contaminated surfaces or hands

How can I prevent the spread of infection and reinfection?

- Good, frequent hand washing
- Bathe when you wake up to help reduce the egg contamination
- Change underwear, nightclothes, and sheets, after each treatment. The eggs are sensitive to sunlight, open blinds or curtains in bedrooms during the day.
- Discourage nail biting and scratching infected areas
- It is not necessary to exclude from a group setting

Resource: www.cdc.gov; American Academy of Pediatrics

New Graphic

PUBLIC HEALTH FACT SHEET

RSV

BAKER COUNTY HEALTH DEPARTMENT

(904)259-6291

What is Respiratory Syncytial Virus (RSV)?

- A common respiratory virus that usually causes mild, cold-like symptoms.
- Infants, young children, and older adults, especially those with certain underlying health conditions, are at higher risk for severe illness with RSV.

What are the symptoms of RSV?

- Runny nose
- Decreased appetite
- Cough
- Sneezing
- Fever
- Wheezing

How is RSV spread?

- From person to person through respiratory droplets entering the eyes, nose, or mouth
- Touching a surface contaminated with these droplets and then touching the eyes, nose, or mouth

How can RSV be prevented?

- Practicing good hand hygiene
- Cover coughs and sneezes with a tissue or cough or sneeze into your elbow
- Avoid touching your face with unwashed hands
- Do not share cups and eating utensils
- Frequent disinfection of high touch surfaces

Resource: www.cdc.gov

PUBLIC HEALTH FACT SHEET

SALMONELLA

Baker County Health Department (904) 259-6291

What is Salmonella?

- A germ found in the poop of infected people and animals
- Commonly called “food poisoning”

What are the symptoms of Salmonella?

- Diarrhea
- Fever
- Nausea
- Abdominal pain or stomach cramps

How can Salmonella be prevented?

- Wash hands after using the bathroom and before preparing or eating food
- Wash your hands after handling animals or reptiles (turtles, lizards, snakes)
- Keep hot foods hot and cold foods cold
- Keep food preparation area and utensils clean
- Cook meat, eggs, chicken, turkey and sausage well
- Supervise hand washing of toddlers and children
- Keep sick person home from work, school or daycare until symptom free for at least 48 hours

Resource: www.cdc.gov

PUBLIC HEALTH FACT SHEET

SCABIES

Baker County Health Department (904) 259-6291

What is Scabies?

- A very contagious skin infection caused by a tiny mite
- Affects both humans and animals
- Causes symptoms when it tunnels below the skin (burrows)
- Affects anyone regardless of personal hygiene habits

How is it spread?

- Person to person contact
- Sharing of bedding, towels and clothing

What are the symptoms of Scabies?

- Rash, severe itching especially at night
- Itchy red bumps or blisters. These are usually found in the skin folds of the fingers, toes, wrists, elbows, armpits, waistline, thighs
- Children under 2 years of age, may have infestation on the head, neck, palms of the hands, soles of the feet or spread over the body
- Sufferers may experience severe and continuous itching (especially at night).
- Skin may show small insect-type bites on it, or the areas may look like pimples. It may also be red and crusty due to scratching of the area.
- A burrow (a short S-shaped tract that indicates the mite's movement under the skin) may also be visible

How can Scabies be treated?

- Wash bedding and clothing using hot water and hot drying cycle
- Things that cannot be washed may be placed in plastic bags and sealed for at least 4 days
- Family members and close contacts should be treated at the same time as a child.
- Consult with your health care provider

Resource: www.cdc.gov; American Academy of Pediatrics

PUBLIC HEALTH FACT SHEET

SHIGELLA

Baker County Health Department (904) 259-6291

What is Shigella?

- A bacterial diarrheal illness

What are the symptoms of Shigella?

- Loose watery stools with blood or mucous
- Stomach cramps
- Headache
- Fever

How is Shigella spread?

- Fecal-Oral route
- Shigella passes from one infected person to another

How can Shigella be prevented?

- Good, thorough hand washing after using the toilet and changing diapers, as well as before handling or eating food.
- Keep infants, children and/or adults with diarrhea out of child care, school or work settings.
- Avoid swallowing recreational waters (in pools, ponds, lakes, etc.)
- Once diagnosed as shigella, exclude infected individuals from schools/day cares until treatment is complete or test results from 2 negative stool cultures are collected at least 24 hours apart

Resource: www.cdc.gov

Chapter 7

Medical Conditions

Chapter 7 - Medical Conditions

Introduction

A reference guide “First Aid and Emergency Chart for School Personnel” provided by The Northeast Florida Educational Consortium is located in the health room. This provides step by step instructions for handling emergency situations.

General Emergency Guidelines:
Remain Calm.
Never leave an ill or injured student.
Have someone call 9-1-1, parent and principal.

This Chapter will address the most commonly encountered ailments/illnesses in the school setting. If the illness/ ailment not covered, in this chapter, it is recommended you use other references including the internet for information or contact the School Health Coordinator. Medical Management Plans, Emergency Action Plans (EAP), Individual Health Care Plans (IHCP), Health Condition Questionnaires for Parents and treatment logs can be found in this Chapter.

Keep in mind that Principals/Administrators need to be informed of any unusual injuries/events/medical situations that may arise during the school year.

SCHOOL HEALTH CARE PLANS

The number of students with special health care needs in the education setting is increasing due to advances in medicine and increased access to public education as authorized by federal and state laws. Furthermore, some chronic conditions have a potential for developing into a medical emergency and require the development of an Emergency Action Plan (EAP). The EAP is a component of an Individual Health Care Plan (IHCP), not a substitute.

These care plans help promote consistency of care. In addition, the use of standardized language is being encouraged in the development of IHCPs to ease communication with other team members, to assist with data collection demonstrating the school nurse contribution to student health and education outcomes, and to examine linkages between interventions and outcomes.

A significant task for the school nurse is the determination of which students require an IHCP. Prioritization of students and their needs is essential and begins by identifying students whose health needs affect their daily functioning, that is, students who:

- Are medically fragile with multiple needs.
- Require lengthy health care or multiple health care contacts with the nurse or unlicensed assistive personnel during the school day.
- Have health needs that are addressed on a daily basis.
- Have health needs addressed as part of their IEP or 504 plan.

Next, prioritization is accomplished by focusing on health issues that affect safety and the student's ability to learn or that the student, family, and/or teachers perceive as priorities. Ideally, the IHCP is developed collaboratively with the student, family, school staff, community, and other health providers, as appropriate. Ongoing evaluation assures a commitment to achieving measurable student outcomes. IHCPs are updated as appropriate and revised when significant changes occur in the student's health status.

As a leader of the school health team, the registered nurse is responsible for first assessing the student's health status; identifying health problems that may create a barrier to educational progress, safety or well being; and developing a health care plan for management of the problems in the school setting. The use of current care standards in the development of the IHCP will help assure administrators, parents, and staff that the student is properly cared for. The IHCP can assist in many areas:

- Registered nurses utilize IHCPs to communicate nursing care needs to administrators, staff, students, and parents.
- The IHCP will create a safer process for delegation of nursing care, supporting continuity of care.
- The IHCP can serve as the health plan component of a 504 plan, and for students qualifying for special education; it can be incorporated into the Individual Education Plan when the health care issues are related to the educational needs of the student.
- Examples of Emergency Action Plans (EAP's) are: Severe Allergy (Epi-pen required), Asthma, Diabetes, Seizure Disorder.

LIST OF AILMENTS/ILLNESS COVERED IN THIS CHAPTER:

Abdominal Pain/Injury
Abrasions
ADD/ ADHD
AIDS/HIV
Anaphylaxis
Asthma/Allergies
Abscesses/Boils
Bites-Animal/Insect/Human
Bleeding Disorders (including hemophilia)
Blisters
Bone/Muscle/Joint Injuries
Burns
Cancer
Cardiovascular Disorders
Cerebral Palsy
Chicken Pox
Cutaneous Larva Migrans (Creeping Eruption)
Cystic Fibrosis
Dental Injuries
Diabetes Mellitus
Diarrhea
Drug/ Alcohol Abuse
Ear Problems
Eating Disorders
Eye Conditions/Sty/Conjunctivitis
Fainting
Fever
Fifth's Disease
Foreign Body in Ear
Hand, Foot, Mouth
Headache/ Migraine
Head Injuries
Heat Exhaustion/Stroke
Hyperventilation
Hypertension
Herpes Simplex (cold sore)
Impetigo
Influenza
Juvenile Rheumatoid Arthritis (JRA)
Kidney Disease
Lacerations
Meningitis
Mononucleosis (Mono)
Nosebleed
Pediculosis (Head Lice)
Pinworms
Rashes
Ring Worm (Tinea Capitus)
Scabies
Scarlet Fever
Shingles (see Chicken Pox)
Seizure/Epilepsy
Sickle Cell Anemia/Disease
Sore Throat
Spina Bifida
Spinal Injuries
Splinters
Upper Respiratory Infections
Vomiting
Whooping Cough/Pertussis

ABDOMINAL PAIN/INJURY

- Assess location of pain
- Ask if it is accompanied by nausea, vomiting or diarrhea.
- When did it start?
- Is it in response to being hit in the abdomen or a fall?
- Does the child have a fever?
- When did the child last eat?

If the child has vomiting, diarrhea, fever or if the abdominal pain is in response to an injury, call the parent. The child should be excluded until symptoms are gone and child is afebrile for 24 hours (less than 100° oral). Abdominal injuries require closer supervision for a minimum of 24 hours depending on the injury.

ABRASIONS

- Cleanse wound with soap and water, pat dry.
- Bandage Lightly.
- Reassure student.
- Notify parent if abrasion is large and/or a tetanus booster is recommended.

ADHD

Attention deficit hyperactivity disorder causes a disruption in the individual's ability to self-regulate and organize behaviors in response to environmental stimuli.

Causes:
The exact cause is unknown. Genetics, traumatic brain injury, substance abuse during pregnancy, pre-maturity, complications at delivery, lead poisoning, seizure disorders and thyroid disorders are thought to be contributing factors.

Diagnosis:
The diagnosis is set forth by the American Psychiatric Association. The student must demonstrate six or more symptoms of hyperactivity-impulsivity and six or more symptoms of inattention. The most important factor to determine diagnosis is impairment of function either social, occupational or academics.

Signs and Symptoms:

Inability to focus
Lack of self control
Inadequate social skills
Increased risk-taking behavior
Difficulty processing sensory input and formulating appropriate response
Restlessness/Agitation

Treatment:
Behavior modification techniques such as tokens and praise may be used to elicit positive behavior. Consequences such as timeouts or loss of privileges should be utilized for negative behavior. The rules for earning tokens should be simple, positive and immediate. Minimizing distractions in a structured environment and positive reinforcements will improve the student's ability to focus, minimizing symptoms.

Pharmacological-Drug therapy involves the use of stimulants such as Ritalin, Adderall, Dexadrine, Concerta, Strattera and Metadate to increase the student's ability to focus. Side effects include headaches, stomach aches, anorexia, weight loss, dizziness, insomnia and nausea. Medications such as clonidine and guanfacine are also used to decrease hyperactivity.

AIDS/HIV

Parents are not obligated to inform the school of an HIV positive child. All exposures to blood/body fluids should be treated as potentially infectious and universal precautions should be adhered to. AIDS/HIV is not transmitted through casual contact (i.e. normal school activities).

ALLERGIES - ANAPHYLAXIS

Allergy is a common condition that occurs in about 20 percent of children in the United States. Anaphylaxis is a rapid, severe allergic response that occurs when a person is exposed to an allergen, an allergy-causing substance, to which he or she has been previously sensitized. It is brought on when the allergen enters the bloodstream, causing the release of chemicals throughout the body that try to protect it from the foreign substance.

Causes:
In rare cases, the cause is called idiopathic, or unknown. However, anaphylaxis is most commonly triggered by:

- Stings of bees, wasps, hornets, yellow jackets and fire ants.
- Foods, including but not limited to peanuts, sesame, milk, eggs, shellfish, seafood, and other nuts, as well as food additives.
- Medications, including certain antibiotics, seizure medications, muscle relaxants, aspirin and non-steroidal anti-inflammatory agents.
- Environmental factors.

Signs and Symptoms:
Itching or burning , hives, tingling/swelling (particularly of face, neck, tongue or lips), throat tightness, tightness in chest, difficulty swallowing, abdominal pain,

vomiting, wheezing, breathing difficulty, dizziness, shock, pallor, sweating, rapid pulse, weakness and unconsciousness.

For more mild reactions:

a. Observe the student constantly for difficulty breathing, skin reactions and/or signs of shock.
b. Attempt to determine cause of reaction (bee sting, medication, food allergy, etc.). Check for Medic-Alert bracelet or necklace.
c. Benadryl is sometimes ordered.

If the reaction is severe (respiratory distress, increasing anxiety, increasing swelling), call 9-1-1, the principal and the parent. Students and adults with known allergies should have a completed Allergy Medical Management Plan (attached) and Epi-pen in the health room or on their person. All personnel who have a close working relationship with that person should be trained in the use of the Epi-pen. Skills checklist should be completed documenting competence on Epi-pen administration.

If the child/adult has not had a prior reaction or the allergen is unknown and they are having symptoms, call 9-1-1.

EPINEPHRINE AUTO INJECTOR
EMERGENCY FIRST AID FOR ANAPHYLACTIC REACTION



The Epinephrine Auto-Injector is a disposable drug delivery system with a concealed needle that is spring activated. The active ingredient is epinephrine, the treatment of choice in allergic emergencies (anaphylactic reactions) because it quickly constricts blood vessels, relaxes smooth muscles in the lungs to improve breathing, stimulates the heartbeat and works to reverse hives and swelling around the face and lips.

The Epinephrine Auto Injector is commonly prescribed for individuals who have had prior severe allergic reactions to certain foods or food additives, to medications, to insect stings or bites or to exercise. The most common insects that may cause anaphylaxis are the stingers (bees, hornets, yellow jackets and wasps) and the biters (deer flies, black flies, ants and yellow flies).

An emergency situation may occur anytime a hypersensitive student is exposed to a substance, sting, or bite to which the student is allergic. Allergic reactions (anaphylaxis, anaphylactic response) can be fatal within minutes. Hypersensitive students, identified for the school staff by their parents/guardian and physicians, require the availability of emergency medication. Epinephrine must be specifically prescribed for the student, just as any other

prescription medication. Be aware of which students are authorized to carry their own Epinephrine Auto Injector as indicated by the physician on the Parental Authorization for Administration of Medication Form or Allergy Medical Management Plan.

Initial symptoms of anaphylaxis may represent a potentially fatal outcome and should be treated as a medical emergency, whether the symptoms occur gradually or suddenly. Even mild symptoms may intensify rapidly, triggering severe and possibly fatal shock. Usually, symptoms occur immediately following the sting or bite; death may occur within minutes. **Symptoms, which often vary according to individual response, include the following:**

- Sudden sense of uneasiness/anxiety.
- Flushed skin.
- Widespread hives.
- Itching around the eyes.
- Dry, hacking cough.
- Constricted feeling in throat/chest.
- Wheezing.
- Facial edema or swelling (i.e. lips, tongue, and eyes).
- Abdominal pain.
- Nausea or vomiting.
- Difficulty breathing.
- Hoarseness or thickened speech.
- Confusion.
- Feeling of impending doom

These symptoms may escalate swiftly to anaphylactic shock characterized by cyanosis (bluish skin), reduced blood pressure, collapse, incontinence and unconsciousness. Epinephrine given after the onset of low blood pressure may not prevent death.

If a hypersensitive student (who may experience a possible anaphylactic reaction) has been admitted to the school, immediately notify the school nurse who will obtain proper paperwork and notify appropriate personnel.

Epinephrine Auto Injection Procedure

Purpose: To ensure immediate appropriate response to anaphylaxis when Epinephrine is available.

Action to be performed by: Person trained by licensed healthcare professional.

Steps:

1. Identify symptoms of anaphylaxis (systemic allergic reaction). Anaphylaxis is described in the Medical Conditions chapter. Symptoms may include any of the following:
    - Sudden sense of uneasiness/anxiety
    - Flushed skin
    - Widespread hives
    - Itching around the eyes

- Dry, hacking cough
- Constricted feeling in throat/chest
- Wheezing
- Facial edema or swelling (i.e. lips, tongue and eyes)
- Dizziness
- Abdominal pain
- Nausea or vomiting
- Difficulty breathing or swallowing
- Hoarseness or thickened speech
- Confusion
- Feeling of impending doom

2. Have someone call 911. The effects of the injection begin to wear off after 10 to 20 minutes, so it is important to seek further medical assistance.

3. Activate the Epinephrine Auto Injector by removing the gray safety cap. The safety cap prevents accidental firing.

4. Hold the Epinephrine Auto Injector with black tip at a 90-degree angle against the fleshy portion of the outer thigh. Epinephrine Auto Injector should only be injected into the outer thigh, never into the buttocks or a vein.

4. Press the Epinephrine Auto Injector hard into the thigh until the auto-injector mechanism functions, and hold in place for 3 seconds for medication to be diffused. If there is no time, the Epinephrine Auto Injector may be given directly through clothing.

6. Remove Epinephrine Auto Injector and discard in sharps container.

7. Check Airway, Breathing, and Circulation and initiate steps of CPR as needed until arrival of the EMS.

8. Observe for shock and treat accordingly.

9. Keep student warm.

10. Call parent/guardian and notify principal.

**Some students may have a second dose of epinephrine ordered to be given 15 minutes after initial dose. See student specific prescribed medications for instructions.

NOTE: Check medication monthly. Medication is light sensitive. Store it in the original container in a darkened area. Advise parent/guardian immediately of need to replace medication when observing discoloration of medication or two weeks before the expiration date. In an emergency, use the expired or discolored medication when it is the only available medication.

EPINEPHRINE AUTO INJECTOR SKILLS CHECKLIST

* Delegation can only be done by an RN. The school RN is responsible for training and providing ongoing supervision of the assistive personnel(UAP)

UAP Name: _____ School: _____

SKILL	Training Date/Initial	Return Demonstration	
		Date/Initial	Date/Initial
1. Identify symptoms of anaphylaxis.			
2. Have someone call 9-1-1. If you are by yourself, administer Epinephrine first, then call 9-1-1.			
3. Activate EpiPen® trainer by removing the gray/ blue safety cap. (For Auvi-Q®, remove outer case. Listen to instructions. Pull red safety guard down and off of Auvi-Q.)			
4. Hold the EpiPen® trainer with black/orange tip at a 90-degree angle against the fleshy portion of the outer thigh. (Auvi-Q trainer will have a black tip.)			
5. Press the trainer hard into the thigh until it clicks. Hold in place for 3 seconds. (For Auvi-Q®, push the trainer firmly into thigh until you hear a click and hiss and hold in place for 2 seconds as it counts down.)			
6. Remove the trainer from thigh position.			
7. Discuss sending the used Epinephrine Auto Injector to the emergency room with the student.			
8. Epinephrine can be repeated in 15 minutes (if student has 2 injectors) if ordered.			

RN Signature _____ Initials _____ Date _____
UAP Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

CHILD SPECIFIC TRAINING EPINEPHRINE AUTO INJECTOR
***Delegation can only be done by an RN.**
The school RN is responsible for training and providing ongoing Supervision of the unlicensed assistive personnel (UAP).

Brand of Epinephrine Auto Injector: _____

Staff _____ Delegating School RN _____

Student _____ School Year _____

SKILL	Training Date / Initial	Return Demonstration	
		Date	Date
1. Identifies symptoms of anaphylaxis.			
2. Requests someone to call 9-1-1. If no one else is available, administer Epinephrine first, then call 9-1-1.			
3. Activate EpiPen® trainer by removing the gray/ blue safety cap. (For Auvi-Q®, remove outer case. Listen to instructions. Pull red safety guard down and off of Auvi-Q.)			
4. Hold the EpiPen® trainer with black/orange tip at a 90-degree angle against the fleshy portion of the outer thigh. (Auvi-Q trainer will have a black tip.)			
5. Press the trainer hard into the thigh until it clicks. Hold in place for 3 seconds. (For Auvi-Q®, push the trainer firmly into thigh until you hear a click and hiss and hold in place for 2 seconds as it counts down.)			
6. Remove the trainer from thigh position.			
7. Send Epinephrine Auto Injector to the emergency room with the student.			
8. Epinephrine can be repeated in 15 minutes (if student has 2 injectors) if ordered.			

Improvement Plan:

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.

INDIVIDUALIZED HEALTH CARE PLAN (IHCP)

Student Name:

DOB: **Allergies:**

Medical Diagnosis: Severe Allergy (Epi-Pen Required)

Emergency Contact Information:

Assessment: *Health history, Health related special accommodations related to learning*
-Student has severe allergy to _____
-Assessment of self awareness:
____student carries epi-pen at all times ____student has Benadryl in clinic

Nursing Diagnosis: *Current health status, Self-care skills/needs, Self-care deficits*
- Ineffective breathing pattern and impaired gas exchange related to bronchospasm/inflammation of airways
-Knowledge deficit related to Allergy and Epi-Pen Auto Injector use

Expected Outcomes and Goals: *Clear, concise, measurable and realistic descriptions*
- Student and/or staff will be able to identify symptoms of a severe allergic reaction
-Student will participate fully in classroom activities and will have no episodes that require the use of the epi-pen auto injector this year

Nursing Intervention/Implementation: *Signs/symptoms, procedures, medications, routine care, emergency care*
- Review symptoms and sources of allergen
-Provide a calm and reassuring environment for student during allergy emergency

Planning (Delegation/Training): *List the student specific-training and the personnel to be trained*
-Student Health Alert in database, train Unlicensed Assistive Personnel (UAP's) and Teachers about severe allergic reactions, and update training as needed
-Emergency Action Plan (EAP) sent to appropriate school staff

Evaluation: *Measurement of outcomes. Revise IHCP if needed.*
- Student will identify their symptoms of an allergic reaction. Student will tell school personnel when symptoms of an allergic reaction are present
-UAP's/Teachers knowledgeable of signs/symptoms of allergic reaction and sources of allergy

RN Signature _____Date_____

Parent Signature _____Date _____

School Year _____

INDIVIDUALIZED HEALTH CARE PLAN (IHCP)

Student Name:

DOB: **Allergies:**

Medical Diagnosis: Severe Allergy (Epi-Pen Required)

Emergency Contact Information:

Year 2 review*: Update to Individual Health Care Plan School Year _____

person-to-person interview **_____ No changes to current plan**

telephone interview

update letter

_____ _____

Parent Signature **Date**

_____ _____

RN Signature **Date**

Year 3 review*: Update to Individual Health Care Plan School Year _____

person-to-person interview **_____ No changes to current plan**

telephone interview

update letter

_____ _____

Parent Signature **Date**

_____ _____

RN Signature **Date**

Year 4 review*: Update to Individual Health Care Plan School Year _____

person-to-person interview **_____ No changes to current plan**

telephone interview

update letter

_____ _____

Parent Signature **Date**

_____ _____

RN Signature **Date**

***Note: 1. Significant changes to plan of care require a new Individual Health Care Plan be completed.**
2. A new Individual Health Care Plan is to be completed upon entrance to each school. 3. All nursing services are as needed.

Emergency Action Plan (EAP)

Student Name: **DOB:**

Allergies: **Medical Diagnosis: Severe Allergy (Epi-Pen Required)**

Medications/Storage Location:

Emergency Contact Information:

Potential Emergency Situation

-Swelling of the lips, tongue, or eyes
-Swelling or tightness in throat
-Difficulty talking/hoarse voice
-Difficulty breathing or noisy breathing
-Wheezing or persistent cough
-Vomiting, stomach cramps, diarrhea
-Rash, Hives or Welts
-Loss of Consciousness and/or collapse
-Blue Discoloration of lips or fingernails
-Student becomes pale or floppy
Other: _____

Emergency Response

-Stay calm
-Stay with student and escort student to the clinic
-Give medications as ordered by doctor/parent
-Give **Benadryl** immediately for mild reactions-Administer as directed
-Give **Epinephrine** immediately for severe reactions such as difficulty breathing etc.
Route :__IM_____ Amount: ___1 Pen_____
Other_____
Call 9-1-1 immediately if:
-Epinephrine given
-lips or fingernails turn blue or gray
- breathing worsens
- continuous spasmodic coughing
- continued swelling of lips, throat, or tongue
- loss of consciousness/collapse
Start CPR immediately if student stops breathing and has no pulse.

Special Needs/Limitations

Diet:
_____
Activity Level/Physical Restrictions:
_____
Accommodations needed in classroom:
_____
Other Considerations: Take emergency medication on all off campus activities
_____

Send Copies To: __Teacher __Clinic __Guidance __PE __Art __Music __Cafeteria __Teacher Asst. __Bus Driver__School Nurse __Media Center Specialist __Athletic Director __Other__

ASTHMA

Asthma is one of the most common chronic childhood illnesses, affecting more than 3 million children in the United States alone, according to the American Academy of Allergy Asthma & Immunology. Allergies and asthma are leading causes of school absenteeism. The impact of both allergies and asthma can be seen, not only in school absenteeism, but also in the lack of participation in athletic and exercise programs, and the amount of time spent taking medication during school hours. In some cases, allergies or asthma can precipitate a life-threatening crisis for a child.

These negative impacts do not need to happen. When allergies and asthma are controlled, students can maintain good performance in school and participate fully in physical activities, including sports.

It takes the family, school personnel and the physician working together as a team to develop a workable action plan to keep asthma and allergies well controlled. Any child diagnosed with severe or chronic allergies and/or asthma should have an Allergy and/or Asthma Medical Management Plan completed and on file at their school.

Recognizing Allergies

Many children suffer unnecessarily from allergic diseases, which often go undiagnosed and untreated. The following clues may help school personnel recognize allergies in children at school:

- Children who rub their eyes or have itchy, red eyes.
- Children who have a runny nose or wipe their nose constantly, sneeze frequently and have congestion.
- Children who scratch their skin frequently to relieve the itch.
- Children who cough or wheeze for a half hour every day after recess or physical education class may have symptoms of asthma.
- Children who develop gastrointestinal problems, hives or eczema.

It is important to remember that allergies and asthma are not contagious and cannot be spread from one child to another.

General Information About Asthma

Asthma is the most common serious chronic illness among children. Most children with asthma have symptoms that can be controlled by medicine.

Asthma is characterized by:

- Airway inflammation.
- Airway obstruction.

Breathing difficulty is caused by changes in the air passages of the lungs:

- Inside walls of the airways swell up.

- Muscles in the walls of the airways tighten and constrict.
- Swollen walls produce excess mucus, which clog the airways.

Most children have continuous inflammation of the airways, but often an “attack” appears to be due to a specific trigger. Each child may react differently to asthma triggers. Factors that may trigger asthma include:

- Respiratory infections, colds.
- Allergic reactions to pollen, mold, animal dander, feathers, dust, food.
- Vigorous exercise.
- Exposure to cold air or sudden temperature changes.
- Air pollution, fumes or strong odors.
- Cigarette smoke.
- Excitement, stress.

The child with asthma may feel “different” from his or her classmates (e.g., alone and scared). By treating the child with understanding and reassurance, you can do much to alleviate the fear of asthma.

Signs and Symptoms of Asthma

- Wheezing.
- Chest tightness.
- Coughing.
- Difficulty breathing and shortness of breath.

More SERIOUS Signs Which Require Prompt Medical Attention

- The child is breathless and may be unable to talk or may talk in one-to-two word phrases.
- The child’s neck muscles may tighten with each inhalation.
- The child’s lips and nail beds may have a grayish or bluish color.
- The child may exhibit chest retractions (chest skin sucked in).
- The child feels uncomfortable and is having trouble breathing, but you don’t hear wheezing sounds; this may still indicate extreme bronchial distress.

Treatment for Asthma

- Asthma treatment should be developed on an individual basis because each case can be different. An Asthma Medical Management Plan may be indicated.
- Medications are used to prevent episodes and to treat those that do occur.
- Avoiding environmental triggers.
- Encourage student to sit quietly and breathe slowly.

MEDICATION BY INHALER SKILLS CHECKLIST

**Contact your school nurse for your performance check and form completion.*

Name:_____ School:_____

SKILL	Training	Return Demonstration	
	Date/Initial	Date/Initial	Date/Initial
1. Wash hands.			
2. Position the student standing comfortably.			
3. Shake inhaler well and remove cap.			
4. If spacer is used, be sure it is connected correctly.			
5. Instruct student to exhale completely.			
6. **WITH SPACER,** have student close lips around the mouthpiece.			
7. **WITHOUT SPACER,** have student open mouth and hold inhaler 2 fingers width away from mouth.			
8. Instruct student to take a slow deep breath through the mouth and at the same time press firmly on canister.			
9. Instruct student to hold breath for 5-10 seconds.			
10. If second dose is prescribed, wait 1 minute before re-administering.			
11. Observe the student for changes in respiratory rate or effort. Initiate emergency procedures if indicated.			
12. Document the medication given accurately.			
13. Return inhaler to medication cabinet and lock cabinet.			
14. If symptoms have improved, the student may go back to class.			

RN Signature_____ Initials_____ Date_____

UAP Signature_____ Initials_____ Date_____

Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.

New Graphic

CHILD SPECIFIC TRAINING
MEDICATION BY INHALER SKILLS CHECKLIST
*Delegation can only be done by an RN.

Student Name:_____ School:_____

SKILL	Training	Return Demonstration	
	Date/Initial	Date/Initial	Date/Initial
1. Wash hands.			
2. Position the student standing comfortably.			
3. Shake inhaler well and remove cap.			
4. If spacer is used, be sure it is connected correctly.			
5. Instruct student to exhale completely.			
6. **WITH SPACER,** have student close lips around the mouthpiece.			
7. **WITHOUT SPACER,** have student open mouth and hold inhaler 2 fingers width away from mouth.			
8. Instruct student to take a slow deep breath through the mouth and at the same time press firmly on canister.			
9. Instruct student to hold breath for 5-10 seconds.			
10. If second dose is prescribed, wait 1 minute before re-administering.			
11. Observe the student for changes in respiratory rate or effort. Initiate emergency procedures if indicated.			
12. Document the medication given accurately.			
13. Return inhaler to medication cabinet and lock cabinet.			
14. If symptoms have improved, the student may go back to class.			

RN Signature_____ Initials_____ Date_____

Staff Signature_____ Initials_____ Date_____

Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.

MEDICATION BY METERED DOSE INHALER (MDI):

Purpose: To deliver medication by aerosol inhaled directly into the lungs

Action to be performed by: personnel trained by health care professional or by student with supervision.

Steps:

1. Remove the cap. Connect the inhaler to the holding chamber if applicable.
2. Hold the inhaler like the letter “L” with your thumb on the bottom and fingers on the top.
3. Shake gently a minimum of 3 or 4 times.
6. Sit, or preferably, stand up straight, and breathe out as much air as you can.
5. Tip your head back slightly.
6. Close your lips around the mouthpiece of your spacer, keeping spacer level (closed mouth method) …OR... Hold the inhaler two to three fingers away from your mouth if you have no spacer (open-mouth method).
7. Press down on the inhaler to release the medication and breathe in S L O W L Y…
8. Hold your breath for ten seconds if you can.
9. Breathe out slowly with your lips almost together.
10. ***Wait 1 minute*** (count 60 seconds on the clock).
11. Repeat steps 3 - 9 if you’re supposed to take more than 1 puff.
12. Be sure to rinse your mouth with water afterwards.
13. MDI inhalers should be washed weekly to keep nozzle open.

Note: If you observe that the student is not using the inhaler properly, notify the school nurse.

NEBULIZERS

A nebulizer is a machine used to deliver medicine as a mist that is inhaled directly into the lungs. The nebulizer has a compressor or pump that pushes air through a tube and then through the medicine chamber to change the medicine into very small droplets. This is the mist that can be seen coming from the nebulizer.

Usually it is the student with asthma who will need a nebulizer medication. Several types of medication can be given by nebulizer, such as bronchodilators, anti-inflammatory drugs, or antibiotics. The medication may be ordered to be administered on a regular schedule each day or only for those times that the student is sick or is having an especially difficult time with breathing.

Some of the medications given by nebulizer are the same medications that are taken as pills, syrup, or in metered dose inhalers, but may work faster or better when delivered by nebulizer. When given by nebulizer, the medication is usually ordered as a concentrated solution that will need to be diluted with saline. The physician's order will specify the amount of saline as well as the dosage of the solution.

Parents of children with orders for nebulizer treatments must supply the nebulizer as well as the tubing and medication.

MEDICATION BY NEBULIZER PROCEDURE

PURPOSE: To deliver medication by a fine mist that is inhaled directly into the lungs.

ACTION TO BE PERFORMED BY: Person trained by licensed healthcare professional.

STEPS:

1. Wash hands.
2. Position the student in a comfortably seated position.
3. Place nebulizer on table or counter and plug into electrical outlet with ON/OFF switch in the OFF position.
4. Place medication in the medicine chamber, following all medication administration steps in the School Health Manual. Securely close the lid to the medicine chamber.
5. Attach a mouthpiece or facemask to the medicine chamber with an adapter.
6. Connect one end of the tubing to the medicine chamber and the other end to the nipple on the nebulizer compressor.
7. Turn on the compressor switch and watch for the medication mist to flow from the mouthpiece or mask.
8. If a mask is used, place the mask over the student's mouth and nose, securing it comfortably with the elastic strap that is attached.
9. If a mouthpiece is used, have the student place their lips around the mouthpiece to make a seal.
10. Instruct the student to breathe in and out through the mouth slowly and completely.
11. Monitor the student for changes in respiratory rate or effort. Initiate emergency procedures if indicated. If student coughs excessively, stop treatment briefly until symptoms subside.
12. Continue to have the nebulizer dispense the medication until all the medication has disappeared from the chamber. If the mist stops, but you can see more medicine clinging to the sides of the medicine chamber, tap the side of the chamber. The mist should start again.
13. Document the procedure accurately on the Medication/Treatment Administration Log.
14. If symptoms have improved, the student may go back to class.
15. If the equipment is not to be sent home for cleaning before the next treatment, disassemble and clean the medicine chamber, adapter, mouthpiece or mask, and lid with soap and water; rinse thoroughly. Equipment may be soaked for 30 minutes in a solution of 3 parts water to 1 part white vinegar; rinse thoroughly. Lay all pieces on a towel; cover with a paper towel and air dry. Store in a clean plastic bag.
16. The tubing does not need to be cleaned since only air has been delivered through the tubing.

MEDICATION BY NEBULIZER SKILLS CHECKLIST

*Delegation can only be done by an RN. The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP).

UAP Name: _____ School:_____

SKILL	Training Date/Initial	Return Demonstration	
		Date/Initial	Date/Initial
1. Wash hands.			
2. Position the student in a comfortably seated position.			
3. Place nebulizer on table or counter and plug into electrical outlet with ON/OFF switch in the OFF position.			
4. Place medication in the medicine chamber, following all medication administration steps in the School Health Manual. Securely close the lid to the medicine chamber.			
5. Attach a mouthpiece or facemask to the medicine chamber with an adapter.			
6. Connect one end of the tubing to the medicine chamber and the other end to the nipple on the nebulizer compressor.			
7. Turn on the compressor switch and watch for the medication mist to flow from the mouthpiece or mask.			
8. If a mask is used, place the mask over the student's mouth and nose, securing it comfortably with the elastic strap that is attached.			
9. If a mouthpiece is used, have the student place the lips around the mouthpiece to make a seal.			
10. Instruct the student to breathe in and out through the mouth slowly and completely.			
11. Monitor the student for changes in respiratory rate or effort. Initiate emergency procedures if indicated.			

SKILL	Training Date/Initial	Return Demonstration	
		Date/Initial	Date/Initial
12. Continue to have the nebulizer dispense the medication until all the medication has disappeared from the chamber.			
13. Document the procedure accurately.			
14. If symptoms have improved, the student may go back to class. 15. If the equipment is not to be sent home for cleaning before the next treatment, disassemble and clean the medicine chamber, adapter, mouthpiece or mask and lid with soap and water; rinse thoroughly. Cover with a paper towel and air dry. Store in a clean plastic bag.			

RN Signature_____ Initials_____ Date_____

UAP Signature_____ Initials_____ Date_____

Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.

INDIVIDUALIZED HEALTH CARE PLAN (IHCP)

Student Name:

DOB: **Allergies:**

Medical Diagnosis: Asthma

Emergency Contact Information:

Assessment: *Health history, Health related special accommodations related to learning*
-Asthma Triggers:__dust, __ pollen, __ exercise, __ cold weather, __animals, __ other (please list) _____
- Assessment of self awareness:
___Student carries inhaler at all times___Student has inhaler in medication cabinet __Nebulizer in clinic

Nursing Diagnosis: *Current health status, Self-care skills/needs, Self-care deficits*
- Impaired gas exchange related to bronchiolar constriction and edema and increased mucous production
-Knowledge deficit related to asthma and asthma medications

Expected Outcomes and Goals: *Clear, concise, measurable and realistic descriptions*
-Student and/or staff will verbalize an understanding of asthma condition, treatment and medications
-Student will participate fully in appropriate classroom activities with a decrease in days absent due to asthma

Nursing Intervention/Implementation: *Signs/symptoms, procedures, medications, routine care, emergency care*
-Administer medications, as ordered
-Provide a calm and reassuring environment for student during an asthma episode

Planning (Delegation/Training): *List the student specific-training and the personnel to be trained*
-Student Health Alert in database, train Unlicensed Assistive Personnel (UAP's) and Teachers about asthma/ first aid, and update training as needed

Evaluation: *Measurement of outcomes. Revise IHCP if needed.*
-UAP's/Teachers knowledgeable of signs/symptoms and first aid for asthma
-Student demonstrates confidence in self, Involvement with school activities and academics

RN Signature _____Date_____

Parent Signature _____Date _____

School Year _____

INDIVIDUALIZED HEALTH CARE PLAN (IHCP)

Student Name:

DOB:

Allergies:

Medical Diagnosis: Asthma

Emergency Contact Information:

Year 2 review*: Update to Individual Health Care Plan School Year _____

person-to-person interview **_____ No changes to current plan**

telephone interview

update letter

_____ _____

Parent Signature **Date**

_____ _____

RN Signature **Date**

Year 3 review*: Update to Individual Health Care Plan School Year _____

person-to-person interview **_____ No changes to current plan**

telephone interview

update letter

_____ _____

Parent Signature **Date**

_____ _____

RN Signature **Date**

Year 4 review*: Update to Individual Health Care Plan School Year _____

person-to-person interview **_____ No changes to current plan**

telephone interview

update letter

_____ _____

Parent Signature **Date**

_____ _____

RN Signature **Date**

***Note: 1. Significant changes to plan of care require a new Individual Health Care Plan be completed.**
2. A new Individual Health Care Plan is to be completed upon entrance to each school. 3. All nursing services are as needed.

Emergency Action Plan (EAP)

Student Name: **DOB:**

Allergies: **Medical Diagnosis: Asthma**

Medications/Storage Location:

Emergency Contact Information:

Potential Emergency Situation
-Noisy breathing or wheezing
-Excessive coughing
-Shortness of breath
-Complaining of tight feeling in chest or chest pressure
-Difficulty breathing
-Other:_____
Triggers that may cause an asthma attack: cold weather, cigarette smoke, dust mites, exercise, respiratory infections, strong odors or fumes, pollen, mold, foods, and
Other:_____

Emergency Response
-Allow student to use inhaler if carried with student
-Stay with student and escort student to the clinic
-Keep student upright and encourage SLOW, deep breaths in through nose and out through puckered lips
-Give Nebulizer Treatment in Clinic if ordered
-Notify Parent immediately
Call 9-1-1 immediately if:
-lips or fingernails turn blue or gray
-breathing worsens
-continuous spasmodic coughing
-increased anxiety or confusion
-struggling or gasping for air
-cannot walk or talk
-skin pulling around collar bones and ribs with breathing
Start CPR immediately if student stops breathing and has no pulse!

Special Needs/Limitations
Diet:
_____
Activity Level/Physical Restrictions:
_____
Accommodations needed in classroom:
_____
Other Considerations: Take emergency medication on all off campus activities
_____

Send Copies To: __Teacher __Clinic __Guidance __PE __Art __Music __Cafeteria __Teacher Asst. __Bus Driver__School Nurse __Media Center Specialist __Athletic Director __Other__

ABSCESSES/BOILS

A boil or abscess is an infection of the skin and underlying soft tissues. Skin is red, raised with a yellow or white center from which pus may drain. A carbuncle is a cluster of boils that have formed a larger area of infection. A furuncle is an infected hair follicle with the formation of a boil. The infectious agent, Staphylococcus Aureus, is spread through drainage from lesions or the nasal discharge of an infected person.

Incubation Period: 4 to 10 days
Period of Communicability: As long as the lesion continues to drain
May Return to School: Upon recommendation of the family physician. Lesions should be covered, especially if draining, or if child is constantly touching the lesion.

Staph Infections and MRSA: Suspected Staph infections should be referred to the student's physician for diagnosis and treatment. Refer to EPI Fact Sheets for additional information. Students may return to school upon recommendation of family physician. Lesions should be covered. If condition does not improve, student should be referred to his physician.

BITES - ANIMAL/HUMAN

Animal Bite: Skin surface is broken by the teeth of an animal.

- Wear gloves.
- Wash with soap and water (preferably irrigating with running water 2 - 3 minutes if wound is large/dirty).
- Use direct pressure as needed for bleeding.
- Cover with nonstick bandage.
- Call parent and notify principal.
- Complete a bite report and fax to FDOH Baker at (904) 428-5620. Include as much information as available on the involved animal.

Insect Bite:

- Examine wound for stinger.
- Observe for systemic reaction (as discussed in anaphylaxis).
- Apply cool pack/ice for 12 - 15 minutes.
- Apply calamine lotion if desired.
- Return to class if no additional symptoms.

Human Bite: Skin is damaged or torn by a human mouth.

- Wear gloves.
- Wash with soap and water (irrigate under running water 2 - 3 minutes if not bleeding heavily).
- Cover with nonstick bandage.
- Notify principal and parent. Complete accident report and if adult staff is involved complete a worker's compensation report. Contact the bookkeeper at your school site and she will contact risk management at 904-259-0447.

BLEEDING DISORDERS

Bleeding disorders is a general term for a wide range of medical problems that lead to poor blood clotting and continuous bleeding. In people with bleeding disorders, clotting factors are missing or don't work as they should. This causes them to bleed for a longer time than those whose blood factor levels are normal. Bleeding problems can range from mild to severe.

Symptoms Include:

- Excessive bleeding
- Excessive bruising
- Easy bleeding
- Nose bleeds
- Abnormal menstrual bleeding

Causes:

Some bleeding disorders are present at birth and are caused by rare inherited disorders. Others are developed during certain illnesses or treatments. They can include hemophilia and other very rare blood disorders. There are many causes of bleeding disorders, including von Willebrand's disease, which is an inherited blood disorder, immune system-related diseases, such as allergic reactions to medications, or reactions to an infection; cancer, such as leukemia; liver disease, bone marrow problems, disseminated intravascular coagulation, antibodies that destroy blood clotting factors and medicines, such as aspirin, heparin, warfarin and drugs used to break up blood clots.

Hemophilia:

Hemophilia is a rare bleeding disorder that prevents the blood from clotting properly. They are deficient in factor VIII and IX. **Hemophilia A**, also known as factor VIII deficiency, is the cause of about 80% of cases. **Hemophilia B**, which makes up the majority of the remaining 20% of cases, is a deficiency of factor IX. Patients are classified as mild, moderate or severe, based on the amount of factor present in the blood.

Signs and Symptoms:

Signs and symptoms of hemophilia vary, depending on severity of the factor deficiency and location of the bleeding. The most common type of bleeding in hemophilia involves muscles and joints.

Treatment:

Although hemophilia is a lifelong condition with no cure, it can be successfully managed with clotting factor replacement therapy. Bleeds must be treated promptly because prolonged bleeding can cause joint disorders. The accumulation of blood in the joint spaces can erode the smooth surfaces that allow limbs to bend easily. Kids with hemophilia can generally sense when a bleed has occurred. They often describe a tingly or bubbly sensation in a joint. It may also feel warm to the touch. Doctors also recommend splinting an affected

joint for a short period of time and then applying ice to decrease inflammation, promote clotting and relieve pain. Acetaminophen (such as Tylenol) is the preferred pain reliever because many other over-the-counter pain medications contain aspirin or NSAIDs (non-steroidal anti-inflammatory drugs such as ibuprofen or naproxen sodium), which can affect blood platelets and lead to increased bleeding.

Management:

Certain bleeds require medical attention, including those injuries affecting:

- the central nervous system — any suspected trauma to the head, neck, or back
- the face, including the eyes and ears
- the throat or another portion of the airway
- the gastrointestinal tract (which might produce signs such as bright red or black blood in the child's stool)
- the kidneys and urinary tract (if you find blood in the urine, this may require treatment and bed rest)
- the iliopsoas muscle in the trunk (which might produce signs that mimic a hip or abdominal bleed, including lower abdominal/groin or upper thigh pain, an inability to raise the leg on the affected side, and a feeling of relief when contracting or flexing that side of the body)
- the genital area
- the hips or shoulders (these can be complicated bleeds because they involve the rotator joints)
- large muscle compartments, such as the thighs

BLISTERS

“Bubble” of fluid under the outer layer of skin, caused by friction, usually heals in 3 - 7 days.

Intervention:

- Use gloves.
- Wash gently with soap and water.
- DO NOT open the blister.
- Cover loosely with sterile, nonstick bandage.
- Send the student back to class.

BONE/MUSCLE/JOINT INJURIES

Injuries of the bones, muscles and joints may be fractures, dislocations or sprains/strains. Only a licensed healthcare provider can determine the type of injury. Typical signs and symptoms of these types of injuries can be: pain, swelling, redness, bruising and/or inability to move the extremity.

Intervention (if no spinal injury is suspected):

- Elevate the extremity, apply ice/cold pack.

- Assess for Range of Motion (ROM), pain, swelling, and pulse distal to injured area.
- If ice/elevation relieves discomfort, return child to class, but notify parent to check area.
- Notify Parent and/or 9-1-1 if movement causes increased pain, if obvious joint deformity, or if pulse not present. Notify principal or designee if injury is severe.
- Incident and/or Accident forms are to be completed as required.

BURNS

Burns are defined as the destruction of a layer or layers of skin caused by heat, cold, electricity, chemicals, light, friction or radiation. The deeper the burn, the more severe it is.

Note: If student comes to school with unexplained burns (i.e. iron or cigarette or repeated health room visits for burns, consider the possibility of child abuse.

Degrees of severity:

- First Degree (superficial) - pain and redness with no blisters
- Second Degree (partial-thickness) - pain, redness and blisters
- Third Degree (full thickness) - red, raw, ash white, black, leathery with little or no pain

Critical Burns

Call 9-1-1 and notify Parent/Guardian and Principal for any of the following:

- Breathing difficulty
- Burns covering more than one body part
- Burns to the head, neck, hands, feet or genitals
- Burn resulting from chemical, explosion or electricity

Intervention:

- Stop the burn
- Extinguish flames
- Remove student from source of the burn

Note: if electrical injury, **NEVER go near the student until you are sure the power is off**

- Cool the burn:
  - Use large amounts of cool water on burned area.
  - **DO NOT USE ICE!!!** (It can cause bruising or freezing.)
  - **DO NOT BREAK BLISTERS!**
  - DO NOT use butter, Vaseline or other greasy ointments.

- Cover the burn:
  - Loosely cover with dry, sterile dressing.
  - Call Parent/Guardian and notify Principal.
  - Strongly advise Parent/Guardian to seek medical treatment immediately.
  - Provide the Parent/Guardian with the date of the student's last tetanus booster.
  - Accident report to be completed as applicable.

CANCER

Cancer is a disease in which abnormal cells grow in an uncontrollable manner. Management depends on the type of cancer, what stage the cancer is in, treatment and side effects of treatment. Many children with cancer have central venous catheters/ports and pain medications which the school personnel need to be aware of.

Intravenous medications and catherization site care are not approved to be done by health room personnel.

CARDIOVASCULAR DISORDERS

Cardiovascular diseases affecting children can be categorized as congenital or acquired. Some children will have physical limitations.

Congenital conditions are usually present at birth and involve structural abnormalities which cause blood flow or conduction problems.

Cause:

- May be unknown - 95%
- Genetic Defect
- Maternal environmental factors

Symptoms:

- Cyanosis
- Chest Pain
- Irregular heart beat/ murmurs
- Dizziness
- Cough
- Shortness of breath
- Exercise intolerance

Treatment:

- Medications
- Surgical correction
- Diet

Acquired conditions occur after birth and include conditions such as rheumatic heart disease and endocarditis.

Cause:

- Inflammatory process due to infections from streptococcus, staphylococcus aureus and candida albicans.

Treatment:

- Antibiotics
- Anti-inflammatory drugs
- Pain meds

Symptoms:

- Fever
- Headaches
- Weight loss
- Murmurs
- Polyarthritis
- Rash on the chest and upper extremities

INDIVIDUALIZED HEALTH CARE PLAN (IHCP)

Student Name:
DOB: **Allergies:**
Medical Diagnosis: Supraventricular Tachycardia
Emergency Contact Information:

Assessment: *Health history, Signs & Symptoms, Self Awareness*
-Signs & Symptoms: __tachycardia __chest pain __dizziness __fainting __upset stomach __weakness
- Assessment of self awareness: ___Student aware of signs and symptoms of event __Student aware of when to let Unlicensed Assistive Personnel (UAP's)/nurse know they are having symptoms of event

Nursing Diagnosis: *Current health status, Self-care skills/needs, Self-care deficits*
- Decreased cardiac output r/t altered heart rate/rhythm
-Knowledge deficit related to supraventricular tachycardia

Expected Outcomes and Goals: *Clear, concise, measurable and realistic descriptions*
-Student and/or staff will verbalize an understanding of supraventricular tachycardia condition, treatment and medications
-Student will participate fully in appropriate classroom activities with a decrease in days absent due to supraventricular tachycardia

Nursing Intervention/Implementation: *Procedures, medications, routine care, emergency care*
-Administer medications, as ordered
-Provide a calm and reassuring environment for student during an event
-Call 911 as appropriate

Planning (Delegation/Training): *List the student specific-training and the personnel to be trained*
-Student Health Alert in database, train Unlicensed Assistive Personnel (UAP's) and Teachers about Supraventricular tachycardia/ first aid, and update training as needed

Evaluation: *Measurement of outcomes. Revise IHCP if needed.*
-UAP's/Teachers knowledgeable of signs/symptoms and first aid for supraventricular tachycardia
-Student demonstrates confidence in self, Involvement with school activities and academics

RN Signature _____Date_____

Parent Signature _____Date _____

School Year _____

INDIVIDUALIZED HEALTH CARE PLAN (IHCP)

Student Name:
DOB: **Allergies:**
Medical Diagnosis: Supraventricular Tachycardia
Emergency Contact Information:

Year 2 review*: Update to Individual Health Care Plan School Year _____

- ☐ **person-to-person interview** **_____ No changes to current plan**
- ☐ **telephone interview**
- ☐ **update letter**

_____ _____
Parent Signature **Date**

_____ _____
RN Signature **Date**

Year 3 review*: Update to Individual Health Care Plan School Year _____

- ☐ **person-to-person interview** **_____ No changes to current plan**
- ☐ **telephone interview**
- ☐ **update letter**

_____ _____
Parent Signature **Date**

_____ _____
RN Signature **Date**

Year 4 review*: Update to Individual Health Care Plan School Year _____

- ☐ **person-to-person interview** **_____ No changes to current plan**
- ☐ **telephone interview**
- ☐ **update letter**

_____ _____
Parent Signature **Date**

_____ _____
RN Signature **Date**

***Note: 1. Significant changes to plan of care require a new Individual Health Care Plan be completed.**
2. A new Individual Health Care Plan is to be completed upon entrance to each school.
3. All nursing services are as needed.

Emergency Action Plan (EAP)

Student Name: **DOB:**

Allergies:

Medical Diagnosis: **Supraventricular Tachycardia**

Medications/Storage Location:

Emergency Contact Information:

Potential Emergency Situation
-Tachycardia (heart racing)
-Complaining of tight feeling in chest or chest pain or pressure
-Dizziness
-Fainting
-Upset Stomach
-Weakness
-Other:_____

Emergency Response
-Stay with student and escort student to the clinic
-If student unable to reach clinic call nurse and/or designated person trained in CPR
-Give medications in clinic if ordered
-Notify Parent immediately

Call 9-1-1 immediately if:
-student loses consciousness
Start CPR immediately if student stops breathing and has no pulse!

Special Needs/Limitations
Diet:
_____
Activity Level/Physical Restrictions:
_____
Accommodations needed in classroom:
_____
Other Considerations: Take emergency medication on all off campus activities
_____

Send Copies To: __Teacher __Clinic __Guidance __PE __Art __Music __Cafeteria __Teacher Asst. __Bus Driver__School Nurse __Media Center Specialist __Athletic Director __Other

CEREBRAL PALSY

Cerebral palsy is a neurological disorder that appears in infancy or early childhood. It is characterized by a lack of muscle coordination when performing voluntary movements (ataxia); stiff or tight muscles and exaggerated reflexes (spasticity); altered muscle tone (too stiff or too loose); altered gait (toe walking, "scissored" gait, dragging one leg or foot). It is caused by abnormalities in parts of the brain that control muscle movement. These factors include genetics, premature birth or low birth weight, maternal health issues in pregnancy, meningitis, encephalitis or head injury.

CHICKENPOX (VARICELLA)

What causes chickenpox?

Chickenpox is caused by the varicella-zoster virus.

How does chickenpox spread?

Chickenpox spreads from person to person by direct contact or through the air by coughing or sneezing. It is highly contagious. It can also be spread through direct contact with the fluid from a blister of a person infected with chickenpox, or from direct contact with a sore from a person with shingles.

How long does it take to show signs of chickenpox after being exposed?

It takes from 10 - 21 days to develop symptoms after being exposed to a person infected with chickenpox. The usual time period is 14 - 16 days.

What are the symptoms of chickenpox?

The most common symptoms of chickenpox are rash, fever, coughing, fussiness, headache and loss of appetite. The rash usually develops on the scalp and body, and then spreads to the face, arms and legs. The rash usually forms 200 - 500 itchy blisters in several successive crops. The illness lasts about 5 - 10 days.

How long is a person with chickenpox contagious?

Patients with chickenpox are contagious for 1 - 2 days before the rash appears and continue to be contagious until all the blisters are crusted over (usually 6 - 8 days). Students can return to school after all the lesions have dried up.

Is there a treatment for chickenpox?

Most cases of chickenpox in otherwise healthy children are treated with bed rest, fluids and control of fever. Children with chickenpox should NOT receive aspirin because of possible subsequent risk of Reye's syndrome. Acetaminophen may be given for fever control. Chickenpox may be treated with an antiviral drug in serious cases, depending on the patient's age and health, the extent of the infection, and the timing of the treatment.

Can you get chickenpox more than once?

Most people are immune to chickenpox after having the disease. However, second cases of chickenpox do occur. The frequency of second cases is not known with certainty, but this appears to be an uncommon event.

How are chickenpox and shingles related?
Both chickenpox and shingles are caused by the same virus. After a person has had chickenpox, the virus resides in the body permanently, but silently. About 20% of all people who have been infected with chickenpox later develop the disease known as herpes zoster, or shingles. Symptoms of shingles are pain, itching, blisters, and loss of feeling along a nerve. Most cases occur in persons older than 50, and the risk of developing shingles increases with age.

Vaccine for the Varicella-zoster virus is available and is being phased into routine childhood immunization schedules. It is recommended for the following:

- All children younger than age 13 years (one dose at 12 - 15 months and a second dose at age 4 - 6 years);
- Everyone age 13 years and older who has never had chickenpox (two doses, given 4 - 8 weeks apart);
- Anyone missing a dose at the recommended times should get the shot at their next visit to their doctor or clinic.

What side effects have been reported with this vaccine?
Possible side effects are generally mild and include redness, stiffness and soreness at the injection site. Such localized reactions occur in about 20% of children immunized. A small percentage of people develop a mild rash, usually around the spot where the shot was given.

How effective is this vaccine?
Ninety-seven percent of children between age 12 months and 12 years develop immunity to the disease after one dose of vaccine. For older children and adults, an average of 78% developed immunity after one dose and 99% develop immunity after the recommended two doses. Although some vaccinated children (about 2%) will still get chickenpox, they generally will have a much milder form of the disease, with fewer blisters (typically fewer than 50), lower fever and a more rapid recovery. The vaccine almost always prevents against severe disease. Getting the chickenpox vaccine is much safer than getting chickenpox disease.

Who should NOT receive the chickenpox vaccine?
People with weakened immune systems and those with life-threatening allergies to gelatin or the antibiotic neomycin should not receive this vaccine. Pregnant women should not receive this vaccine, as the possible effects on fetal development are unknown. However, non-pregnant women of childbearing age who have never had the disease may be immunized against chickenpox to avoid contracting the disease while pregnant.

Varicella is reportable to County Health Department.

CUTANEOUS LARVA MIGRANS: (Creeping Eruption)

Sometimes referred to as Creeping Eruption, this skin infection has characteristic corkscrew lesions. Dog and Cat hookworm larvae are the infectious agents. Disease is spread through contact with sandy soil contaminated with dog and cat feces. Larvae enter the skin and migrate for long periods forming corkscrew lesions (track) that itch intensely.

May Return To School: No exclusion from school is necessary after the initiation of anti-parasitic treatment.

CYSTIC FIBROSIS

Cystic fibrosis is a hereditary disease that affects mainly the lungs and digestive system. Thick mucus production, as well as a less competent immune system, results in frequent lung infections. Diminished secretion of pancreatic enzymes causes poor growth, fatty diarrhea and deficiency in fat-soluble vitamins.

Diagnosis of Cystic Fibrosis may be confirmed if high levels of salt are found during a sweat test. There is no cure for Cystic Fibrosis and it is one of the most common life shortening childhood-onset inherited diseases. It is most common among Europeans and Ashkenazi Jews.

Management:

- Postural drainage
- Inhalation medications
- Antibiotics
- Supplemental digestive enzymes
- Low fat high protein diet

Florida Statute 1002.20 provides for the carrying of Pancreatic Enzyme supplements in a school setting. Key provisions of this legislation include the following:

- Permits a student with pancreatic insufficiency or cystic fibrosis to carry and self-administer prescribed pancreatic enzyme supplement while in school, participating in school-sponsored activities, or in transit to or from school if the school has been provided with authorization from the student's parent and prescribing practitioner;
- The State Board of Education, in cooperation with the Department of Health, shall adopt rules for the use of prescribed pancreatic enzyme supplements that shall include provisions to protect the safety of all students from the misuse or abuse of the supplements;
- A school district, county health department, public-private partner, and their employees and volunteers shall be indemnified (held harmless) by the parent of a student authorized to use prescribed pancreatic enzyme supplements for any and all liability with respect to the student's use of the supplements.

INDIVIDUALIZED HEALTH CARE PLAN (IHCP)

Student Name:

DOB: **Allergies:**

Medical Diagnosis: Cystic Fibrosis

Emergency Contact Information:

Assessment: *Health history, Health related special accommodations related to learning*
- Date of Diagnosis: _____
- Severity: Lungs ☐, Gastro Intestinal (GI) system ☐, Other _____
- Self care barriers _____

Nursing Diagnosis: *Current health status, Self-care skills/needs, Self-care deficits*
- Risk for physiological injury related to lung/GI involvement
- Risk for alteration in self-care management related to developmental level

Expected Outcomes and Goals: *Clear, concise, measurable and realistic descriptions*
- Student will maintain clear lungs and good nutritional management
- Student and/or staff will recognize symptoms of respiratory/GI distress and respond appropriately

Nursing Intervention/Implementation: *Signs/symptoms, procedures, medications, routine care, emergency care*
- Instruct school personnel to follow Cystic Fibrosis medical management plan
- Train school personnel to administer ordered medications and treatments

Planning (Delegation/Training): *List the student-specific training and the personnel to be trained*
- Instruct school personnel to recognize student's signs/symptoms of CF
- Observe student/school personnel administering/assisting with CF care at school

Evaluation: *Measurement of outcomes. Revise IHCP if needed*
- School personnel verbalizes instructions of IHCP and demonstrates treatments and use of equipment
- Student recognizes signs/symptoms of CF and responds appropriately

RN Signature _____Date_____

Parent Signature _____Date _____

School Year _____

INDIVIDUALIZED HEALTH CARE PLAN (IHCP)

Student Name:

DOB: **Allergies:**

Medical Diagnosis: Cystic Fibrosis

Emergency Contact Information:

Year 2 review*: Update to Individual Health Care Plan School Year _____

person-to-person interview **_____ No changes to current plan**

telephone interview

update letter

_____ _____

Parent Signature **Date**

_____ _____

RN Signature **Date**

Year 3 review*: Update to Individual Health Care Plan School Year _____

person-to-person interview **_____ No changes to current plan**

telephone interview

update letter

_____ _____

Parent Signature **Date**

_____ _____

RN Signature **Date**

Year 4 review*: Update to Individual Health Care Plan School Year _____

person-to-person interview **_____ No changes to current plan**

telephone interview

update letter

_____ _____

Parent Signature **Date**

_____ _____

RN Signature **Date**

***Note: 1. Significant changes to plan of care require a new Individual Health Care Plan be completed.**
2. A new Individual Health Care Plan is to be completed upon entrance to each school. 3. All nursing services are as needed.

DENTAL INJURIES

Knocked out tooth
Intervention:

- Save tooth and place in a cup of low fat milk, normal saline, tooth preservative, student's saliva or water.
- Call Parent/Guardian and notify Principal. Emphasize to the parent the need to get to the dentist on an emergency basis to maximize the chances for successful re-implantation of the tooth.
- **DO NOT** touch root portion of the tooth.
- **DO NOT** attempt to clean tooth as this may interfere with the re-implantation process.
- Have the student rinse mouth with warm salt water, if desired.
- Accident and incident reports are to be completed as applicable.

Chipped/Broken tooth
Intervention:

- Save large fragments and see dentist immediately because break could extend down to the root of the tooth.
- Rinse mouth with warm water.
- Cover sharp edge of tooth with gauze to prevent laceration of tongue or cheek.
- Apply cold pack to face next to injured tooth to minimize swelling.
- Call Parent/Guardian and notify principal.
- Suggest that the Parent/Guardian get the student to the dentist as soon as possible.

DIABETES MELLITUS

Type 1 diabetes is caused by an autoimmune disorder which is a problem with the body's immune system. In a healthy body, specialized cells (called beta cells) in the pancreas make insulin. Insulin is a hormone that allows the body to use energy from food. In type 1 diabetes, the immune system mistakes beta cells for invaders and attacks them. When enough beta cells are destroyed, symptoms of diabetes appear.

In type 2 diabetes, the beta cells still produce insulin. However, either the cells do not respond properly to the insulin or the insulin produced naturally is not enough to meet the needs of the body. So insulin is usually still present in a person with type 2 diabetes, but it does not work as well as it should. Some people with type 2 can keep it under control by losing weight, changing their diet and increasing their exercise. Others take one or more medications, including insulin.

Diabetes often goes undiagnosed because many of its symptoms seem so harmless. Recent studies indicate that the early detection of diabetes symptoms and treatment can decrease the chance of developing the complications of diabetes.

Symptoms:

- Frequent urination
- Excessive thirst
- Extreme hunger
- Unusual weight loss
- Increased fatigue
- Irritability
- Blurry vision

Treatment:

In 1993, the Diabetes Control and Complications Trial proved beyond doubt that keeping glucose levels close to those of a person without diabetes can prevent or slow the progress of many complications of diabetes, giving extra years of a healthy, active life. Blood glucose checking is one of the best tools for managing diabetes.

In childhood, the treatment for diabetes is a combination of insulin therapy, exercise, and regulation of diet. Children with diabetes face two problems: hypoglycemia and hyperglycemia. The most urgent situation for which the school must be prepared is hypoglycemia (low blood sugar).

Important storage information for short acting insulin use:

- Store all unopened (unused) insulin in the original carton in a refrigerator at 36° F to 46° F. Do not freeze.
- After starting use (open):
  - Vials: Keep in the refrigerator or at room temperature below 86° F
  - Cartridge and prefilled pens: Keep at room temperature below 86° F

  Note: Humalog used in an insulin pump can stay in the reservoir for up to seven days and Novolog for up to 6 days. The infusion set and the insertion site should be changed at least every 3 days.

Florida Statute 1002.20 provides for the management of diabetes in a school setting. Key provisions of this legislation include the following:

- Prohibits school districts from restricting the assignment of a student who has diabetes to a particular school on the basis that the student has diabetes;
- Permits students with diabetes to carry diabetic supplies on their person and attend to the management and care of their diabetes while in school, participating in school sponsored activities, or in transit to or from school if the school principal has been provided written parental and physician authorization;

- The State Board of Education (SBE), in cooperation with the Department of Health (DOH), shall adopt rules to encourage each school in which a student with diabetes is enrolled to have personnel trained in routine and emergency diabetes care;
- The SBE, in cooperation with the DOH, shall also adopt rules for the management and care of diabetes by students that shall include provisions to protect the safety of all students from the misuse or abuse of diabetic supplies or equipment;
- A school district, county health department, public-private partner, and their employees and volunteers shall be indemnified (held harmless) by the parent of a student authorized to carry diabetic supplies or equipment for any and all liability with respect to the student's use of such supplies and equipment.

Diabetic students need a care planning meeting with the parent and school staff to develop a plan of care for the student during the school day, for field trips and for after school activities.

BLOOD GLUCOSE MONITORING SKILLS CHECKLIST

***Delegation can only be done by an RN. The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP).**

UAP Name:_____**School:**_____

SKILL	Training Date/Initial	Return Demonstration	
		Date/Initial	Date/Initial
1. States name and purpose of procedure			
2. Identifies where procedure is done			
3. Identifies supplies • Meter • Test strips or cartridges, etc. • Lancing Device • Gloves			
4. Washes hands			
5. Assembles supplies.			
6. Puts gloves on.			
7. Prepares lancing device.			
8. Turns meter on, check codes (if applicable)			
9. Places strip into meter or prepares otherwise			
10. Cleans selected area, allows to dry			
11. Lances area.			
12. Places blood onto test strip.			
13. Places cotton ball or tissue over lanced area.			

SKILL	Training Date/Initial	Return Demonstration	
		Date/Initial	Date/Initial
14. Reads result.			
15. Turns meter off, removes strip.			
16. Disposes of strip, gloves and other supplies appropriately.			
17. Cleans up testing area.			
18. Washes hands.			
19. Records results.			

RN Signature _____ Initials _____ Date _____

UAP Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

CHILD SPECIFIC TRAINING
BLOOD GLUCOSE MONITORING

*Delegation can only be done by an RN.

Blood Glucose Meter Brand: _____

Staff _____ Delegating School RN _____

Student _____ School Year _____

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
1. Washes hands			
2. Gathers supplies (Meter, Test strips, Lancing Device, cotton ball or tissue.)			
3. Puts gloves on.			
4. Turns meter on and inserts test strip into meter or as otherwise directed.			
5. Verifies that code on meter matches code on bottle (if applicable).			
6. Punctures finger/ alternative site with lancing device.			
7. Obtains adequate blood sample.			
8. Applies blood to test strip.			
9. Covers lanced site with cotton ball or tissue.			
10. Reads results. Turns meter off. Removes strip.			
11. Disposes of strip, gloves and other supplies appropriately.			
12. Washes hands.			

	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
13. Documents meter result.			
14. Follows MMP or EAP for action plan.			

Improvement Plan:

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

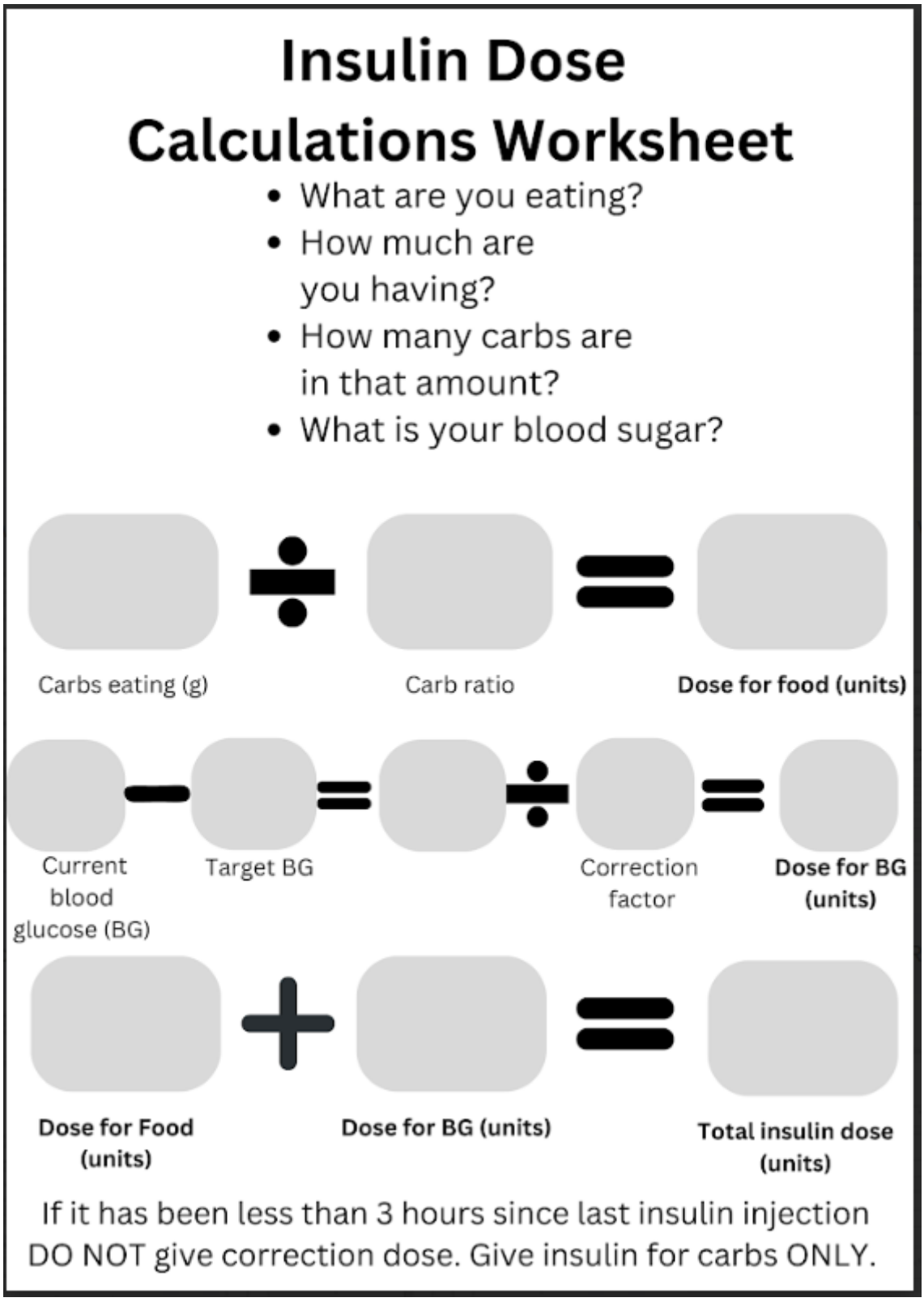
Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

New Graphic


Insulin Dose
Calculations Worksheet
What are you eating?
How much are you having?
How many carbs are in that amount?
What is your blood sugar?
Carbs eating (g)
Carb ratio
Dose for food (units)
Current blood glucose (BG)
Target BG
Correction factor
Dose for BG (units)
Dose for Food (units)
Dose for BG (units)
Total insulin dose (units)
If it has been less than 3 hours since last insulin injection
DO NOT give correction dose. Give insulin for carbs ONLY.

INSULIN ADMINISTRATION: SYRINGE SKILLS CHECKLIST

***Delegation can only be done by an RN. The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP).**

UAP Name: _____ School: _____

SKILL	Training Date/Initial	Return Demonstration	
		Date/Initial	Date/Initial
1. States name and purpose of procedure			
2. Identifies where procedure is done			
3. Identifies expiration date on insulin			
4. Identifies supplies • Gloves • Insulin bottle • Syringe • Alcohol wipe and cotton ball • Sharps container			
5. Wash hands.			
6. Gather supplies (insulin bottle, syringe, alcohol wipe, cotton ball).			
7. Puts gloves on.			
8. Wipe top of bottle with alcohol wipe and lets dry for a few seconds.			
9. Pulls the plunger down to let ____ units of air into the syringe.			
10. Pushes the needle through the center of the rubber top of the insulin bottle.			
11. Pushes the air into the bottle and leaves the needle in the bottle.			
12. Turns the insulin bottle and syringe upside down.			

SKILL	Training Date/Initial	Return Demonstration	
		Date/Initial	Date/Initial
13. Pulls the plunger down slowly to the correct number of units.			
14. Looks for air bubbles, taps the syringe to raise air bubble to the top. Pushes the air bubbles back in the bottle and repeats Step 8.			
15. Checks to make sure _____ units of insulin are in the syringe and removes the syringe from the bottle.			
16. Assists the student in choosing the injection site.			
• Pinches skin and inserts insulin syringe and needle.			
• Pushes plunger in to deliver insulin and counts to five with skin pinched and needle in place.			
• Lets go of pinched skin but keeps needle in place in skin and counts to five.			
• Removes insulin needle from skin. Dabs with cotton ball as needed.			
17. Disposes of syringe in sharps container. Does not recap syringe.			

RN Signature _____ Initials _____ Date _____

UAP Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

CHILD SPECIFIC TRAINING
INSULIN ADMINISTRATION: SYRINGE

*Delegation can only be done by an RN.

Staff _____ Delegating School RN _____

Student _____ School Year _____

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
1. Washes hands			
2. Gathers supplies (insulin bottle, syringe, alcohol wipe, cotton ball.)			
3. Check expiration date of insulin.			
4. Puts gloves on.			
5. Wipe top of bottle with alcohol wipe and lets dry for a few seconds.			
6. Pulls the plunger down to let ____ units of air into the syringe.			
7. Pushes the needle through the center of the rubber top of the insulin bottle.			
8. Pushes the air into the bottle and leaves the needle in the bottle.			
9. Turns the insulin bottle and syringe upside down.			
10. Pulls the plunger down slowly to the correct number of units.			
SKILL	**Training**	**Return Demonstration**	

	Date/Initial	Date/ Initial	Date/ Initial
12. Checks to make sure _____ units of insulin are in the syringe and removes the syringe from the bottle.			
13. Assists the student in choosing the injection site.			
• Pinches skin and inserts insulin syringe and needle.			
• Pushes plunger in to deliver insulin and counts to five with skin pinched and needle in place.			
• Lets go of pinched skin but keeps needle in place in skin and counts to five.			
• Removes insulin needle from skin. Dabs with cotton ball as needed.			
14. Disposes of syringe in sharps container. Does not recap syringe.			

Improvement Plan:

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

INSULIN ADMINISTRATION: PEN DEVICE SKILLS CHECKLIST

*Delegation can only be done by an RN.

The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP).

UAP Name: _____ School: _____

SKILL	Training Date/Initial	Return Demonstration	
		Date/Initial	Date/Initial
1. States name and purpose of procedure			
2. Identifies where procedure is done			
3. Identifies expiration date on insulin			
4. Identifies supplies • Gloves • Insulin pen • Insulin cartridge • Pen needle • Alcohol wipe and cotton ball • Sharps container			
5. Wash hands.			
6. Gather supplies (insulin pen or cartridge, pen needle, alcohol wipe, cotton ball).			
7. Puts gloves on.			
8. Load insulin cartridge, if needed and wipe insulin pen top with alcohol wipe.			
9. Screw the needle onto the end of the insulin pen. Removes caps and set outer cap on flat surface.			
10. Primes the needle by dialing the pen to 2 units.			
11. Pushes the plunger until a small drop or stream of insulin is seen, and repeats as needed.			

SKILL	Training Date/ Initial	Return Demonstration	
		Date/Initial	Date/Initial
12. Turns the knob to the dose ordered.			
13. Assists the student in choosing the injection site.			
• Pinches skin and inserts insulin pen needle.			
• Pushes injection button down completely to deliver insulin and counts to five with skin pinched and needle in place.			
• Lets go of pinched skin but keeps needle in place in skin and counts to five.			
• Removes insulin needle from skin. Dabs with cotton ball as needed.			
14. Carefully replaces the outer cap of the needle with touching the outer cap, unscrews the needle and disposes of it properly in sharps container.			

RN Signature _____ Initials _____ Date _____

UAP Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

CHILD SPECIFIC TRAINING
INSULIN ADMINISTRATION: PEN DEVICE

*Delegation can only be done by an RN.

Staff _____ Delegating School RN _____

Student _____ School Year _____

SKILL	Training	Return Demonstration	
	Date/Initial	Date/ Initial	Date/ Initial
1. Washes hands			
2. Gathers supplies (insulin pen or cartridge, pen needle, alcohol wipe, cotton ball.)			
3. Check expiration date of insulin.			
4. Puts gloves on.			
5. Load insulin cartridge, if needed and wipe insulin pen top with alcohol wipe.			
6. Screw the needle onto the end of the insulin pen. Removes caps and set outer cap on flat surface.			
7. Primes the needle by dialing the pen to 2 units.			
8. Pushes the plunger until a small drop or stream of insulin is seen, and repeats as needed.			
9. Repeats priming if needed.			
10. Turns the knob to the dose ordered.			
11. Assists the student in choosing the injection site.			
• Pinches skin and inserts insulin pen needle.			

SKILL	Training	Return Demonstration	
	Date/Initial	Date/ Initial	Date/ Initial
• Pushes injection button down completely to deliver insulin and counts to five with skin pinched and needle in place.			
• Lets go of pinched skin but keeps needle in place in skin and counts to five.			
• Removes insulin needle from skin. Dabs with cotton ball as needed.			
12. Carefully replaces the outer cap of the needle with touching the outer cap, unscrews the needle and disposes of it properly in sharps container.			

Improvement Plan:

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

INSULIN ADMINISTRATION: INSULIN PUMPS SKILLS CHECKLIST

*Delegation can only be done by an RN.

The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP).

UAP Name: _____ School: _____

SKILL	Training Date/Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
1. Students using insulin pumps need to have the following supplies at school: • Extra insulin and syringes or insulin pen for pump malfunctions • Extra pump supplies: infusion set and inserter, reservoir, insulin and batteries			
2. UAP instructed on type of pump and basic operating functions of the pump and demonstrates:			
• How to give a bolus			
• How to use the dose calculator function in the pump			
• How to suspend the pump			
• How to check the status of the pump			
• How to verify the last dose given			
• How to verify the pump is not in “no deliver” mode			
• How to check insulin reservoir and insertion site			
• How to change the batteries in the pump			
• How to identify and respond to alarms			
3. For students using an insulin dose calculator (Bolus Wizard) UAP demonstrates how to look at pump dose calculations for dose of insulin, and dose is within parameters and activate to administer dose.			
4. If the pump infusion set is no longer functional, and the student is unable to reinsert their own infusion set, a parent/ guardian will be contacted to come to school to reinsert the infusion set.			
5. Follows MMP for monitoring of blood glucose and ketones, and signs and symptoms of hypo/hyperglycemia.			

RN Signature _____ Initials _____ Date _____

UAP Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

CHILD SPECIFIC TRAINING
INSULIN PUMP THERAPY

*Delegation can only be done by an RN.

Staff _____ Delegating School RN _____

Student _____ School Year _____

SKILL	Training	Return Demonstration	
	Date/Initial	Date/ Initial	Date/ Initial
1. UAP instructed on type of pump and basic operating functions of the pump and demonstrates:			
• How to give a bolus			
• How to use the dose calculator function in the pump			
• How to suspend the pump			
• How to check the status of the pump			
• How to verify the last dose given			
• How to verify the pump is not in “no deliver” mode			
• How to check insulin reservoir and insertion site			
• How to change the batteries in the pump			
• How to identify and respond to alarms			
2. For students using an insulin dose calculator (Bolus Wizard) UAP demonstrates how to look at pump dose calculations for dose of insulin, and dose is within parameters and activate to administer dose.			
If the pump infusion set is no longer functional, and the student is unable to reinsert their own infusion set, a parent/ guardian will be contacted to come to school to reinsert the infusion set.			

Improvement Plan:

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

Hypoglycemia:

Hypoglycemia (also called an insulin reaction) occurs when blood glucose goes too low. Low blood sugar can be caused by a number of factors: too much insulin, not enough food, too much exercise, eating late or eating too little carbohydrates. Children with hypoglycemia sometimes behave erratically or act sleepy and are often very hungry and shaky. Low blood sugar must be treated immediately by giving the child foods with simple sugars, such as glucose tablets, fruit juice or regular (**NOT diet**) soda. If you suspect a child has low blood sugar, do not leave the child unattended because the child can lose consciousness. **Never have a child you suspect has a low blood sugar sent to the nurse or health room alone.**

Procedure for treatment of hypoglycemia:
Give the student 15 grams of carbohydrates of concentrated sugar immediately:

- 1/2 to 3/4 cup of orange or grape juice
- 8 ounces of skim milk
- 4 glucose tablets or 2 doses of glucose gel
- 2 – 4 pieces hard candy
- 5 gumdrops
- 1 – 2 tablespoons of honey
- 6 oz. regular (**not diet**) soda (about half a can)
- 2 tablespoons of cake icing

This action should relieve the signs and symptoms within 5 to 10 minutes. Avoid food items with fat in them. Fat slows down the movement of glucose into the blood. Candy bars, sweet baked goods and other sweets that have more fat are not the best choices for treating hypoglycemia. Re-check blood glucose in 15 minutes. If the blood sugar is less than 80, repeat the instructions above for fast acting treatment of hypoglycemia. If the blood sugar is above 80, give a 15 gram carbohydrate snack (pretzels, cheese crackers, etc.) to the child to stabilize the blood sugar level. Obtain a snack if child does not have one.

Mild or moderate hypoglycemia can be dangerous if it's not treated right away and can turn severe. People with severe hypoglycemia have so little sugar in their system that it affects their brain.

Symptoms include:

- Disorientation
- Dizziness
- Uncooperativeness (even combativeness)
- Seizures
- Unconsciousness which can lead to a diabetic coma.

These symptoms may occur without warning.

Procedure for treatment of advanced hypoglycemia:

CHECK BLOOD SUGAR UNLESS CHILD IS UNRESPONSIVE. Using a gloved hand, immediately give cake icing, honey or glucose gel to the student. The icing, honey or gel may be rubbed into the gums between the cheek and the side of the mouth even if the student is unconscious. BE ALERT FOR THE POSSIBILITY OF CHOKING. If the child is unconscious, or seizing, turn them on their side and give intramuscular Glucagon, if prescribed. Glucagon is a substance that makes the liver release sugar into the bloodstream and must be injected. CALL 9-1-1.

Glucagon Instructions:

1. Do not take the time to check the child's blood sugar if they are unconscious or seizing. A child cannot be overdosed on Glucagon.
2. Prepare the Glucagon for injection immediately before use by following the instructions that are included with the Glucagon kit. For Gvoke PFS pull off the needle cap. Pinch skin of lower abdomen, outer thigh, or outer upper arm. Insert needle at 90 degrees. Push plunger down to inject.
3. The Glucagon will work whether it is injected into the muscle or subcutaneous fat. Injecting air will not harm the student.
4. Glucagon can cause vomiting, so be sure to place the child on their side so he/she does not aspirate.
5. After injecting Glucagon, follow with food when the child regains consciousness and is able to swallow.
6. Contact the parent/guardian and the physician.
7. If the child has nausea or vomiting, abdominal pain or dyspnea (difficulty breathing), urine should be checked for ketones by trained staff.
8. If moderate or large ketones are present, contact the physician immediately.
9. Observe closely for another episode of hypoglycemia.

This graphic will be replaced with updated version

HYPOGLYCEMIA
(LOW BLOOD SUGAR)

Here are some of the symptoms of hypoglycemia:

Causes: Too little food, too much insulin or diabetes medicine, or extra activity.

Onset: Sudden, may progress to insulin shock.

Blood Sugar: Below 70 mg/dL
Normal range: 70-115 mg/dL


SHAKING


FAST HEARTBEAT


SWEATING


DIZZINESS


ANXIOUS


HUNGER


IMPAIRED VISION


WEAKNESS, FATIGUE


HEADACHE


IRRITABLE

What can you do?


Drink 1/2 glass of juice or regular soft drink, or 1 glass of milk, or eat some soft candies (not chocolate).


Within 20 minutes after treatment, **TEST BLOOD GLUCOSE** If symptoms don't stop, call your doctor.


Then, eat a light snack (1/2 peanut butter or meat sandwich and 1/2 glass of milk).

New Graphic

NEVER SEND STUDENT TO CLINIC ALONE

Hypoglycemia (Low Blood Glucose)

Causes: Too little food or skipping a meal; too much insulin or diabetes pills; more active than usual.

Onset: Often sudden.

Some Symptoms:



IF LOW BLOOD GLUCOSE IS LEFT UNTREATED, YOU MAY PASS OUT AND NEED MEDICAL HELP.

What Can You Do?



CHECK your blood glucose, right away. If you can't check, treat anyway.

Call the School Nurse



TREAT by eating 3 to 4 glucose tablets or 3 to 5 hard candies you can chew quickly (such as peppermints), or by drinking 4-ounces of fruit juice, or 1/2 can of regular soda pop.

Send to the nurse with a buddy or call the nurse



CHECK your blood glucose again after 15 minutes. If it is still low, treat again. If symptoms don't stop, call your healthcare provider.

GLUCAGON INJECTION SKILLS CHECKLIST

*Delegation can only be done by an RN. The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP).

UAP Name _____ School _____

SKILL	Training Date/ Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
1. States name and purpose of procedure			
2. Identifies procedure is done if severe hypoglycemia			
3. Identifies expiration date of glucagon			
4. Identifies accompanying steps • Send someone to call 9-1-1, notify school nurse, parent • Maintain open airway • Give glucose gel in buccal pouch (if ordered) • Give glucose source when student is awake and able to swallow • Remains with student until EMS arrives			
5. Identifies supplies • Glucagon kit • Alcohol wipe and cotton ball • Sharps container • Gloves			
6. Washes hands			
7. Gather supplies (glucagon kit, alcohol wipe, cotton ball, gloves).			
8. Puts gloves on.			
9. Remove flip-off seal from vial of glucagon powder, wipe with alcohol wipe.			
10. Remove needle cover from syringe. 10b. For Gvoke PFS pull off the needle cap. Clean area with alcohol wipe. Pinch skin of lower abdomen, outer thigh or outer upper arm. Insert needle at 90 degrees. Push plunger down to inject.			
11. Inject entire contents of the syringe into vial of glucagon powder (held upright).			

SKILL	Training Date/ Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
12. Swirl the vial gently until dissolved/ clear.			
13. Hold the vial upside down, and withdraw all solution from the vial into the syringe.			
14. Withdraw the needle from vial, hold syringe upright, and remove air/bubbles from syringe.			
15. Exposes injection site (upper, out area of thigh, arm).			
16. Holds syringe safely; use other hand to clean injection site with alcohol wipe.			
17. For subcutaneous injection only: pinches up skin/tissue.			
18. For subcutaneous and intramuscular injection: inserts needle straight into tissue of injection site and inject glucagon.			
19. Withdraws needle and press gently with alcohol wipe or cotton ball at injection site.			
20. Turns child to the side. Call 911.			
21. Puts used syringe and vial in sharps container.			
22. Documents procedure.			

RN Signature _____ Initials _____ Date _____

UAP Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

CHILD SPECIFIC TRAINING
GLUCAGON INJECTION
***Delegation can only be done by an RN.**

Staff _____ Delegating School RN _____

Student _____ School Year _____

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
1. Washes hands			
2. Gather supplies (glucagon kit, alcohol wipe, cotton ball, gloves).			
3. Puts gloves on.			
4. Remove flip-off seal from vial of glucagon powder, wipe with alcohol wipe.			
5. Remove needle cover from syringe. 5b. For Gvoke PFS pull off needle cap. Clean area with alcohol wipe. Pinch skin of lower abdomen, outer thigh or upper arm. Insert needle at 90 degrees. Push plunger down to inject.			
6. Inject entire contents of syringe into vial of glucagon powder (held upright).			
7. Swirls vial gently until dissolved/ clear.			
8. Holds vial upside down, and withdraw all solution from the vial into the syringe.			
9. Withdraws needle from vial, hold syringe upright, and remove air/bubbles from syringe.			
6. Exposes injection site (upper, out area of thigh, arm).			
11. Holds syringe safely; use other hand to clean injection site with alcohol wipe.			

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/Initial
12. For subcutaneous injection only: pinches up skin/tissue			
13. For subcutaneous and intramuscular injection: inserts needle straight into tissue of injection site and inject glucagon.			
14. Withdraws needle and press gently with alcohol wipe or cotton ball at injection site.			
15. Turns child to the side. Call 911.			
16. Puts used syringe and vial in sharps container.			
17. Documents procedure			

Improvement Plan:

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.

BAQSIMI 3 MG DOSE
GLUCAGON NASAL POWDER

*Delegation can only be done by an RN.
The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP).

UAP Name _____ School _____

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
1. Identifies signs and symptoms of severe hypoglycemia			
2. Assembles equipment: • Gloves • BAQSIMI tube			
3. Prepares Medication • Remove the shrink wrap by pulling on red stripe • Open the lid and remove device from tube • DO NOT PRESS PLUNGER UNTIL READY TO GIVE DOSE			
4. Prepares student • Provides privacy • Positions student on their side or on their back • Obtains assistance as needed			
5. Put on gloves.			
6. Hold BAQSIMI device between fingers and thumb. DO NOT push plunger yet.			
7. Gently insert the tip into one nostril until finger(s) touch the outside of the nose.			
8. Push plunger firmly all the way in. DOSE IS COMPLETE WHEN THE GREEN LINE DISAPPEARS.			
9. Remove the nozzle from the nose.			

New Graphic

SKILL	Training Date / Initial	Return Demonstration	
		Date	Date
11. Discard used device and tube.			
12. Call 911. If unconscious, turn student on their side.			
13. When able to safely swallow, give student a fast acting source of sugar, such as juice. Then encourage student to eat a snack, such as crackers with cheese or peanut butter.			
14. Wash hands after the procedure and when the student is stable.			

Improvement Plan:

RN Signature _____ Initials _____ Date _____

UAP Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

New Graphic

CHILD SPECIFIC TRAINING
BAQSIMI 3 MG DOSE
GLUCAGON NASAL POWDER

*Delegation can only be done by an RN.

Student Name _____ School _____

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
1. Identifies signs and symptoms of severe hypoglycemia			
2. Assembles equipment: • Gloves • BAQSIMI tube			
3. Prepares Medication • Remove the shrink wrap by pulling on red stripe • Open the lid and remove device from tube • DO NOT PRESS PLUNGER UNTIL READY TO GIVE DOSE			
4. Prepares student • Provides privacy • Positions student on their side or on their back • Obtains assistance as needed			
5. Put on gloves.			
6. Hold BAQSIMI device between fingers and thumb. DO NOT push plunger yet.			
7. Gently insert the tip into one nostril until finger(s) touch the outside of the nose.			
8. Push plunger firmly all the way in. DOSE IS COMPLETE WHEN THE GREEN LINE DISAPPEARS.			
9. Remove the nozzle from the nose.			

SKILL	Training Date / Initial	Return Demonstration	
		Date	Date
11. Discard used device and tube.			
12. Call 911. If unconscious, turn student on their side.			
13. When able to safely swallow, give student a fast acting source of sugar, such as juice. Then encourage student to eat a snack, such as crackers with cheese or peanut butter.			
14. Wash hands after the procedure and when the student is stable.			

Improvement Plan:

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

Hyperglycemia:

Hyperglycemia, or high blood sugar, occurs when the blood sugar level is too high due to too much food, too little insulin, blockage in insulin pump tubing, disconnected insulin pump infusion set, illness or stress. Children with high blood sugar sometimes act lethargic and sleepy, are often very thirsty, have frequent urination, blurry vision, dry mouth and fatigue. High blood sugar is treated by giving additional insulin and sugar-free drinks, such as water or diet (**NOT regular**) soda. Children with diabetes must be given free access to water and the bathroom whenever they feel the need. Prolonged hyperglycemia due to insufficient insulin can lead to a very serious condition called diabetic ketoacidosis, which can lead to coma and death.

It is the goal of the Baker County School District to identify every child with diabetes in order to administer appropriate health services and maintain school attendance and education.

- All students with diabetes require the completion of a Diabetes Medical Management Plan.
- Obtain parental signatures on appropriate forms for medication administration.
- Provide diabetes education to all teachers and staff who work with the child during the school day.
- Provide a back-up plan for staffing the health room in the event of the nurse's absence to maintain continuity of care.
- Routine and as-needed blood glucose testing is best provided in the school health room. Provisions for independent "in classroom" monitoring may apply in some student situations.
- Promotion of a "504 Plan" for the student is recommended.
- The teacher, front office and health room staff will be informed regarding the student with diabetes and will be given a copy of the diabetic procedures.
- The student will be encouraged to wear a Medic-Alert bracelet at all times. The health folder and the Emergency Medical Card will both be conspicuously flagged with the information that the student has diabetes.
- Diabetic children can eat a normal school lunch in most cases. Some restrictions may apply and will be written on their Diabetes Medical Management Plan. Nurses will contact teachers and food services to alert them of diet restrictions. Parties and after-school programs may require that different snacks be provided. Care should be taken to ensure that students receive equal treatment during these situations.
- Diabetic supplies, trained staff and a cell phone to be used in the event of an emergency need to accompany all diabetic students on field trips.

This graphic will be replaced with updated version

HYPERGLYEMIA
(High Blood Sugar)

Here are some of the symptoms of hyperglycemia:

Causes: Too much food, too little insulin or diabetes medicine, illness, or stress.

Onset: Gradual, may progress to diabetic coma.

Blood Sugar: Above 200 mg/dL
Acceptable Range: 115-200 mg/dL



EXTREME THIRST



FREQUENT URINATION



DRY SKIN



HUNGER



BLURRED VISION



DROWSINESS



DECREASED HEALING





TEST BLOOD GLUCOSE



If over 200 mg/dL for several tests or for 2 days, CALL YOUR DOCTOR

Updated Graphic

Never Send Student To Clinic Alone

Hyperglycemia (High Blood Glucose)

Causes: Too much food, too little insulin or diabetes pills, illness, or stress.

Onset: Often starts slowly.

Some Symptoms:



EXTREME THIRST



NEED TO URINATE OFTEN



DRY SKIN



HUNGRY



BLURRY VISION



DROWSY



SLOW HEALING WOUNDS

HIGH BLOOD GLUCOSE MAY LEAD TO A MEDICAL EMERGENCY IF NOT TREATED.

What Can You Do?



CHECK BLOOD GLUCOSE

If your blood glucose levels are higher than your goal for three days and you don't know why,

CALL YOUR HEALTHCARE PROVIDER



URINE KETONE MONITORING SKILLS CHECKLIST

*Delegation can only be done by an RN. The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP)

UAP Name: _____ School: _____

SKILL	Training Date/ Initial	Return Demonstration	
		Date/Initial	Date/Initial
1. States name and purpose of procedure			
2. Identifies where procedure is done			
3. Identifies supplies • Gloves • Testing Strips • Cup of Urine • Protected testing area (waterproof disposable pad) • Watch or clock with second hand			
4. Washes hands			
5. Assembles supplies.			
6. Puts gloves on.			
7. Places cup of urine on protected area (waterproof disposable pad).			
8. Dips ketone testing strip in urine, taps off excess			
9. Times appropriately.			
10. Removes gloves and disposes.			
11. Washes hands.			
12. Records results.			

RN Signature _____ Initials _____ Date _____
UAP Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

CHILD SPECIFIC TRAINING
URINE KETONE MONITORING
***Delegation can only be done by an RN.**

Urine ketone strip expiration date: _____

Staff _____ Delegating School RN _____

Student _____ School Year _____

SKILL	Training Date / Initial	Return Demonstration	
		Date	Date
1. Washes hands			
2. Assembles supplies.			
3. Puts gloves on.			
4. Places cup of urine on protected area (waterproof disposable pad).			
5. Dips ketone testing strip in urine, taps off excess			
6. Times appropriately.			
7. Compares strip to bottle, accurately reads results.			
8. Disposes of all supplies appropriately.			
9. Removes gloves and disposes.			
10. Washes hands.			
11. Follows MMP for action plan.			

Improvement Plan:

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

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Diabetes Medical Management Plan

SCHOOL YEAR:

(Add student photo here.)

STUDENT LAST NAME: FIRST NAME: DOB:

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PARENTS/GUARDIANS: Please complete pages 1 and 2 of this form and approve the final plan on page 6.

1. DEMOGRAPHIC INFORMATION—PARENT/GUARDIAN TO COMPLETE

Student First Name: Last Name: DOB: Student's Cell #: Diabetes Type: Date Diagnosed: Month: Year:

School Name: School Phone #: School Fax #: Grade:

Home Room: School Point of Contact: Contact Phone #:

STUDENT'S SCHEDULE Arrival Time: Dismissal Time:

Travels to school by (check all that apply):
- ☐ Foot/Bicycle
- ☐ Car
- ☐ Bus
- ☐ Attends Before School Program

Meals Times:
- ☐ Breakfast
- ☐ AM Snack
- ☐ Lunch
- ☐ PM Snack
- ☐ Pre Dismissal Snack

Physical Activity:
- ☐ Gym
- ☐ Recess
- ☐ Sports
- ☐ Additional information:

Travels to:
- ☐ Home ☐ After School Program
- Via: ☐ Foot/Bicycle
- ☐ Car
- ☐ Student Driver
- ☐ Bus

Parent/Guardian #1 (contact first): Relationship:

Cell #: Home #: Work #:

E-mail Address:

Indicate preferred contact method:

Parent/Guardian #2: Relationship:

Cell #: Home #: Work #:

E-mail Address:

Indicate preferred contact method:

2. NECESSARY SUPPLIES / DISASTER PLANNING / EXTENDED FIELD TRIPS

1. A 3-day minimum of the following Diabetes Management Supplies should be provided by the parent/guardian and accessible for the care of the student at all times.
- Insulin
- Syringe/Pen Needles
- Ketone Strips
- Treatment for lows and snacks
- Glucagon
- Antiseptic Wipes
- Blood Glucose (BG) Meter with (test strips, lancets, extra battery) – required for all Continuous Glucose Monitor (CGM) users
- Pump Supplies (Infusion Set, Cartridge, extra Battery/Charging Cord) if applicable
- Additional supplies:

2. View Disaster/Emergency Planning details – refer to Safe at School Guide

3. Please review expiration dates and quantities monthly and replace items prior to expiration dates

4. In the event of a disaster or extended field trip, a school nurse or other designated personnel will take student's diabetes supplies and medications to student's location.

Name of Health Care Provider/Clinic: Contact #: Fax #:

Email Address (non-essential communication): Other:

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STUDENT LAST NAME: FIRST NAME: DOB:

3. SELF-MANAGEMENT SKILLS (DEFINITIONS BELOW)

		Full Support	Supervision	Self-Care
Glucose Monitoring:	Meter	☐	☐	☐
	CGM ☐(Requires Calibration)	☐	☐	☐
Carbohydrate Counting		☐	☐	☐
Insulin Administration:	Syringe	☐	☐	☐
	Pen	☐	☐	☐
	Pump	☐	☐	☐
Can Calculate Insulin Doses		☐	☐	☐
Glucose Management:	Low Glucose	☐	☐	☐
	High Glucose	☐	☐	☐

Self-Carry Diabetes Supplies: ☐ Yes ☐ No Please specify items:
Smart Phone: ☐ Yes ☐ No

Device Independence: ☐ CGM ☐ Interpretation & Alarm Management ☐ Sensor Insertion ☐ Calibration ☐ Insulin Pumps ☐ Bolus
☐ Connects/Disconnects ☐ Temp Basal Adjustment ☐ Interpretation & Alarm Management ☐ Site Insertion ☐ Cartridge Change

Full Support: All care performed by school nurse and trained staff (as permitted by state law).
Supervision: Trained staff to assist & supervise. Guide & encourage independence.
Self-Care: Manages diabetes independently. Support is provided upon request and as needed.

4. STUDENT RECOGNITION OF HIGH OR LOW GLUCOSE SYMPTOMS (CHECK ALL THAT APPLY)

Symptoms of High:
☐ Thirsty ☐ Frequent Urination ☐ Fatigued/Tired/Drowsy ☐ Headache ☐ Blurred Vision ☐ Warm/Dry/Flushed Skin
☐ Abdominal Discomfort ☐ Nausea/Vomiting ☐ Fruity Breath ☐ Unaware ☐ Other:

Symptoms of Low:
☐ None ☐ Hungry ☐ Shaky ☐ Pale ☐ Sweaty ☐ Tired/Sleepy ☐ Tearful/Crying ☐ Dizzy Irritable
☐ Unable to Concentrate ☐ Confusion ☐ Personality Changes ☐ Other:

Has student lost consciousness, experienced a seizure or required Glucagon: ☐ Yes ☐ No If yes, date of last event:
Has student been admitted for DKA after diagnosis: ☐ Yes ☐ No If yes, date of last event:

5. GLUCOSE MONITORING AT SCHOOL

Monitor Glucose:
☐ Before Meals ☐ With Physical Complaints/Illness (include ketone testing) ☐ High or Low Glucose Symptoms
☐ Before Exams ☐ Before Physical Activity ☐ After Physical Activity ☐ Before Leaving School ☐ Other:

CONTINUOUS GLUCOSE MONITORING (CGM)

(Specify Brand & Model:

Specify Viewing Equipment: ☐ Device Reader ☐ Smart Phone
☐ Insulin Pump ☐ Smart Watch ☐ iPod/iPad/Tablet

☐ CGM is remotely monitored by parent/guardian.
Document individualized communication plan in Section 504 or other plan to minimize interruptions for the student.
☐ May use CGM for monitoring/treatment/insulin dosing unless symptoms do not match reading.

CGM Alarms:

Low alarm mg/dL

High alarm mg/dL if applicable

Please:
- Permit student access to viewing device at all times
- Permit access to School Wi-Fi for sensor data collection and data sharing
- Do not discard transmitter if sensor falls

Perform finger stick if:
- Glucose reading is below mg/dL or above mg/dL
- If CGM is still reading below mg/dL (DEFAULT 70 mg/dL) 15 minutes following low treatment
- CGM sensor is dislodged or sensor reading is unavailable (see CGM addenda for more information)
- Sensor readings are inconsistent or in the presence of alerts/alarms
- Dexcom does not have both a number and arrow present
- Libre displays Check Blood Glucose Symbol
- Using Medtronic system with Guardian sensor

Notify parent/guardian if glucose is:

below mg/dL (<55 mg/dL DEFAULT)

above mg/dL (>300 mg/d DEFAULT)

☐ **Section 1-5 completed by Parent/Guardian**

Name of Health Care Provider/Clinic: Contact #: Fax #:
Email Address (non-essential communication): Other:

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Diabetes Medical Management Plan

STUDENT LAST NAME: FIRST NAME: DOB:

6. INSULIN DOSES AT SCHOOL - HEALTHCARE PROVIDER TO COMPLETE

Insulin Administered Via:

☐ Syringe ☐ Insulin Pen (☐ Whole Units ☐ Half Units) ☐ Insulin Pump (Specify Brand & Model:)
☐ i-Port ☐ Smart Pen
☐ Other

☐ Insulin Pump is using Automated Insulin Delivery (automatic dosing) using an FDA-approved device
☐ Insulin Pump is using DIY Looping Technology (child/parent manages device independently, nurse will assist with all other diabetes management)

☐ **DOSING** to be determined by Bolus Calculator in insulin pump or smart pen/meter unless moderate or large ketones are present or in the event of device failure (provide insulin via injection using dosing table in section 6A).

Insulin Administration Guidelines

Insulin Delivery Timing: Pre-meal insulin delivery is important in maintaining good glucose control. Late or partial doses are used with students that demonstrate unpredictable eating patterns or refuse food. Provide substitution carbohydrates when student does not complete their meal.

☐ **Prior to Meal** (DEFAULT)
☐ **After Meal** as soon as possible and within 30 minutes
☐ **Snacking** avoid snacking hours (DEFAULT 2 hours) before and after meals

Partial Dose Prior to Meal: (preferred for unpredictable eating patterns using **insulin pump therapy**)

☐ Calculate meal dose using grams of carbohydrate prior to the meal
☐ Follow meal with remainder of grams of carbohydrates (may not be necessary with advanced hybrid pump therapy)
☐ May advance to Prior to Meal when student demonstrates consistent eating patterns.

For Injections, Calculate Insulin Dose To The Nearest:

☐ Half Unit (round down for < 0.25 or < 0.75 and round up for ≥ 0.25 or ≥ 0.75)
☐ Whole Unit (round down for < 0.5 and round up for ≥ 0.5)

Supplemental Insulin Orders:

☐ Check for **KETONES** before administering insulin dose if BG > mg/dL (DEFAULT >300 mg/dL or >250 mg/dL on insulin pump) or if student complains of physical symptoms. Refer to section 9. for high blood glucose management information.

☐ Parents/guardians are authorized to adjust insulin dose +/- units
- ☐ Insulin dose +/- units
- ☐ Insulin dose +/- %
- ☐ Insulin to Carb Ratio +/- grams/units
- ☐ Insulin Factor +/- mg/dL/unit

Additional guidance on parent adjustments:

Name of Health Care Provider/Clinic: Contact #: Fax #:
Email Address (non-essential communication): Other:

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STUDENT LAST NAME: FIRST NAME: DOB:

6A. DOSING TABLE—HEALTHCARE PROVIDER TO COMPLETE – SINGLE PAGE UPDATE ORDER FORM

Insulin: (administered for food and/or correction)

Rapid Acting Insulin: ☐ Humalog/Admelog (Lispro), Novolog (Aspart), Apidra (Glulisine) ☐ Other:

Ultra Rapid Acting Insulin: ☐ Fiasp (Aspart) ☐ Lyumjev (Lispro-aabc) ☐ Other:

Other insulin: ☐ Humulin R ☐ Novolin R

Meal & Times	Food Dose		Glucose Correction Dose ☐ Use Formula ☐ See Sliding Scale 6B	☐ PE/Activity Day Dose
Select if dosing is required for meal	☐ **Carbohydrate Ratio:** Total Grams of Carbohydrate divided by Carbohydrate Ratio = Carbohydrate Dose	☐ **Fixed Meal Dose**	**Formula:** (Pre-Meal Glucose Reading minus **Target Glucose**) divided by **Correction Factor** = Correction Dose ☐ May give Correction dose every ____ hours as needed (DEFAULT 3 hours)	**Adjust:** ☐ **Carbohydrate Dose** ☐ **Total Dose** Indicate dose instructions below:
☐ **Breakfast**	Breakfast Carb Ratio = ____ g/unit	**Breakfast** ____ units	☐ **Target Glucose** is: ____ mg/dL & **Correction Factor** is: ____ mg/dL/unit ☐ **No Correction dose**	Carb Ratio ____ g/unit Subtract ____ % Subtract ____ units
☐ **AM Snack**	AM Snack Carb Ratio = ____ g/unit ☐ No Carb Dose ☐ No Insulin if < ____ grams	**AM Snack** ____ units	☐ **Target Glucose** is: ____ mg/dL & **Correction Factor** is: ____ mg/dL/unit ☐ **No Correction dose**	Carb Ratio ____ g/unit Subtract ____ % Subtract ____ units
☐ **Lunch**	Lunch Carb Ratio = ____ g/unit	**Lunch** ____ units	☐ **Target Glucose** is: ____ mg/dL & **Correction Factor** is: ____ mg/dL/unit ☐ **No Correction dose**	Carb Ratio ____ g/unit Subtract ____ % Subtract ____ units
☐ **PM Snack**	PM Snack Carb Ratio = ____ g/unit ☐ No Carb Dose ☐ No Insulin if < ____ grams	**PM Snack** ____ units	☐ **Target Glucose** is: ____ mg/dL & **Correction Factor** is: ____ mg/dL/unit ☐ **No Correction dose**	Carb Ratio ____ g/unit Subtract ____ % Subtract ____ units
☐ **Dinner**	Dinner Carb Ratio = ____ g/unit	**Dinner** ____ units	☐ **Target Glucose** is: ____ mg/dL & **Correction Factor** is: ____ mg/dL/unit ☐ **No Correction dose**	Carb Ratio ____ g/unit Subtract ____ % Subtract ____ units

6B. CORRECTION SLIDING SCALE

☐ Meals Only ☐ Meals and Snacks ☐ Every ____ hours as needed

____ to ____ mg/dL = ____ units	____ to ____ mg/dL = ____ units	____ to ____ mg/dL = ____ units
____ to ____ mg/dL = ____ units	____ to ____ mg/dL = ____ units	____ to ____ mg/dL = ____ units
____ to ____ mg/dL = ____ units	____ to ____ mg/dL = ____ units	____ to ____ mg/dL = ____ units

6C. LONG ACTING INSULIN

Time		units		
____	☐ Lantus, Basaglar, Toujeo (Glargine) ☐ Levemir (Detemir) ☐ Tresiba (Degludec) ☐ Other ____	____	☐ Daily Dose ☐ Overnight Field Trip Dose ☐ Disaster/Emergency Dose	Subcutaneously

6D. OTHER MEDICATIONS

Time		units		
____	☐ Metformin ☐ Other ____	____	☐ Daily Dose ☐ Overnight Field Trip Dose ☐ Disaster/Emergency Dose	Route ____

Signature is required here if sending ONLY this one-page dosing update.

Diabetes Provider Signature: **Date:**

Name of Health Care Provider/Clinic: Contact #: Fax #:

Email Address (non-essential communication): Other:

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STUDENT LAST NAME: FIRST NAME: DOB:

7. LOW GLUCOSE PREVENTION (HYPOGLYCEMIA)

Allow Early Interventions

☐ Allow Mini-Dosing of carbohydrate (i.e.,1-2 glucose tablets) when low glucose is predicted, sensor readings are dropping (down arrow) at ____ mg/dL (DEFAULT 80 mg/dL or 120 mg/dL prior to exercise) or with symptoms.

☐ Allow student to carry and consume snacks ☐ School staff to administer

☐ Allow Trained Staff/Parent/Guardian to adjust mini dosing and snacking amounts (DEFAULT)

Insulin Management (Insulin Pumps)

Temporary Basal Rate Initiate pre-programmed rate as indicated below to avoid or treat hypoglycemia.

☐ Pre-programmed Temporary Basal Rate Named _____ (Omnipod)

☐ Temp Target (Medtronic) ☐ Exercise Activity Setting (Tandem) ☐ Activity Feature (Omnipod 5)

Start: ____ minutes prior to exercise for ____ minutes duration (DEFAULT 1 hour prior, during, and 2 hours following exercise).

Initiated by: ☐ Student ☐ Trained School Staff ☐ School Nurse

☐ May disconnect and suspend insulin pump up to ____ minutes (DEFAULT 60 minutes) to avoid hypoglycemia, personal injury with certain physical activities or damage to the device (keep in a cool and clean location away from direct sunlight).

Exercise (Exercise is a very important part of diabetes management and should always be encouraged and facilitated).

Exercise Glucose Monitoring

☐ prior to exercise ☐ every 30 minutes during extended exercise ☐ following exercise ☐ with symptoms

Delay exercise if glucose is < ____ mg/dL (120 mg/dL DEFAULT)

Pre-Exercise Routine

☐ **Fixed Snack:** Provide ____ grams of carbohydrate prior to physical activity if glucose < ____ mg/dL

☐ **Added Carbs:** If glucose is < ____ mg/dL (120 DEFAULT) give ____ grams of carbohydrates (15 DEFAULT)

☐ **TEMPORARY BASAL RATE as indicated above**

Encourage and provide access to water for hydration, carbohydrates to treat/prevent hypoglycemia, and bathroom privileges during physical activity

8. LOW GLUCOSE MANAGEMENT (HYPOGLYCEMIA)

Low Glucose below ____ mg/dL (below 70 mg/dL DEFAULT) or below ____ mg/dL before/during exercise (DEFAULT is < 120 mg/dl).

1. If student is awake and able to swallow give ____ grams of fast acting carbohydrate (DEFAULT 15 grams). Examples include 4 ounces of juice or regular soda, 4 glucose tabs, 1 small tube glucose gel.
   ☐ School nurse/parent may change amount given
2. Check blood glucose every 15 minutes and re-treat until glucose > ____ mg/dL (DEFAULT is 80 mg/dL or 120 mg/dL before exercise).

SEVERE LOW GLUCOSE (unconscious, seizure, or unable to swallow)

Administer Glucagon, position student on their side and monitor for vomiting, call 911 and notify parent/guardian. If BG meter is available, confirm hypoglycemia via BG fingerstick. Do not delay treatment if meter is not immediately available. If wearing an insulin pump, place pump in suspend/stop mode or disconnect tubing from infusion site. Keep pump with student.

☐ Glucagon Emergency Kit 1mg/mL by: ☐ IM Injection 0.5 mg OR ☐ 1 mg

☐ Gvoke PFS (prefilled syringe) by SC Injection ☐ 0.5 mg ☐ 1.0 mg

☐ Gvoke HypoPen (auto-injector) by SC Injection ☐ 0.5 mg ☐ 1.0 mg

☐ Gvoke Kit (ready to use vial and syringe, 1mg/0.2 ml) by SC injection

☐ Zegalogue (dasiglucagon) 0.6 mg SC by Auto-Injector ☐ Zegalogue (dasiglucagon) 0.6 mg SC by Pre-Filled Syringe

☐ Baqsimi Nasal Glucagon 3 mg

Name of Health Care Provider/Clinic: Contact #: Fax #:

Email Address (non-essential communication): Other:

American Diabetes Association. Connected for Life | Safe at School | **Diabetes Medical Management Plan**

STUDENT LAST NAME: FIRST NAME: DOB:

9. HIGH GLUCOSE MANAGEMENT (HYPERGLYCEMIA)

Management of High Glucose over mg/dL (Default is 300 mg/dL OR 250 mg/dl if on an insulin pump).

1. Provide and encourage consumption of water or sugar-free fluids. Give 4-8 ounces of water every 30 minutes. May consume fluids in classroom. Allow frequent bathroom privileges.
2. Check for Ketones (before giving insulin correction)
   a. If Trace or Small Urine Ketones (0.1 – 0.5 mmol/L if measured in blood)
      - Consider insulin correction dose. Refer to the "Correction Dose" Section 6.A-B. for designated times correction insulin may be given.
      - *Can return to class and PE unless symptomatic*
      - Recheck glucose and ketones in 2 hours
   b. If Moderate or Large Urine Ketones (0.6 – 1.4 mmol/L or >1.5 mmol/L blood ketones). This may be serious and requires action.
      - Contact parents/guardian or, if unavailable, healthcare provider
      - **Administer correction dose via injection.** If using Automated Insulin Delivery contact parent/provider about turning off automatic pump features. Refer to the "Blood Glucose Correction Dose" Section 6.A-B
      - If using insulin pump change infusion site/cartridge or use injections until dismissal.
      - No physical activity until ketones have cleared
      - Report nausea, vomiting, and abdominal pain to parent/guardian to take student home.
      - Call 911 if changes in mental status and labored breathing are present and notify parents/guardians.

☐ Send student's diabetes log to Health Care Provider (include details): If pre-meal blood glucose is below 70 mg/dL or above 240 mg/dL more than 3 times per week or you have any other concerns.

SIGNATURES

This Diabetes Medical Management Plan has been approved by:

Student's Physician/Health Care Provider: Date:

I, (parent/guardian) give permission to the school nurse or another qualified health care professional or trained diabetes personnel of (school) to perform and carry out the diabetes care tasks as outlined in this Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan to all school staff members and other adults who have responsibility for my child and who may need to know this information to maintain my child's health and safety. I also give permission to the school nurse or another qualified health care professional to collaborate with my child's physician/health care provider.

Acknowledged and received by:

Student's Parent/Guardian: Date:

Acknowledged and received by:

School Nurse or Designee: Date:

Name of Health Care Provider/Clinic: Contact #: Fax #:

Email Address (non-essential communication): Other:

INDIVIDUALIZED HEALTH CARE PLAN (IHCP)

Student Name:

DOB: **Allergies:**

Medical Diagnosis: Diabetes

Emergency Contact Information:

Assessment: *Health history, Health related special accommodations related to learning*
- Diabetes Type: Type 1 ☐, Type 2 ☐, Date of Diagnosis: _____
- Assessment of Blood Glucose (BG) levels
- Assessment for need of extra time for assignments, tests and homework

Nursing Diagnosis: *Current health status, Self-care skills/needs, Self-care deficits*
- Risk for physiological injury related to hyperglycemia or hypoglycemia
- Risk for alteration in self-care management related to developmental level

Expected Outcomes and Goals: *Clear, concise, measurable and realistic descriptions*
- Student will maintain BG within target range
-Student and/or staff will recognize symptoms of hyperglycemia and hypoglycemia, and respond appropriately

Nursing Intervention/Implementation*: Signs/symptoms, procedures, medications, routine care, emergency care*
- Instruct school personnel to follow Diabetes Medical Management Plan
-Train school personnel to administer ordered medications and treatments

Planning (Delegation/Training): *List the student-specific training and the personnel to be trained*
- Observe student/school personnel administering/assisting with diabetes care at school
- Instruct school personnel to recognize student's signs/symptoms of low/high BG

Evaluation: *Measurement of outcomes. Revise IHCP if needed*
- School personnel verbalizes instructions of IHCP and demonstrates use of equipment
- Student recognizes signs/symptoms of high and low BG levels and responds appropriately

RN Signature _____Date_____

Parent Signature _____Date _____

School Year _____

INDIVIDUALIZED HEALTH CARE PLAN (IHCP)

Student Name:

DOB: **Allergies:**

Medical Diagnosis: Diabetes

Emergency Contact Information:

Year 2 review*: Update to Individual Health Care Plan School Year _____

person-to-person interview **_____ No changes to current plan**

telephone interview

update letter

_____ _____

Parent Signature **Date**

_____ _____

RN Signature **Date**

Year 3 review*: Update to Individual Health Care Plan School Year _____

person-to-person interview **_____ No changes to current plan**

telephone interview

update letter

_____ _____

Parent Signature **Date**

_____ _____

RN Signature **Date**

Year 4 review*: Update to Individual Health Care Plan School Year _____

person-to-person interview **_____ No changes to current plan**

telephone interview

update letter

_____ _____

Parent Signature **Date**

_____ _____

RN Signature **Date**

***Note: 1. Significant changes to plan of care require a new Individual Health Care Plan be completed.2. A new Individual Health Care Plan is to be completed upon entrance to each school. 3. All nursing services are as needed.**

Emergency Action Plan (EAP)

Student Name: **DOB:**

Allergies: **Medical Diagnosis: Diabetes**

Medications/Storage Location:

Emergency Contact Information:

Potential Emergency Situation

Hypoglycemia (low blood sugar level) symptoms:
-Headache -Nervousness -Drowsiness
-Tremors- Pale Skin- Weakness
-Cold sweats –Confusion- Fatigue
-Hunger -Uncooperativeness -Dizziness
-Irritability –Unconsciousness- Poor coordination
-Slurred speech -Combativeness -Convulsions
-Unconscious
Hyperglycemia (high blood sugar level) symptoms:
-Increased urination -Increased hunger -Sleepiness
-Increased thirst -Fruity breath -Weakness
-Blurred vision- Vomiting- Stomach pains
-Difficulty breathing- Unconscious
Other:_____

Emergency Response

-Stay calm and remain with student
-Escort student to the clinic or call for help
-Give medication (hyperglycemia) or food (hypoglycemia) according to symptoms or blood sugar if available and follow student's Diabetes action plan /doctor's orders
-Notify Parents!
Give **Glucagon** immediately if: **student is unconscious!**
Route: SQ____ Amount: _____
Other_____
Call 9-1-1 immediately if: Glucagon is given, student is unconscious, has breathing difficulties, or has a seizure
If student stops breathing or has no pulse start CPR immediately!

Special Needs/Limitations

Diet:
_____
Activity Level/Physical Restrictions:
_____
Accommodations needed in classroom:
_____
Other Considerations: Take emergency medication on all off campus activities
_____

Send Copies To: __Teacher __Clinic __Guidance __PE __Art __Music __Cafeteria __Teacher Asst. __Bus Driver__School Nurse __Media Center Specialist __Athletic Director __Other__

DIARRHEA

Diarrhea is a condition associated with frequent watery stools and may be accompanied with vomiting and fever. It may be a symptom of infection, which can be caused by many different organisms. Antibiotics may also induce diarrhea due to changes in the normal flora of the intestinal tract.

Transmission:
The organisms are transmitted via the fecal oral route. Transmission of the infection to others can be prevented by thorough hand washing, especially before eating, after using the bathroom and changing diapers.

Intervention:

- Take the students temperature.
- Call Parent/Guardian.
- Disinfect all contaminated surfaces and instruct student to wash hands.
- Recommend the Parent/Guardian contact their licensed health care provider for instructions.
- Further persistent diarrhea, especially if accompanied by a fever or bloody stools, should be evaluated by a medical provider for possible infectious diarrhea (i.e. shigella, giardiasis, salmonella).
-

May Return To School: The student should be excluded from school until the diarrhea has stopped for 24 hours.

DRUG OR ALCOHOL USE

If a school administrator asks the nurse to assess a student for intoxication or being under the influence of a controlled, illegal substance, the school nurse can only give general assessments. The only legal way of knowing is through drug testing of the urine or blood.

Marijuana: causes increased blood pressure, pulse and temperature, red eyes, reduced coordination and concentration, dry mouth and laughing.

Cocaine: causes increases temperature, blood pressure and heart rate, dilated pupils, and frequent sniffing.

Hallucinogens (ecstasy, Acid, LSD): causes large dilated pupils, fatigue, difficulty concentrating, nausea, sweating, heart rate, anxiety, panic and aggression

Narcotics (Demerol, Codeine, Morphine): causes pinpoint pupils, slow respirations, nausea, vomiting, drowsiness, euphoria, cold skin and needle tracks on arms and body.

Stimulants (Speed, Crack, Crystal, and Ritalin like Meds): causes dilated pupils, increased heart rate, blood pressure and respirations, blurred vision, dizziness, anxiety, glossy eyes, inability to focus eyes, irritability, and insomnia.

Depressants (Valium, Yellow Jackets): causes slowed breathing and heart rate, pinpoint pupils, mental confusion, drowsiness, droopy eyelids, staggering, slurred speech.

Narcan
NALOXONE NASAL SPRAY

*Delegation can only be done by an RN.
The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP).

UAP Name_____ School_____

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
1. Identifies signs and symptoms of overdose.			
2. Assembles equipment: • Gloves • NARCAN blister pack			
3. Prepares Medication • Peel back the tab from blister pack • Remove NARCAN devices from the pack • 1 dose equals 1 nasal spray			
4. Prepares student • Provides privacy • Positions student on their side or on their back • Obtains assistance as needed			
5. Put on gloves.			
6. Hold NARCAN device with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.			
7. Gently insert the tip of the nozzle into 1 nostril until your fingers, on either side of the nozzle, are against the bottom of the person's nose.			
8. Press the bottom of the plunger firmly with your thumb.			
9. Remove the nozzle from the nose.			
10. Place student onto their side, facing you, so that you can monitor them closely and call 9-1-1.			

SKILL	Training Date / Initial	Return Demonstration	
		Date	Date
11. Monitor student, administer rescue breathing if needed. If no response to talking, touch, or pain, additional Narcan nasal spray may be administered every 2-3 minutes if available, until the student responds or EMS arrives.			
12. If needed, follow steps 2-9 using a new Narcan nasal spray in the other nostril.			
13. Place the used Narcan nasal spray device back into the box and give to EMS.			
14. Remove gloves and wash hands after the procedure when the student is stable.			

Improvement Plan:

RN Signature _____ Initials _____ Date _____

UAP Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

EARACHE

Intervention:

- Take temperature.
- Make student comfortable.
- Call Parent/Guardian.
- Recommend Parent/Guardian seek medical attention if discomfort persists, or if the child has a fever.

EATING DISORDERS

(ANOREXIA AND BULIMIA)

Bulimia is a severe eating disorder. People with bulimia rapidly eat tremendous amounts of food and then purge themselves of the food by vomiting or other means.

Anorexia Nervosa is a compulsion to inflict self-starvation. People of all races can develop bulimia and anorexia, but the vast majority are white. This may reflect social-economic rather than racial, factors. The illnesses are not restricted to females nor to those with certain occupational or educational backgrounds.

Left untreated, either disorder can become chronic and result in severe health damage or even death.

Bulimia: Signs & Symptoms:

- Recurrent episodes of binge eating or the rapid consumption of large amounts of food in a short period of time, usually less than two hours.
- During the eating binges, there is a feeling of total lack of control over the eating behavior.
- The individual regularly engages in either self-induced vomiting, use of laxatives, diuretics or strict dieting or fasting and vigorous exercising in order to prevent weight gain.
- Discoloration or staining of the teeth.
- Overly concerned and disturbed with perception of body weight.

Bulimia usually begins in conjunction with a diet. Once the binge and purge cycle becomes established, it can get out of control. Some bulimics may be somewhat underweight and a few may be obese, but most tend to maintain a nearly normal weight. In many cases the menstrual cycle becomes irregular. Sexual interest may diminish. Bulimics may exhibit impulsive behaviors such as shoplifting and alcohol and/or drug use. Many appear to be healthy and successful, even a perfectionist in everything they do. Actually, most bulimics have very low self-esteem and are often depressed.

Anorexia Nervosa: Signs & Symptoms:

- Refusal or inability to maintain body weight over a minimum normal weight (Deliberate self-starvation).
- Intense fear of gaining weight or becoming fat, despite being underweight.

- Disturbance in perception of body shape.
- In post-menarcheal females, absence of three (3) consecutive menstrual cycles.

Anorexia causes peculiar behaviors and bodily changes typical of any starvation victim. Some functions are often restored to normal once sufficient weight is regained. Meanwhile, the starving body tries to protect itself (especially the two main organs, the brain and heart) by slowing down or stopping less vital body processes. Menstruation ceases, often before weight loss becomes noticeable. Blood pressure and respiratory rate slow, thyroid function diminishes resulting in brittle hair and nails, dry skin. Slowed pulse rate, cold intolerance and constipation also develop. With depletion of fat, the body temperature is lowered. Soft hair called lanugo forms over the skin. Electrolyte imbalance can become so severe that irregular heart rhythm, heart failure and decreased bone density occur. Other physical signs can include mild anemia, swelling of joints, reduced muscle mass and lightheadedness.

Exactly what causes anorexia nervosa and bulimia is a puzzle for researchers. They are just beginning to uncover clues, and not all experts agree with all theories. One theory about anorexia and bulimia is that many females feel excessive pressure to be as thin as some “ideal” perceived by the media in magazines and on television. Some suggest that a certain biological factor linked to clinical depression may contribute to the development of anorexia and bulimia. In fact 50 – 75 % of anorexics and bulimics are prone to depression, as are many of their relatives. Anorexia and bulimia may be triggered by an inability to cope with a life situation, puberty, first sexual contact, ridicule over weight, death of a loved one or separation from family.

Several approaches are usually used to treat both disorders, including motivating the patient, enlisting family support and providing nutritional counseling and psychotherapy. A realistic body-image concept is a pre-condition for recovery from anorexia nervosa. Considering the anorexic’s tenacious denial of being too thin or eating too little, convincing them that they need to gain weight is no small task. Bulimics usually cooperate with medical staff and may even seek treatment voluntarily. Behavior modification therapy and drug therapy may be used. Hospitalization may be required for patients who have life threatening complications or extreme psychological problems. If the patient’s life is not in danger, treatment for either disorder is usually on an outpatient basis. Treatment may take a year or more. Approximately 80% of patients with bulimia respond to antidepressant drug therapy within three to four weeks. For anorexics, however, it should be noted that the benefits of antidepressants must be regarded as tentative and that precautions should be taken to determine whether the patient’s undernourished body can handle the drugs.

Psychotherapy may be in many forms. In individual sessions, the patient explores attitudes about weight, food and body image. Then as she/he becomes aware of the problems in relating to others and dealing with stress, the attention is centered on feelings that they may have about self esteem, guilt, anxiety, depression or helplessness.

Behavior modification therapy focuses on eliminating self-defeating behaviors. Patients may improve their stress management by learning skills in relaxation, biofeedback and assertiveness. Family therapy is designed to improve overall family functioning.

Places to seek help in finding a therapist include the psychiatry department of a nearby medical school, local hospitals, family physician, church leader, county or state mental health or social services departments and private welfare agencies. Self-help or support groups are an adjunct to primary treatment.

EYE INJURIES/EYE INFECTION

Note: **DO NOT** allow student to rub eye. DO NOT stick any solid object (tweezers, finger etc.) in the eye to remove a foreign body. Wash hands before touching the student's face or eye.

Intervention:

- Cuts and Puncture of Eye or Eyelid:
  a. Loosely bandage eye. Use a paper cup over injured eye if an object is protruding or when pressure on the eye is undesirable.
  b. DO NOT apply pressure.

- "Speck" in the eye:
  a. Encourage student to blink and tear.
  b. Gently pull lashes so that upper lid comes down and away from the eyeball.
  c. Have student look down. Release lid after 3 - 5 seconds.
  d. Gently pull lower lid down and away from eyeball. If object is seen and does NOT appear embedded, gently rinse with tap water or eye wash. If object cannot be removed after one or two attempts of the above methods, follow procedure for notifying parent.

- Chemicals in Eye:
  a. Tilt head with affected eye down, so that chemical does not trickle into other eye.
  b. Rinse face, eyelid and eye with cool tap water for at least 15 minutes. Let water run from the inner corner of the eye to the outer edge.
  c. Notify principal and parent. Call 9-1-1.
  d. Do not bandage.
  e. Do not stop irrigation until emergency personnel arrive.

- Trauma to Eye/Hematoma
  a. Check pupils for reaction to light, size and equality.
  b. Apply ice pack.
  c. Call 9-1-1 for any changes in level of consciousness.

STY

A sty is a tiny abscess on the edge of the eyelid that may have a slight redness.

Intervention:

- Call parent/guardian and inquire if they are aware of the problem and if any treatment has been initiated.
- Instruct student not to rub or touch the eyes.
- Teach student in proper hand washing techniques.
- May apply warm compress.
- Send student back to class.
- Call parent/guardian if discomfort persists.

CONJUNCTIVITIS (PINKEYE)

Conjunctivitis is an inflammation of the mucous membranes that line the eyelids. It is most often caused by a virus, but is occasionally caused by bacteria or allergies. With this inflammation, the white part of the eye becomes pink and the eye produces large amounts of tears and discharge. In the morning, discharge may make the eyelids stick together.

Transmission

Organisms that cause conjunctivitis are transmitted by direct contact with discharge from the conjunctivae (mucous membranes that line the eyes) or upper respiratory tracts of infected people. The organisms are also transmitted from contaminated fingers, clothing or other articles (e.g., shared eye makeup, washcloths, towels or paper towels). Children under 5 are most often affected. The incubation period is usually 24 to 72 hours.

Diagnosis

Conjunctivitis is diagnosed by the typical appearance of the eye(s). However, it is often difficult to tell if the cause is bacterial or viral. Occasionally, the doctor will examine the discharge under a microscope or culture it.

Treatment

Parents of students who have symptoms of conjunctivitis and staff who have symptoms of conjunctivitis should be advised to contact their health care provider to decide if medication is needed.

Period of Communicability: Conjunctivitis is transmissible during the course of infection.

May Return To School: when asymptomatic or until antibiotic treatment has been ongoing for 24 hours.

FAINTING

Signs and symptoms: Pale skin, sweating, dizziness, numb or tingling hands and feet, nausea and disturbance of vision.

Intervention:

- Assist student to a lying down position
- Loosen garments
- Maintain open airway
- If the student fell, try to determine if an injury occurred. If no history is available, do not move the child.
- Bathe face with cool wet cloth.
- Notify Parent/Guardian and Principal.
- If recovery or consciousness is not IMMEDIATE (2 - 3 minutes), notify Principal and call 9-1-1.

FEVER

A child presenting to the health room with a temperature of 100.0° or higher (oral) should be evaluated for further symptoms. If the child is determined to be ill, the parent should be called and the child sent home. The child should not return to school until fever and symptom free (without fever reducing medicines) for 24 hours.

FIFTH DISEASE

Fifth disease is a viral illness which is also called “slapped cheek syndrome.” It is generally mild but may cause a mild fever and fatigue until the rash appears. The rash generally involves the flushed appearance of the cheeks and sometimes a lacy rash on arms, legs and/or trunk. It may or may not itch. In adults, the joints may ache for days or months.

It is spread through direct contact with an infected person before that person develops the rash. Hand washing is effective in limiting the spread.

Children may attend school if no fever and feeling well. Pregnant woman who have been exposed to it should contact their obstetrician.

FOREIGN BODY IN EAR

Student complains of “something in my ear” usually no pain.

Intervention:

- DO NOT try to flush out object with water or oil (including earwax).
- DO NOT try to remove a foreign body unless it can be easily seen and grasped with finger. When in doubt, do not attempt to remove.
- Call Parent/Guardian and notify Principal.
- Recommend the Parent/Guardian seek immediate medical care.

HAND, FOOT, AND MOUTH DISEASE (COXSACKIE VIRUS)

Virus is spread by contact with nose and throat secretions, blister fluid, or stool of an infected person.

- Incubation period: 3-6 days

- Period of Communicability: A person is most contagious during the first week of illness. People can sometimes be contagious for days or weeks after symptons resolve.
- May Return to School: Students with HFM disease should not be excluded from school unless the child has a fever.

HEADACHE

Intervention:

- Give no medication unless child has own supply and written parent permission.
- Check for fever (headaches are commonly associated with fevers).
- Determine contributing factors: lack of water, food or sleep, vision problems, cold/sinus problems or injury to head.
- Drink large glass/cup of water.
- Student may rest with a cool cloth or ice pack on forehead.
- Call the Parent/Guardian if the student is too ill to return to class.
- Refer to physician if child has chronic headaches.

Some indications that a headache may be more serious are: frequent recurrences, loss of consciousness, vomiting (especially in the absence of fever or when associated with a history of injury), bizarre or unusual behavior, neck stiffness, pain and fever. Neck stiffness associated with pain and difficulty in extending head up to the ceiling and down to the chest and fever, may suggest meningitis and requires immediate medical care.

Chronic headaches may also occur with visual changes and eye strain. Nurse should check vision if headaches are chronic.

HEADACHES (MIGRAINES)

Migraines are a neurological condition causing blood flow changes in the brain resulting in a throbbing pain in the head. Triggers such as foods, environment and hormones can cause overreaction of the blood vessels in the brain. Migraine headaches are often accompanied by extreme sensitivity to light and sound causing nausea, vomiting, fatigue dizziness and vision problems. Sinus problems, dental problems, heat trauma, hypertension, eye strain and brain tumors can also be predisposing factors in causing migraines. Drug therapy, biofeedback and removal of triggers are the most common methods of preventing and controlling migraines.

HEAD INJURY

Intervention:

- Determine the cause of the injury and whether or not there might be a neck injury.
- If there is a suspected neck injury:
  a. DO NOT move the student.
  b. Arrange rolled up blankets or clothing on both sides of trunk, head and neck for immobilization.

c. Call 9-1-1.
d. If CPR is necessary, the lower jaw should be pulled forward gently to open airway. The head tilt should be minimal and CPR MUST be performed by a TRAINED individual.

- Determine the level of consciousness: awake and alert, dazed, semi-conscious or unconscious.

- Observe unconscious student for breathing and any other body injuries. If choking is a concern, gently roll the student onto one side, turning all body parts at one time while supporting the student's neck and head.
- For bleeding, gently hold gauze over wound. Apply ice packs to bruises.
- Notify Parent/Guardian and Principal. Advise immediate medical attention or call 9-1-1 for any student who has:
  a. Lost consciousness, even if consciousness is regained.
  b. Vomiting following a blow to the head.
  c. Inability to move a limb or limbs.
  d. Oozing of blood or watery fluid from ears or nose.
  e. Severe headache lasting longer than one hour.
  f. Sleepiness or dazed demeanor following a blow to the head.
  g. Unequal pupils.
  h. Pale skin color that does not return to normal in a short time.

HEAT EXHAUSTION/STROKE

Heat exhaustion usually results from exercising in a warm environment. Individuals with a chronic illness (diabetes, cystic fibrosis, severe asthma, etc.), obese individuals and the very young or elderly are especially susceptible.

Prevention involves increased intake of fluids on hot days, especially if heavy exercise is planned; gradual acclimatization (such as slowly working up to a full exercise schedule over a period of days during hot weather); and short "rest periods" in an air-conditioned atmosphere when discomfort is obvious.

Signs and symptoms: perspiration, dizziness, nausea, faintness, headache, cool and pale skin, rapid pulse and breathing.

Intervention:

- Have student lie down in cool or shaded area or move to air-conditioned environment it available.
- Loosen clothing. Give plenty of fluids if student can drink and is not vomiting or dazed. *Cool (not cold) liquids*
- Take student's temperature (never take an oral temperature if the student is not fully alert). If the temperature is greater than 101°F, cool the student with a sponge or cloth soaked with cool water. Observe him/her closely and seek medical attention.
- Call 9-1-1 or seek other IMMEDIATE medical help if ANY of the following occur (signs of a HEAT STROKE):
    a. Rapid rise in body temperature, with hot and dry skin
    b. Loss of consciousness/shock
    c. Seizure
- AS SOON AS POSSIBLE, notify the principal and parent

HYPERVENTILATION

Abnormally prolonged and rapid breathing often associated with acute anxiety or emotional tension.

The student may complain of one or more of the following:

- Pounding heart
- Dizziness
- Tingling sensation in lips and extremities
- Stomach discomfort
- Sensation of smothering

Health room personnel may notice an unsteadiness, decreased alertness and/or fainting.

Intervention:

- Allow the student to sit in a quiet place.
- Reassure student. Make direct eye contact and speak clearly and slowly. Stay with the student.

- Have the student focus on slowing his/her breathing. Have student do the following exercise:
  a. Take slow deep breaths through the nose counting to four while inhaling.
  b. Exhale slowly through closed lips (like blowing through a straw) to a count of four.
- If the breathing exercise does not help, it may be helpful to have the student breathe into cupped hands over face or into a paper bag.
- If symptoms continue for more than several minutes or student passes out, call 9-1-1.
- Notify the Parent/Guardian and the Principal.

HYPERTENSION

Hypertension in children (and adults) has risen significantly over the past two decades. The increase is thought to be linked to increased weights, diets high in fat and cholesterol and sedentary lifestyles. Hypertension increases the risk of developing type-2 diabetes, stroke and heart disease. Two types of hypertension exist: essential (no identifiable cause) and secondary (due to another disorder). Most causes in children are due to other diseases, but essential hypertension is on the rise. Few symptoms are apparent but over time the elevated blood pressure may cause frequent headaches, dizziness, visual disturbances and even seizures. Treatment may include pharmacologic and non-pharmacologic treatments including dietary management and an exercise program.

Remember, when checking a student's blood pressure, using the correct size BP cuff is very important.

New Blood Pressure Guidelines

The ACC/AHA revised the blood pressure guidelines in 2017.

The following guidelines are observed for adults:

- Norman: Less than 120/80 mm Hg;
- Elevated: Systolic between 120-129 and diastolic less than 80;
- Stage 1: Systolic between 130-139 or diastolic between 80-89;
- Stage 2: Systolic at least 140 or diastolic at least 90mm Hg;

Adults whose readings fall in the "elevated" range are instructed to make appropriate lifestyle changes. In addition, many doctors recommend conducting a sleep history due to the association of high blood pressure and "sleep apnea." Adults with stage 1 and stage 2 hypertension frequently are treated with medications AND lifestyle modifications.

BAKER COUNTY SCHOOL DISTRICT
BLOOD PRESSURE LOG

Name _____ **Month** _____

SUN	MON	TUES	WED	THURS	FRI	SAT
☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐

HERPES SIMPLEX (Fever blisters)

Virus is spread by contact with saliva of an infected person.

Incubation Period: 2 to 12 days.

Period of Communicability: Generally 2 weeks, but may be as long as 7 weeks.

May Return To School: Students with herpes simplex should not be excluded from school.

IMPETIGO (Pus pimples, sand sores)

Impetigo is spread by contact with drainage from sore or nasal secretions.

Incubation Period: Variable and indefinite, commonly 4 to 10 days

Period of Communicability: While sores are draining.

May Return To School: Students with impetigo should be excluded from school for 24 hours after initiation of treatment.

INFLUENZA

Influenza (commonly referred to as the "flu") is a viral disease of the respiratory tract. There are two main types of influenza virus: type A and B and one uncommon type: type C. Type A includes different subtypes that commonly, but not always, change each year. Type A is usually the strain associated with widespread epidemics and pandemics. Type B is infrequently associated with regional or widespread epidemics. Type C has been associated with sporadic cases and minor localized outbreaks.

Signs and Symptoms:

Illness is usually characterized by the sudden onset of high fever or chills, headache, congestion, muscle aches and a dry cough. The clinical picture may be indistinguishable from other respiratory tract infections such as the common cold, croup, bronchiolitis, viral pneumonia, etc. Nausea, vomiting, and/or diarrhea are rarely seen with influenza. Most people are ill with the "flu" for a week or less. Individuals with lung disease, heart disease, cancer, emphysema, diabetes, or those with weakened immune systems may have more serious illness and at times, may need to be hospitalized. Influenza occurs most often in the late fall and winter months.

Transmission:

The viruses that cause influenza are highly communicable - the organisms are readily transmitted from one individual to another through contact with droplets from the nose and throat of an infected person during coughing and sneezing, particularly in confined spaces such as school buses and small classrooms. The incubation period for influenza is short, usually 1 to 3 days. Individuals are most infectious in the 24 hours before the onset of symptoms and during the period of peak symptoms. The virus is spread in the secretions for up to 3 - 5 days after the onset of symptoms, but it may last up to 7 days in young children. Individuals with weakened immune systems may have a

more prolonged course of infection. The virus that causes influenza frequently changes, thus infection with the “flu” does not make a person immune.

Diagnosis:
Diagnosis is generally made presumptively based on symptoms. However, laboratory tests can be obtained to confirm this diagnosis.

Treatment:
While anti-viral drugs are available for the treatment of influenza, these drugs are ONLY an adjunct to control influenza and should not substitute for vaccination. The mainstay of influenza control and prevention is vaccination. In general, healthcare providers advise otherwise healthy individuals with influenza to drink plenty of fluids and get plenty of rest. Prescription antiviral medications are available and may be used by your healthcare provider to treat influenza. Many of these drugs are not approved for use in children.

School Exclusion Guidelines

Young children may transmit influenza virus for up to 7 days. Adults probably transmit the virus for 3 to 5 days. School exclusion is not indicated as long as a student or staff member feels well enough to attend school and is fever-free (without fever reducing medicines) for 24 hours.

High-risk populations (see listing below) should be vaccinated on an annual basis. If an outbreak of influenza is identified in the school or community, high-risk individuals should consult with their healthcare provider regarding possible prophylaxis.

Reporting Requirements
Influenza is not a reportable disease. Florida participates in the annual sentinel physician surveillance program of the Centers for Disease Control and Prevention. These physicians report “influenza-like” illnesses and take cultures for influenza typing.

Notification Requirements
None usually indicated unless an outbreak occurs in the school. If an outbreak of influenza occurs within the school population, the school nurse should notify the Baker County Health Department. The health department, in consultation with school administrators, will determine whether some or all parents should be notified.

Prevention Guidelines
Annual influenza vaccination is strongly recommended for any person > 6 months who, because of age or underlying medical condition, is at increased risk for complications of influenza. The following groups are targeted to receive the influenza vaccine yearly:

Persons at Increased Risk for Complications

- Adults and children with chronic disorders of the pulmonary or cardiovascular systems, including asthma.

- Adults and children who require regular medical follow-up or hospitalization during the preceding year because of chronic diseases (including diabetes), kidney dysfunction, certain blood disorders called hemoglobinopathies (including sickle cell disease) or immunosuppression (persons on medications such as prednisone or being treated for HIV infection)
- Children and teenagers (age 6 months - 18 years) who are receiving long-term aspirin therapy
- Females who will be in the second or third trimester of pregnancy during the influenza season
- All people 65 years of age and older
- Residents of nursing homes or other long-term chronic care facilities
- Persons who can transmit influenza to those at high risk, such as:
    - Healthcare personnel
    - Household contacts of high-risk persons

JUVENILE RHEUMATOID ARTHRITIS (JRA)

Juvenile rheumatoid arthritis is a general term for the most common types of arthritis in children. It is a long-term disease resulting in joint pain and inflammation.

KIDNEY DISEASE

The kidneys are two bean-shaped organs located near the middle of the back, just below the rib cage. They are responsible for filtering water and waste products from the blood. There are multiple reasons for kidney failure in children, both acute and chronic. Some problems are resolved when treated. Others progress to chronic failure and may necessitate dialysis or transplant.

Signs and Symptoms:

Signs and symptoms are diverse and may include: fever, swelling especially of the feet, face, ankles and eyes, painful urination, changes in urine flow, hematuria, “accidents” in previously toilet trained children, high blood pressure and, especially in chronic disease, poor growth.

Treatment:

Children may be on various medications and may need to be out of school on a regular basis for dialysis.

LACERATION

A laceration is a wound that breaks the skin with either smooth or irregular edges and may bleed freely.

Intervention:

- Wear gloves.
- Control bleeding by applying direct pressure.
- Clean minor cuts with soap and water.
- Cover the wound with a sterile dressing.

- Recommend that parent/guardian contact licensed healthcare provider for further instruction if bleeding does not resolve with pressure or if sutures are indicated.
- Give the parent/guardian the date of the student's last tetanus booster to take to the licensed healthcare provider.

MENINGITIS

Meningitis can be bacterial or viral. Bacterial meningitis is a serious infection of the spinal cord and brain. It has a rapid onset and causes severe illness in a short time with fever, headache and stiff neck, which are the most common symptoms.

Viral Meningitis is usually less severe but may have similar symptoms of headache, fever or stiff neck.

Meningitis is spread through the exchange of respiratory and throat secretions through kissing and sharing eating utensils or drinks. People who are close contacts of those infected will be treated with antibiotics.

Good health habits including frequent hand washing and not eating or drinking after others including family, may help prevent the transmission of meningitis.

MONONUCLEOSIS (MONO)

Infectious mononucleosis sometimes called "mono" or "the kissing disease," is an infection usually caused by the Epstein-Barr virus (EBV), which may cause fever, sore throat or swollen lymph nodes. It is spread through direct contact with the infected person's saliva, such as by kissing, sharing a straw, a toothbrush or an eating utensil.

Signs and Symptoms:

Symptoms usually begin to appear 4 to 7 weeks after infection with the virus. Signs that you may have mono include:

- constant fatigue
- fever
- sore throat
- loss of appetite
- swollen lymph nodes (commonly called glands, located in your neck, underarms, and groin)
- headaches
- sore muscles
- larger-than-normal liver or spleen
- skin rash
- abdominal pain

Treatment:

There is no cure for mono. But the good news is that even if you do nothing, the illness will go away by itself, usually in 3 to 4 weeks. The best treatment is to get plenty of rest, especially during the beginning stages of the illness when your symptoms are the worst.

For the fever and aching muscles, try taking acetaminophen or ibuprofen. Prevention includes good hygiene practices including not sharing saliva of infected people.

May Return To School: Children may attend school if afebrile and feeling well. Parents should consult with their doctor if the child is easily fatigued or symptoms are prolonged.

NOSEBLEED

Intervention:

- Place student in sitting position with the head slightly forward.
- *Observe Universal Precautions!*
- Apply firm pressure on both sides of the nose for five minutes. (Student can do this by him/herself.)
- If necessary, apply cold pack to the nose. Provide tissues.
- Reassure student.
- Keep student quiet for 10 - 15 minutes after the bleeding stops.
- If bleeding continues, notify Parent/Guardian.

Note: Nosebleeds may be caused by a blow to the nose or the head. If fracture is suspected, refer for medical attention. Students with repeated nosebleeds should be referred for medical evaluation.

PEDICULOSIS (Head Lice)

A resurgence of head lice in the 1970s has placed head lice infestation as one of the largest and most exasperating issues in schools today. **Head lice do not spread any disease.** Head lice are tiny gray insects (about 1/16" long) that live in human hair and feed on human blood. The head louse crawls quickly but **cannot fly or jump**. They multiply rapidly, laying little silvery colored oval-shaped eggs (called nits), at the base of the hair shaft very close to the scalp. Usually nits are laid within 1/4" of the scalp. The nits appear glued to the base of the hair. **Egg casings located farther out on a hair shaft are not viable and should not be considered an infestation.** Nits are most often found in the hair behind the ears and at the back of the head and neck. Nits should not be confused with dandruff. Dandruff can easily be flicked off the hair; nits cannot because they are firmly attached to individual hairs. One telltale sign of head lice is an intensely itchy scalp, which is caused by the bite of the louse. The itchy scalp is sometimes accompanied by infected scratch marks or what appears to be a rash. A secondary bacterial infection can occur, causing oozing or crusting. Swollen neck glands may also develop. Anyone can get head lice. Head lice are not a sign of being dirty and should not be considered a sign of an unclean house. Head lice, not nits, can be shared from person to person but only by direct contact, such as sharing the same bed.

Transmission:

Head lice are transmitted through direct contact with an infested person through shared bedding and less frequently through shared items, such as combs, brushes, towels, and hats. Head lice are more common in warm weather months. The life cycle is composed of three phases: eggs, nymphs (3 stages), and adult head lice. The most suitable temperature for the life cycle is 89.6°F. Eggs of head lice do not hatch at temperatures

less than 71.6°F. Under optimal conditions, lice eggs hatch in 7 to 10 days. The nymphal stages last 7 to 13 days depending on temperatures. The egg-to-egg cycle averages about 3 weeks.

Diagnosis:
When a child is referred for possible head lice, the health room designee will check that student for signs of infestation such as presence of lice insects and/or nits. Diagnosis is usually made by detecting nits, which appear as tiny, pearly-gray, oval-shaped specks attached to the hair near the scalp (within 1/4" of scalp). Use a magnifying glass and natural light when searching for nits on the hair at the back of the neck, behind the ears and on the top of the head. If no evidence is found, the student should be returned to class. He/she should not be rechecked by the teacher or returned to the health room. If evidence is found, parent/guardian must be notified. However, the student may return to class at the discretion of the school nurse. The parent should be provided with the necessary steps to clear the infestation. Absences due to head lice will be excused, up to 1 day per incident. The parent should be instructed to return to the health room (upon completion of treatment) with the child for clearance to return to school. Parents will also be advised that the child may be rechecked in 7 - 10 days to ensure they are still free of live insects and/or nits.

Treatment:
Treatment consists of getting rid of the lice from infested individuals and their personal items. All household members and individuals with close physical contact should be examined for lice and if infested, treated with one of the recommended shampoos or hair rinses. Individuals in a household without signs of lice or nits should NOT be treated to prevent possible infestation.

For individuals who have an infestation:
Treatment should be given only to people who have active lice or nits (present within 1/4" of the scalp). Treatment should NOT be done to prevent infestation. Everyone with head lice or nits within 1/4" of the scalp in the same household should be treated on the same day. The recommended treatment is a medicated shampoo that contains an agent that is "ovicidal." Ovicidal products kill both the active lice and the eggs. Permethrin (1%) products (such as Nix®) kill both the active lice and the eggs. Permethrin may continue to kill newly hatched lice for several days after treatment. This type of product is available without a prescription and should be used as instructed on the package. Pyrethrins (such as Rid®) only kill live lice, not unhatched eggs (nits). A second treatment with either of the above products often is necessary in 9 - 10 days to kill any newly hatched lice before they can produce new eggs.

The Baker County School District currently has a No Nit policy. After shampooing, parents should attempt to remove the remaining nits (eggs) with a special nit comb or fine-tooth metal comb, or by using the fingernail to dislodge the nit from the hair follicle. Parents should carefully check the hair for active lice every day for 2 weeks to be sure the infestation has not returned. Removal of dead nits is also recommended during this 2-week period. Checking hair, a small section at a time, under a fluorescent light and using a magnifying glass makes the nit casings easier to find. Kerosene, oil, or pet shampoo should NOT be used to treat a lice infestation.

Note: More people are starting to report cases that might be resistant to treatment. Studies are underway to determine if some of the current remedies are no longer effective. If infestation is still suspected after 2 rounds of treatment, parents should contact their local healthcare provider.

Reducing fomite transmission with supplemental measures:
Although fomite transmission is less important than head-to-head transmission, the following steps are encouraged to help avoid lice re-infestation that have recently fallen off the hair or crawled onto clothing or furniture:

1. Towels used to dry the hair after treatment with the lice shampoo should be washed in hot water immediately.
2. All bedding used by persons with the infestation should be washed on the hot water laundry cycle and dried on the high heat cycle.
3. If possible, dry-clean clothing. Items that cannot be washed or dry-cleaned can be placed in a sealed plastic bag for 2 weeks.
4. Floors, furniture, and carpeting should be vacuumed. Be sure to throw away the vacuum cleaner bag in the outside trash can when finished.
5. Soak combs and brushes in lice shampoo for 4 minutes, boil for 20 minutes or place small non-metal items in the microwave for 60 seconds.
6. Insecticide sprays are not recommended. Fumigation of the home or school with general insecticides by a pest control company is not necessary.
7. Children need to be encouraged not to share headgear, coats, combs and other articles at school, especially during the warm weather months.

School Exclusion Guidelines
Communicable: Transmission is rare in a school setting. Head-to-head transmission is most frequent with fomite transmission being rare.

May Return To School: Clearance is given by the school nurse for the child to return to class. Student is only allowed one excused absence per incident.

BAKER COUNTY DISTRICT SCHOOLS
AND
BAKER COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES

Date _____

Dear Parent,

Lice/nits were found in your child's hair today. I was unable to reach you by phone. Please read the attached information and take the steps required to treat it. Please come to the health room on the first day back after treatment so I can check your child's hair. A parent or adult must bring the child to the health room. I am here at _____ am and can help you at any time.

Thank you for understanding our school board policies regarding lice. If you have any questions or concerns, please feel free to call me at _____.

_____
School Nurse

PINWORMS

Pinworm infection is caused by a small white worm that lives in the rectum of the infected person. While that person sleeps, the females lay their eggs on the skin surrounding the rectum. This causes severe itching and disturbed sleep. Pinworms are common in school age children and preschoolers. You can become infected by swallowing eggs from the contaminated surfaces, including fingers.

Pinworms are treated with prescription or over the counter drugs. A doctor should be consulted if you are uncertain. Treatment involves two doses of the medicine given 2 weeks apart.

Prevention:

- Changing and washing underwear daily and after each treatment
- Frequent hand washing
- Keeping nails trimmed short and discouraging nail biting

May Return To School: Children may return to school after first dose of treatment and scrubbing nails and bathing.

RASHES (Dermatitis)

A rash is an area of irritated or swollen skin. It might be red and itchy, bumpy, scaly, crusty or blistered. Rashes are a symptom of many different medical conditions. Diseases, irritating substances, allergies and heredity can cause rashes. There are two types of dermatitis – contact and atopic.

- Contact dermatitis is a rash that results from either repeated contact with irritants or contact with allergy-producing substances, such as poison ivy.

- Atopic dermatitis, more commonly known as eczema is a chronic itchy rash that tends to come and go.

Some rashes develop immediately. Others form over several days. Scratching the rash might take it longer to heal. The treatment for a rash usually depends on its cause. Options include moisturizers, lotions, baths and cortisone creams that relieve swelling, and antihistamines, which relieve itching. If a rash is oozing or suspected to be infectious, the child should be evaluated by a medical provider who will authorize the child's return to school, and whether the rash should be covered (i.e. shingles).

RINGWORM

Ringworm is a common fungal infection causing patches of red, scaly skin. The lesions are generally circular and red with a scaly border. Ringworm can affect people and pets and is generally transmitted by close contact. It is treated with over the counter anti-fungal creams (ask the pharmacist) or prescription medications, especially if on the scalp.

May Return To School: Children may attend school if ringworm is being treated. If lesions are wet or oozing, they should be covered. If there are scalp lesions, the child must be seen by a physician for proper treatment before returning to school.

SCABIES

Scabies is a very contagious skin condition caused by a mite. The rash is extremely itchy and can be difficult to diagnose. It can affect both humans and animals. The mite causes symptoms such as itching and bumpy tracks when it digs a tunnel below the skin (a burrow) and causes a type of allergic reaction. Scabies can affect anyone regardless of age, gender or personal hygiene. It is almost always contracted by close human contact.

Signs and Symptoms:

Sufferers experience severe continuous itching, especially at night. If several members of the same family or close contacts have the same symptoms, it is a good indicator that scabies is the cause. There may be small insect bites or tracks visible, especially between finger or toes, the waist area or under the breasts.

Treatment:
Lotions containing 5% permethrin, which are available over the counter, or prescription medications are applied to a clean body from the neck down to the toes. It is left on overnight (8 hours) and then washed off. This application is usually repeated in seven days. All clothes, bedding and towels should be washed in hot water and dried.

May Return To School: Once treated, children may attend school although the rash and itching may persist for 1 - 2 weeks.

SCARLET FEVER

Scarlet fever is a rash that sometimes occurs in people who have strep throat.

Symptoms:
The rash starts as tiny red bumps on the chest and abdomen and spreads to the rest of the body. It looks like sunburn and feels like sandpaper. It generally lasts 2 - 5 days. Sometimes, after the rash is gone, the skin on the tips of the fingers and toes peel. The throat is very red and sore. There is generally a fever and swollen glands.

Treatment:
If the throat culture is strep positive, antibiotics will be prescribed.

May Return To School: Children may return to school 24 hours after starting the antibiotic and 24 hours after the temp is normal (less than 100 °) without fever reducing medicines for 24 hours.

SEIZURE/EPILEPSY

Note: Epilepsy is a medical condition in which a person has the likelihood to suffer repeated convulsions. Such individuals require medical diagnosis, management and follow-up. A child with epilepsy should have an Emergency Information Card and cumulative folder clearly marked.

Signs and Symptoms:
Rigidity and/or jerking of body muscles, possible loss of consciousness and possible loss of bowel or bladder control. After the seizure, there may be a period of profound relaxation, exhaustion and stupor.

Call 9-1-1 when:

- Seizures last more than five minutes
- Seizures in a child who has never experienced one before
- Rapid sequence of seizures
- There is doubt as to whether or not the student is continuing to seize
- There is an excessive number of seizures

Treatment:

1. Prevent student from hurting him/herself by removing nearby objects and breaking fall, if possible.
2. If vomiting occurs, turn the student onto his/her side with face to the side to allow drainage.
3. Observe breathing. Resuscitate if necessary. (The need for resuscitation would be extremely rare.)
4. DO NOT restrain student.
5. DO NOT place your fingers or any object in mouth.
6. If student is a known epileptic patient and this is normal seizure pattern, allow him/her to rest following seizure. Notify Parent/Guardian and Principal. Student may be allowed to return to class if he/she feels well enough and parent gives permission. If this is an abnormally prolonged seizure and Diastat is required, the student will usually be sent home.
7. If student is NOT known to be epileptic, notify principal and call parent to transport child immediately (providing child is alert and oriented). If parent does NOT respond in a timely manner or child is listless, call 9-1-1 IMMEDIATELY!!!!

DIASTAT ADMINISTRATION

Purpose:
Diastat is a gel formula of Valium intended for rectal use in patients with a seizure disorder, who, despite a daily anti-seizure regimen, have bouts of increased seizure activity. It should be administered by caregivers who are able to recognize the need for the medication based on individual orders. The caregiver should be trained and periodically monitored in the administration of the drug and the need to call 9-1-1 if it is administered, or as physician orders indicate.

Procedure:

1. Turn person to their side.
2. Assemble all equipment.
    a. Diastat
    b. Gloves
    c. Lubricant
3. Explain procedure to patient.
4. Put gloves on.
5. Provide privacy by using curtain; forming a human barrier around the child; having someone hold up a sheet to screen the child.
6. Push up with your thumb and remove the cap from the syringe. Be sure the seal pin is removed with the cap.
7. Lubricate the tip with the lubricant provided.
8. Facing the patient, bend the upper leg forward and separate the buttocks.
9. Gently insert the syringe.
10. Count to 3 while pushing the plunger until it stops.
11. Count to 3 again before removing the syringe.
12. Count to 3 while holding buttocks together.
13. Do not reuse the syringe.
14. Monitor the child until 9-1-1 personnel and/or parents arrive.
15. Unless ordered otherwise, a child who receives Diastat in school should be transported home or to a medical facility for further monitoring. The most common side effect is drowsiness.

Note: Diastat Acudial must be properly dialed and locked before use. This should be done before leaving the pharmacy so the correct dose is received. A display window on the syringe indicates the dose and a green band at the base of the tip indicates it is ready for use.

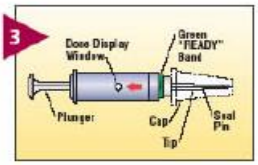
DIASTAT® AcuDial™ (diazepam rectal gel) Administration Instructions



Put person on their side where they can't fall.



Get medicine.



Get syringe.
Note: Seal Pin is attached to the cap.



Push up with thumb and pull to remove cap from syringe. **Be sure Seal Pin is removed with the cap.**



Lubricate rectal tip with lubricating jelly.



Turn person on side facing you.



Bend upper leg forward to expose rectum.



Separate buttocks to expose rectum.



Gently insert syringe tip into rectum.
Note: Rim should be snug against rectal opening.

SLOWLY... **COUNT OUT LOUD TO THREE...1...2...3**



Slowly count to 3 while gently pushing plunger in until it stops.



Slowly count to 3 before removing syringe from rectum.



Slowly count to 3 while holding buttocks together to prevent leakage.

ONCE DIASTAT® IS GIVEN

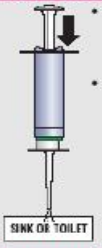


Keep person on side facing you, note time given and continue to observe.

DISPOSAL INSTRUCTIONS FOR DIASTAT ACUDIAL



- Pull on plunger until it is completely removed from the syringe body.
- Point tip over sink or toilet.



- Replace plunger into syringe body, gently pushing plunger until it stops.
- Flush toilet or rinse sink with water until gel is no longer visible.

This step is for Diastat® AcuDial™ users only

At the completion of step 14a:

- *Discard all used materials in the garbage can.*
- *Do not reuse.*
- *Discard in a safe place away from children.*

DISPOSAL FOR DIASTAT 2.5 MG

At the completion of step 13:

- *Discard all used materials in the garbage can.*
- *Do not reuse.*
- *Discard in a safe place away from children.*

Diastat® AcuDial™ (diazepam rectal gel)

DIASTAT and DIASTAT ACUDIAL SKILLS CHECKLIST

*Delegation can only be done by an RN. The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP).

UAP Name:_____ School:_____

SKILL	Training Date/Initial	Return Demonstration	
		Date/Initial	Date/Initial
1. Describes purpose of the procedure.			
2. Assembles equipment: • Gloves • Lubricant • Diastat or Diastat Acudial			
3. Prepares Medication • Removes cap from Diastat syringe • Places on clean surface			
4. Prepares student • Provides privacy • Exposes buttocks • Positions student with slight knee to chest • Obtains assistance as needed			
5. Puts on gloves.			
6. Lubricates syringe tip.			
7. Insert syringe into rectum.			
8. Push plunger in, counting 1-2-3; count again 1-2-3.			
9. Withdraws syringe, holds buttocks together counting 1-2-3.			
10. Releases buttocks. Discards syringe.			
11. Covers buttocks with clothing and remove gloves.			

SKILL		Return Demonstration	
		Date/Initial	Date/Initial
12. Monitors student and call 9-1-1 as per Medical Management Plan and if seizures fail to resolve.			
13. Wash hands after procedure and student is stable.			
14. Document procedure			
15. Notify parent/ guardian when seizure occurs that necessitated the use of Diastat or Diastat Acudial.			

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

CHILD SPECIFIC TRAINING DIASTAT and DIASTAT ACUDIAL

*Delegation can only be done by an RN.

Staff _____ School _____

Student _____ School Year _____

SKILL	Training Date / Initial	Return Demonstration	
		Date/Initial	Date/Initial
1. Identifies signs and symptoms of seizures.			
2. Assembles equipment: • Gloves • Lubricant • Diastat or Diastat Acudial			
3. 3. Prepares Medication • Removes cap from Diastat syringe • Places on clean surface			
4. Prepares student • Provides privacy • Exposes buttocks • Positions student with slight knee to chest • Obtains assistance as needed			
5. Puts on gloves.			
6. Lubricates syringe tip.			
7. Insert syringe into rectum.			
8. Push plunger in, counting 1-2-3; count again 1-2-3.			
9. Withdraws syringe, holds buttocks together counting 1-2-3.			
10.Releases buttocks. Discards syringe.			

SKILL	Training Date / Initial	Return Demonstration	
		Date/Initial	Date/Initif
11. Covers buttocks with clothing and remove gloves.			
12. Monitors student and call 9-1-1 as per Medical Management Plan and if seizures fail to resolve.			
13. Wash hands after procedure and student is stable.			

Improvement Plan:

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

New Graphic

VALTOCO 15 MG OR 20 MG DOSE
DIAZEPAM NASAL SPRAY

*Delegation can only be done by an RN.
The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP).

UAP Name:_____ School:_____

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
1. Identifies signs and symptoms of seizures.			
2. Assembles equipment: • Gloves • VALTOCO blister pack			
3. Prepares Medication • Peel back the tab from blister pack • Remove VALTOCO devices from the pack • 1 dose equals 2 nasal sprays			
4. Prepares student • Provides privacy • Positions student on their side or on their back • Obtains assistance as needed			
5. Put on gloves.			
6. Hold VALTOCO device with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.			
7. Gently insert the tip of the nozzle into 1 nostril until your fingers, on either side of the nozzle, are against the bottom of the person's nose.			
8. Press the bottom of the plunger firmly with your thumb.			
9. Remove the nozzle from the nose.			
10. YOU HAVE NOT GIVEN THE FULL DOSE OF VALTOCO. REMOVE THE SECOND VALTOCO DEVICE FROM THE PACK.			

New Graphic

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
11. Repeat steps 6-9 using the second VALTOCO device in the other nostril.			
12. Discard both VALTOCO devices.			
13. Place student onto their side, facing you, so that you can monitor them closely. Call 9-1-1 as per Medical Management Plan.			
14. Wash hands after the procedure and when the student is stable.			

Improvement Plan:

RN Signature _____ Initials _____ Date _____

UAP Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

New Graphic

CHILD SPECIFIC TRAINING
VALTOCO 5 MG OR 10 MG DOSE
DIAZEPAM NASAL SPRAY

*Delegation can only be done by an RN.

Staff Member _____ School _____

Student _____ School Year _____

SKILL	Training Date / Initial	Return Demonstration	
		Date	Date
1. Identifies signs and symptoms of seizures.			
2. Assembles equipment: • Gloves • VALTOCO blister pack			
3. Prepares Medication • Peel back the tab from blister pack • Remove VALTOCO device from the pack • 1 dose equals 1 nasal spray			
4. Prepares student • Provides privacy • Positions student on their side or their back • Obtains assistance as needed			
5. Put on gloves.			
6. Hold VALTOCO device with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.			
7. Gently insert the tip of the nozzle into 1 nostril until your fingers, on either side of the nozzle, are against the bottom of the person's nose.			
8. Press the bottom of the plunger firmly with your thumb.			
9. Remove the nozzle from the nose.			
10. Discard VALTOCO device.			

New Graphic

SKILL	Training Date / Initial	Return Demonstration	
		Date	Date
11. Place student onto their side, facing you, so that you can monitor them closely. Call 9-1-1 as per Medical Management Plan.			
12. Wash hands after the procedure and when the student is stable.			

Improvement Plan:

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

New Graphic

VNS MAGNET

*Delegation can only be done by an RN.
The school RN is responsible for training and providing ongoing Supervision of the unlicensed assistive personnel (UAP).

UAP Name:_____ School:_____

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
1. Identifies that the student is having a seizure.			
2. Feels for the edges of the VNS stimulator through the student's shirt.			
3. Keep the thumb and index finger of one hand on the edges of the stimulator.			
4. With the other hand, swipe the magnet across the stimulator in the chest area, counting "one - one thousand - two." That completes one swipe.			
5. If the seizure is still going on after 1 minute, swipe the magnet again as in step 4.			
6. Continue to repeat swipes as specified for the student until the seizure stops.			
7. If the seizure continues for 5 minutes, CALL 9-1-1 and follow the student's seizure first aid plan.			

New Graphic

Improvement Plan:

RN Signature Initials Date

UAP Signature Initials Date

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

New Graphic

CHILD SPECIFIC TRAINING VNS MAGNET

*Delegation can only be done by an RN.

Staff Name:_____ School:_____

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
1. Identifies that the student is having a seizure.			
2. Feels for the edges of the VNS stimulator through the student's shirt.			
3. Keep the thumb and index finger of one hand on the edges of the stimulator.			
4. With the other hand, swipe the magnet across the stimulator in the chest area, counting "one - one thousand - two." That completes one swipe.			
5. If the seizure is still going on after 1 minute, swipe the magnet again as in step 4.			
6. Continue to repeat swipes as specified for the student until the seizure stops.			
7. If the seizure continues for 5 minutes, CALL 9-1-1 and follow the student's seizure first aid plan.			

New Graphic

Improvement Plan:

RN Signature Initials Date

Staff Signature Initials Date

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

SHINGLES (SEE CHICKEN POX)

SICKLE CELL ANEMIA/DISEASE

Sickle cell anemia is an inherited blood disorder where the red blood cells become sickle shaped (like a crescent moon) rather than round like a doughnut. Sickle cells cannot move easily through blood vessels and thus tend to clump and reduce blood flow to limbs and organs. Sickled cells also die faster than normal red blood cells, and the body is unable to make enough to replace the dying ones, leading to anemia. Reduced oxygen flow increases sickling and cell destruction and the cycle continues.

Symptoms:
Acute symptoms ("crises") include pain associated with blocked vessels, fever, swollen hands and feet. Anemia causes pallor, weakness, limited exercise tolerance, delayed growth and other development problems.

SORE THROAT

Intervention:

- Take temperature to rule out fever.
- Gargling with warm salt water (1/4 tsp. in 8 oz. of water) may relieve discomfort.
- May check throat for redness with tongue blade.

If temperature is elevated:

- Call Parent/Guardian.

If temperature is not elevated:

- Send student back to class.

SPINA BIFIDA

Spina Bifida is a failure of the spinal column to fuse, leaving the enclosed spinal cord unprotected. This may occur anywhere from the neck to the tailbone, the most common location is the lower part of the spine just above the buttocks. The skin and the spinal cord do not develop properly and a pouch is present where the bones fail to fuse.

Treatment:
A typical Spina Bifida child of school age will already have had back surgery to repair the skin defect, a shunt in the brain to prevent or arrest hydrocephalus, and braces or crutches for walking.

Limits:
In a typical case, the child has no control over bowel or bladder function. Usually both legs are completely paralyzed. Unless there are associated abnormalities of the brain, children with Spina Bifida are emotionally or intellectually normal. With proper treatment and training they should be able to attend school. They have excellent potential for learning. Most can be mainstreamed into regular classes. Because of subtle cerebral

defects, learning problems and fine motor control disturbances may occur in some children.

Management:

- **Bowel Care** – due to lack of muscular control of the anal opening, fecal soiling is often seen. Changes of diapers or other appropriate clothing must be kept at the school.
- **Bladder Care** – due to lack of nerve supply to the bladder, the urge to urinate does not exist. The bladder fills till it can hold no more, and eventually urine dribbles out of the urethra and keeps the clothes or diapers constantly wet. Since the bladder never empties, the remaining urine and bladder wall may become infected. Management requires that the bladder be emptied periodically to prevent infection. Most urologist feel that intermittent catherizations every four to six hours is the preferred method. It is usually performed once a day at school at about noon. Self-catherization is encouraged to ensure self-sufficiency.
- Safety issues specific to child's activities.

SPINAL INJURIES – BACK OR NECK

If spinal cord injury is suspected, **DO NOT MOVE** student!

Description:

Damage to the spinal cord that protects the nerves of the spine; most often caused from motor vehicle or bicycle accidents, sports injuries or falls involving bending, twisting or jolting of the body. The pain is usually made worse by pressure or movement and may radiate to arm or leg; may have weakness, numbness or inability to move arm or leg.

Intervention:

- Call 9-1-1.
- Do not move the student.
- Do not bend, twist or rotate the neck or body of the student.

If the Student is Unconscious:

- Check Airway, Breathing and Circulation and initiate the steps in CPR as needed (use jaw thrust, not head tilt/chin lift, to open airway) - ALWAYS CALL 9-1-1 immediately.

Unless CPR is necessary or the student must be moved from fire or other life-threatening situation, **DO NOT MOVE THE STUDENT***.*

NOTE:

- If you must move the student, be sure to support the head, neck, and body as one unit.
- Minimize movement of the head, neck, and spine in the position found. Place rolled up clothing, blankets, towels, etc. around the head and sides. If necessary to place student on his/her back for CPR, roll the head, neck and spine as one unit.

- Call parent/guardian and notify principal.
- Document date, time, nature of injury and interventions.

If the Student Regains Consciousness:

Instruct the student not to move until help arrives.
Minimize movement. **DO NOT MOVE THE HEAD OR NECK**.
Ask the student what happened and where it hurts.
Call 9-1-1 for assessment.
Call Parent/Guardian and notify Principal.

SPLINTERS/PENCIL"LEAD"

Pencils no longer contain lead, but graphite.

Intervention:

If the splinter/pencil lead is protruding above the surface of the skin:

- Remove by grasping with tweezers and pulling out.
- Wash with soap and water.
- Cover with sterile bandage.
- Return student to class.

If the splinter/pencil lead is imbedded:

- DO NOT try to remove.
- Cover with bandage.
- Call Parent/Guardian or advise student to show to parent

UPPER RESPIRATORY INFECTIONS

Children frequently come to the health room complaining of stuffy/runny nose, coughing, congestion and other symptoms of the common cold. Children who are ill are not productive and are not learning. They will likely also infect other children in the class since the virus is transmitted through direct contact with nasal/oral secretions.

Intervention:

- Check the temperature-if greater than 100° oral, contact parent. If coughing is persistent, and disruptive to the class, the child should go home.
- If child has no fever but appears ill with red eyes, nose, periodic cough, lack of energy; or frequent thick nasal discharge-especially if other than clear-the parent should be encouraged to take the child home.

VOMITING

Nausea and vomiting are symptoms of an underlying disease and not a specific illness. Nausea is the sensation that the stomach wants to empty itself, while vomiting (emesis) or throwing up, is the act of forcible emptying of the stomach.

Vomiting is a violent act in which the stomach has to overcome the pressures that are normally in place to keep food and secretions within the stomach. The stomach almost turns itself inside out - forcing itself into the lower portion of the esophagus (the tube that connects the mouth to the stomach) during a vomiting episode.

There are numerous causes of nausea and vomiting. These symptoms may be due to the following:

- acute gastritis due to infections, stomach flu, food poisoning, gastroesophageal reflux disease (GERD), peptic ulcer disease, or other stomach irritants from medications
- central causes (signals from the brain) such as headaches, inner ear problems, head injuries and heat related illnesses
- atypical symptom of another disease: Some illnesses will cause nausea and vomiting, even though there is no direct involvement of the stomach or gastrointestinal tract such as heart attacks, sepsis, bulimia
- side effects from medications and medical treatments
- mechanical obstruction of the bowel
- pregnancy

If the student is vomiting at school, the parent should be called and the child taken home. The child may return to school when symptoms are gone and fever free (without fever reducing medicines) for 24 hours.

WHOOPING COUGH (PERTUSSIS)

Pertussis, commonly called whooping cough, is a bacterial infection of the throat and lungs. The cough can last for weeks or months. Most children are vaccinated against Pertussis with 4 or 5 doses before starting school. A booster dose of vaccine is recommended as well, with the required 7th grade immunizations, or with an adult tetanus booster.

Pertussis is diagnosed with a nasopharyngeal culture. If someone is diagnosed, other family members, especially children under the age of 7 that have not been vaccinated, should be vaccinated and/or treated with antibiotics. Pertussis is a reportable disease.

May Return To School: Children may return to school after being on antibiotics for 5 days.

Chapter 8

Medically Complex

INTRODUCTION

This chapter is intended as an informational source for school and nursing personnel dealing with medically complex students in an educational setting and consists of two major sections: Section one includes general information concerning medically complex students and a matrix of recommended responsibilities concerning the delivery of health related services.

Section two includes information concerning the most common medical procedures seen in medically complex educational settings.

This manual is NOT intended to be an instructional instrument from which personnel will "learn" how to perform any medical procedures needed during school hours.

Only personnel specifically designated on physician's orders and properly trained to perform a specific procedure with/on a specific child should be involved in any health procedure. It is the responsibility of the school administrator and/or health designee to assure that the orders from a child's doctor are complete, contain information regarding personnel who should be allowed to perform the procedure(s) and note what type of training should take place. In most cases, the school nurse or parent would be responsible for training designated personnel.

It is intended that this manual, coupled with appropriate in-service and specific training, will assist personnel in dealing with medically complex students in the school setting.

The following pages contain a "Matrix of Professional Responsibilities" for the delivery of special healthcare procedures in educational settings. It contains many special healthcare procedures that some children may need performed in the educational setting. The procedures vary in the degree to which they require specialized knowledge and skill by persons conducting the procedure. Many are regulated by professional standards of practice. The matrix delineates the persons who are qualified to perform each procedure, who should preferably perform and the circumstances under which these persons would be deemed qualified. It should be noted that the term "qualified" assumes that the individual has received appropriate training in the procedure. The matrix is based on the matrix contained in "Guidelines for the Delineation of Roles and Responsibilities for the Safe Delivery of Specialized Health Care in the Educational Setting" published May 1, 1990 and developed by the Joint Task Force for the Management of Children with Special Health Needs which consists of The National Association of School Nurses and The National Education Association.

These are simply recommendations as to personnel who should be considered with appropriate training, as possible providers of specific health care procedures. It is the responsibility of the school administrator, based on specific doctor's orders, to designate personnel to be trained in a health care procedure for a specific child.

GUIDELINES FOR THE DELINEATION OF ROLES AND RESPONSIBILITIES FOR THE SAFE DELIVERY OF SPECIALIZED HEALTH CARE IN THE EDUCATIONAL SETTING

PROCEDURE **1.0 ACTIVITIES OF DAILY LIVING**	PHYSICIAN ORDER REQUIRED	REGISTERED NURSE (RN)	LICENSED PRACTICAL NURSE (LPN)	CERTIFIED TEACHING PERSONNEL	RELATED SERVICES PERSONNEL 1	PARA-PROFESSIONALS 2	HEALTH Assistant	OTHERS 3
1.1 Toileting/Diapering		A	A	A	A	(A) / T	A	A
1.2 Bowel/ Bladder Training (Toilet Training)		A	A	(A)	A	S/T	S	S
1.3 Dental Hygiene		A	A	A	A	S/T	S	S
1.4 Oral Hygiene		A	A	(A)	A	S/T	S	S
1.5 Lifting/Positioning		A	A	(A)	A	S/T	S	S
1.6 Feeding								
1.6.1 Nutritional Assessment		A	X	X	N	X	X	X
1.6.2 Oral-Motor Assessment		X	X	X	(SP/TH)	X	X	X
1.6.3 Oral Feeding		A	A	A	A	(S) / T	S	S
1.6.4 Gastrostomy Feeding	*	(A)	(S)	X	X	S	S	X
1.6.5 Monitoring of Gastrostomy Feeding		A	S	S	S	S	S	X
1.6.6 Jejunostomy Tube Feeding	*	(A)	(S)	X	X	S	S	X

DEFINITION OF SYMBOLS

A – Qualified to perform task, not in conflict with professional standards
S- Qualified to perform task with RN supervision and inservice education
E –In emergencies if properly trained and designated professional is unavailable
X – Should NOT perform
T- Qualified to perform task with teacher supervision and inservice education.
N - Nutritionist only
TH- Occupational or physical therapist only
SP – Speech/language Pathologist only

(◯) - Person who should be designated to perform task

1. Related Services include N, TH, and SP
2. Paraprofessionals include teacher aids, uncertified teaching personnel.
3. Others include secretaries, bus drivers, cafeteria workers, custodians.
4. Health Assistants include personnel (may be included in the above) who have been properly trained.

GUIDELINES FOR THE DELINEATION OF ROLES AND RESPONSIBILITIES FOR THE SAFE DELIVERY OF SPECIALIZED HEALTH CARE IN THE EDUCATIONAL SETTING

PROCEDURE 2.0 CATHETERIZATION	PHYSICIAN ORDER REQUIRED	REGISTERED NURSE (RN)	LICENSED PRACTICAL NURSE (LPN)	CERTIFIED TEACHING PERSONNEL	RELATED SERVICES PERSONNEL 1	PARA-PROFESSIONALS 2	HEALTH Assistant	OTHERS 3
2.1 Clean Intermittent Catheterization	*	(A)	(S)	S	S	S	S	X
2.2 Sterile Catheterization	*	(A)	(S)	X	X	X	X	X
2.3 Crede	*	A	S	S	S	(S)	S	X
2.4 External Catheter	*	(A)	(A)	S	S	(S)	S	X
2.5 Care of Indwelling Catheter (Not Irrigation)	*	(A)	(S)	S	S	(S)	S	X

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GUIDELINES FOR THE DELINEATION OF ROLES AND RESPONSIBILITIES FOR THE SAFE DELIVERY OF SPECIALIZED HEALTH CARE IN THE EDUCATIONAL SETTING

PROCEDURE 3.3 OXYGEN	PHYSICIAN ORDER REQUIRED	REGISTERED NURSE (RN)	LICENSED PRACTICAL NURSE (LPN)	CERTIFIED TEACHING PERSONNEL	RELATED SERVICES PERSONNEL 1	PARA-PROFESSIONALS 2	HEALTH Assistant	OTHERS 3
3.3.1 Intermittent	*	(A)	(S)	E	E	E	E	X
3.3.2 Continuous (Monitoring)	*	A	S	S	S	S	S	S
3.4 Apnea Monitor	*	A	S	S	S	S	S	X
3.5 Cardiac Monitor	*	A	S	S	S	S	S	S
4.0 MEDICATIONS								
4.1 Oral	*	(A)	(S)	S	S	S	S	S
4.2 Injection	*	(A)	(S)	S	S	S	S	X
4.3 Epi-Pen Allergy Kit	*	(A)	(S)	E	E	E	E	E
4.4 Inhalation	*	(A)	(S)	E	E	E	S	S
4.5 Rectal	*	(A)	(S)	E	X	E	S	X
4.6 Bladder Installation	*	(A)	(S)	X	X	X	X	X
4.7 Eye/Ear Drops	*	(A)	(S)	E	X	X	S	S
4.8 Topical	*	(A)	(S)	S	S	S	S	S
4.9 Per Gastrostomy Tube	*	(A)	(S)	X	X	S	S	X

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GUIDELINES FOR THE DELINEATION OF ROLES AND RESPONSIBILITIES FOR THE SAFE DELIVERY OF SPECIALIZED HEALTH CARE IN THE EDUCATIONAL SETTING

PROCEDURE 5.0 OSTOMIES	PHYSICIAN ORDER REQUIRED	REGISTERED NURSE (RN)	LICENSED PRACTICAL NURSE (LPN)	CERTIFIED TEACHING PERSONNEL	RELATED SERVICES PERSONNEL 1	PARA-PROFESSIONALS 2	HEALTH Assistant	OTHERS 3
5.1 Ostomy Care	*	(A)	(S)	E	E	E	E	X
5.2 Ostomy Irrigation	*	(A)	(S)	X	X	X	X	X
6.0 RESPIRATORY ASSISTANCE								
6.1 Postural Drainage	*	(A)	(S)	S	S	S	S	S
6.2 Percussion	*	(A)	(S)	S	TH	S	S	S
6.3 Suctioning								
6.3.1 Pharyngeal	*	(A)	(S)	S	S	S	S	X
6.3.2 Tracheostomy	*	(A)	(S)	X	X	X	X	X
6.4 Tracheostomy Tube Replacement	*	(E)	(E)	X	X	X	X	X
6.5 Tracheostomy Care (cleaning)	*	(A)	(S)	X	X	X	X	X
7.0 SCREENINGS								
7.1 Growth		(A)	(S)	S	S	S	S	X
7.2 Vital Signs		(A)	(S)	X	X	S	S	X
7.3 Hearing		(A)	(S)	X	(SP)	S	S	X
7.4 Vision		(A)	(S)	X	X	S	S	X
7.5 Scoliosis		(A)	(S)	X	TH	X	X	X

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GUIDELINES FOR THE DELINEATION OF ROLES AND RESPONSIBILITIES FOR THE SAFE DELIVERY OF SPECIALIZED HEALTH CARE IN THE EDUCATIONAL SETTING

PROCEDURE 8.0 SPECIMEN COLLECTING/TESTING	PHYSICIAN ORDER REQUIRED	REGISTERED NURSE (RN)	LICENSED PRACTICAL NURSE (LPN)	CERTIFIED TEACHING PERSONNEL	RELATED SERVICES PERSONNEL [1]	PARA-PROFESSIONALS [2]	HEALTH Assistant	OTHERS [3]
8.1 Blood Glucose	*	(A)	(S)	S	X	S	S	A
8.2 Urine Ketones	*	(A)	(S)	S	X	S	S	S
9.0 OTHER HEALTH CARE PROCEDURES								
9.1 Seizure Procedures		A	A	A	A	A	S	A
9.2 Soaks	*	(A)	(S)	X	TH	S	S	X
9.3 Dressings, Sterile	*	(A)	S	X	X	X	X	X
10.0 DEVELOPMENT OF PROTOCOLS								
10.1 Health Care Procedures		(A)	X	X	X	X	X	X
10.2 Emergency Protocols	*	(A)	WITH PHYSICIAN CONSULTATION					
10.3 Individual Education Plan Health Objectives		(A)	X	X	X	X	X	X
10.4 Nursing Care Plan		(A)	X	X	X	X	X	X

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Implementing Special Education: Students with Special Needs

Introduction: The number of children and adolescents with special healthcare needs in Florida schools has increased over the last 20 years due to legislation requiring education be provided to all children in the least restrictive environment, changing social attitudes that promote inclusion of children with special needs in schools and other community groups, improvements in medical technology and advances in educational research of special needs populations. Determination of a child's need and eligibility for services at the earliest possible time leads to better education outcomes for the child. School nurses and other school health personnel are involved in identifying and serving students with special needs.

Historical Perspective: Key Federal Legislation

Listed below are summaries of some key special education federal laws and acronyms of special education.

Early Education for Handicapped Children Program of 1970. Congress passed the Early Education for Handicapped Children Program, providing seed money for the development and operation of experimental, demonstration, and outreach preschool and early intervention programs for handicapped children. This was the federal government's first major effort in early intervention.

Rehabilitation Act of 1973 (Public Law 93-112). The Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in programs conducted by federal agencies, in programs receiving federal financial assistance, in federal employment, and in the employment practices of federal contractors. The standards for determining employment discrimination under the Rehabilitation Act are the same as those used in Title I of the Americans with Disabilities Act of 1990.

- **Section 504.** Section 504 of the 1973 Rehabilitation Act is the basic civil rights legislation prohibiting discrimination against persons with "handicapping conditions" in programs that receive federal funds. This includes public schools.
- **Handicapping Condition.** The definition of "handicapping condition" in Section 504 is: a handicapped student is one who has a physical or mental impairment that substantially limits one or more life activities (such as working, eating, dressing, breathing). The Office of Civil Rights, which oversees enforcement of the statute, has determined that this may include drug and alcohol addiction, attention deficit disorder, AIDS, hospitalization due to depression and other conditions not typically qualifying under special education. Federal special education funds cannot be used to comply with 504.

Education Amendments of 1974 (Public Law 93-380). In 1974, to ensure appropriate education opportunities for children with special needs, Congress passed the Education Amendments of 1974, which guarantees due process and provision of education in the least restrictive environment.

Education for All Handicapped Children Act of 1975 (Public Law 94-142). In 1975, Congress passed a law called the Education for All Handicapped Children Act (EHA). This law established legal standards and requirements for the education provided to children with disabilities. It required all states to provide a "Free, appropriate public education" to school-age children with handicaps in the "least restrictive environment."

- **Section 619.** Section of the EHA provided incentives to states to serve handicapped children ages 3 - 5.
- **Handicapped Children.** Under this law, "handicapped children" were defined as those who are mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, or who have specific learning disabilities, and who by reason of these handicaps require special education and related services. (20 U.S.C. § 1401 [a].)
- **Related Services.** Under this law, "related services," which included school health-related services, were among those services that must be provided to sustain these children's attendance. These services are described in P.L. 94-142 and include, among others, school health services; physical, occupational, and language therapy; modification of classroom schedules; and if necessary, actual physical alterations of the school.
- **Least Restrictive Environment.** To the extent possible (given the nature and severity of the child's handicap), the child should be educated in the regular classroom with peers who are not handicapped.

Note: The EHA was to be re-enacted every 4 years, resulting in numerous changes in the Act over the intervening two decades.

Public Law 98-109 of 1983. In 1983, believing that it was time to encourage states to expand services to preschool children, infants, and toddlers with handicaps, Congress passed P.L. 98-109. That legislation set aside money for planning, development, and implementation grants dealing with the preschool populations-allowing states to apply for grants to provide services to disabled children age birth through 3 years. In the first quarter of 1985, 20 states received such grants.

Education of the Handicapped Act Amendments of 1986 (Public Law 99-457). In 1986, Congress enacted P.L. 99-457, the Education of the Handicapped Act Amendments of 1986. This legislation amended the Education of All Handicapped Children Act (EHA) to, among other things, replace the preschool grants program (Part B, Section 619) and create a new early intervention program for infants and toddlers (Part H). The least restrictive environment concept was continued.

- **Part B, Section 619.** Replaced the preschool grants program authorized by P.L. 94-142 with a new program (Part B, Section 619) for children with disabilities, ages 3 through 5.
- **Children with Disabilities.** Under this law, the term "handicapped children" was replaced with "children with disabilities." This term means mentally retarded, hard of hearing, deaf, speech or language impaired, visually handicapped, severely emotionally disturbed, orthopedically impaired, or other health impaired, or children

with specific learning disabilities, who by reason thereof require special education and related services. (20 U.S.C. § 1401 [a].)

- **Infant and Toddlers Program.** Created a new state grant program (Part H) to encourage states to plan, develop, and implement early intervention services to infants and toddlers with developmental delay and their families. States participating in the Part H program were permitted five years (1988 - 1993) to develop programs to provide appropriate services to eligible children and their families.
- **Infants and Toddlers with Disabilities.** Under this law, the term "infants and toddlers with disabilities" is defined as children from birth through age 2 who required early intervention services because they (a) are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: cognitive development, physical development, language and speech development, psychosocial development, or self-help skills, or (b) have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. (20 U.S.C. § 1472.)

Individuals with Disabilities Education Act of 1990 (Public Law 101-476). In October 1990, Congress passed P.L. 101-476, which reauthorized the Education for All Handicapped Children Act (EHA), Parts C through G, through fiscal year 1994, changed the name to the Individuals with Disabilities Education Act and made minor changes to Parts B and H. There were some changes in the definition categories for special education and related services, including new categories of traumatic brain injury, developmental delay, and autism. Also, additional services, such as transition and assistive technology, were added.

Americans with Disabilities Act of 1990. The Americans with Disabilities Act (ADA) was signed into law on July 26, 1990. The ADA prohibits discrimination on the basis of disability in employment, programs and services provided by state and local governments, goods and services provided by private companies, and in commercial facilities. The ADA protects every person who either has, used to have, or is treated as having a physical or mental disability that substantially limits one or more major life activity. Individuals who have serious contagious and non-contagious diseases—such as HIV/AIDS, cancer, epilepsy or tuberculosis—are also covered under the auspices of ADA. The ADA extends the coverage of Section 504 of the Rehabilitation Act of 1973.

- **Public Schools.** The ADA affords persons with disabilities meaningful access to programs and facilities of public schools, as well as most business. It requires the employer to make "reasonable accommodations" for disabled persons to perform the job.

Individuals with Disabilities Education Act Amendments of 1997 (IDEA 1997), (Public Law 105-17). The Individuals with Disabilities Education Act Amendments of 1997 (IDEA 97) were signed into law on June 4, 1997. (Final implementing regulations released March 12, 1999.) The new law consists of four parts: Part A—General Provisions, Part B—Assistance for Education of All Children with Disabilities, Part C—Infants and Toddlers with Disabilities (formerly Part H), and Part D—National Activities to Improve Education of Children With Disabilities.

- **Children with Disabilities.** Under this law, the term "children with disabilities" is defined as those children evaluated in accordance with the federal special education

regulations as having mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, specific learning disabilities, deaf-blindness, or multiple disabilities, and who, because of those impairments, need special education and related services.

- **Related Services. Under this law, "related services" are defined as follows:** transportation, and such developmental, corrective, and other supportive services—including speech language pathology and audiology, psychological services, physical and occupational therapy, recreation (including therapeutic recreation and social work services), and medical and counseling services (including rehabilitation counseling), except that such medical services shall be for diagnostic and evaluation purposes only—that may be required to assist a child with a disability to benefit from special education. (IDEA, 20 U.S.C. 1401 [17].) The term also includes school health services, social work services in the schools, and parent counseling and training. (34 C.F.R. 300.1 3[a].)

Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004), (Public Law 105-17). The Individuals with Disabilities Education Act of 2004 (IDEA 2004) is the federal special education law. It gives specific requirements to ensure that students with disabilities receive the services they need to achieve their educational goals.

- **Other Health Impairment.** The definition of other health impairment in § 300.8(c)(9)(i) has been changed to add ''Tourette Syndrome'' to the list of chronic or acute health problems.
- **Related Services.** Related services means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also include school health services and school nurse services, social work services in schools, and parent counseling and training. Related services do not include a medical device that is surgically implanted, the optimization of that device's functioning (e.g., mapping), maintenance of that device, or the replacement of that device. Nothing in law limits the right of a child with a surgically implanted device (e.g., cochlear implant) to receive related services. This law also limits the responsibility of a public agency to appropriately monitor and maintain medical devices that are needed to maintain the health and safety of the child, including breathing, nutrition, or operation of other bodily functions, while the child is transported to and from school or is at school; the law also prevents the routine checking of an external component of a surgically implanted device to make sure it is functioning properly. (§300.34(a) and (b)).

The 2006 Regulations to IDEA 2004. This law clarified the previous IDEA law and made some corrections to what was originally left off.

- **Related Services.** Section 300.34(b) has been changed to (A) expand the title to read ‘‘Exception; services that apply to children with surgically implanted devices, including cochlear implants,’’ and (B) clarify, in new paragraph (b)(1), that related services do not include a medical device that is surgically implanted, the optimization of that device’s functioning (e.g., mapping), maintenance of that device, or the replacement of that device. (3) A new § 300.34(b)(2) has been added to clarify that nothing in paragraph (b)(1) of § 300.34 (A) limits the right of a child with a surgically implanted device (e.g., a cochlear implant) to receive related services, as listed in § 300.34(a), that are determined by the IEP Team to be necessary for the child to receive FAPE; (B) limits the responsibility of a public agency to appropriately monitor and maintain medical devices that are needed to maintain the health and safety of the child, including breathing, nutrition, or operation of other bodily functions, while the child is transported to and from school or is at school; or (C) prevents the routine checking of an external component of a surgically implanted device to make sure it is functioning properly, as required in § 300.113(b).
- **School Health Services and School Nurse Services.** The definition of school nurse services in 300.34(c)(13) has been expanded and re-named school health services and school nurse services. The expanded definition clarifies that ‘‘school nurse services’’ are provided by a qualified school nurse, and ‘‘school health services’’ may be provided by a qualified school nurse or other qualified person.

BAKER COUNTY DISTRICT SCHOOLS and
BAKER COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES

PROCEDURE PHYSICIAN ORDER FORM

(MUST be FILLED OUT COMPLETELY by PHYSICIAN/ HEALTHCARE PROVIDER)

Name:_____ **D.O.B.**_____ **Grade:** ___**Teacher:**_____

Diagnosis: _____ School Yr._____

Latex Allergy: ☐Yes ☐No Needs Assistance with Procedure: ☐Yes ☐No

PROCEDURES:

CATHETERIZATION: ☐Clean ☐ Sterile Time of procedure _____ _____

OSTOMY TYPE: ☐Colostomy ☐ Ileostomy ☐ Urostomy ☐ Gastrostomy ☐ Jejunostomy

☐ Button ☐ PEG ☐Other _____ ☐ Ostomy Care ☐Frequency _____

FEEDING: Pump ☐Yes ☐No Type _____ ☐Flow rate _____cc/hr

Gravity ☐Yes ☐No Syringe ☐ Bag ☐ Check Residual ☐Yes ☐No Hold feeding for residual > _____cc

Formula: _____ ☐ Volume to be given _____cc over _____ min.

Volume of water to follow feeding _____cc ☐Time of feedings _____ _____ _____ _____

Positions: During feeding_____

After feeding _____

☐ Tube Site care ☐Frequency _____

SUCTIONING: ☐ Nasal ☐ Oral ☐ Tracheostomy ☐ Frequency _____

OXYGEN ADMINISTRATION: ☐ Type _____ ☐ Frequency _____

PERCUSSION AND POSTURAL DRAINAGE: ☐ Frequency _____

VENTILATOR- This requires consultation with the Baker Co. ESE Department- 259-7825.

OTHER _____

EQUIPMENT NEEDED (parent to supply)**:** _____

PRECAUTIONS: _____

SPECIAL INSTRUCTIONS: _____

All nursing care is provided by or under the direction/ supervision of a licensed RN or LPN.

Authorization for Health Care Provider and School Nurse to Share Information:
I authorize my child's school nurse to assess my child in regards to his/her special health care needs and to discuss these needs with my child's physician as needed throughout the school year. I understand this is for the purpose of generating a health care plan for my child. I understand I may withdraw this authorization at any time and that this authorization must be renewed annually.

Parent/Guardian Signature_____ Date _____

Doctor's Signature _____Date_____
(Required)

Signature below indicates that the plan is reviewed and appropriate documentation is complete.
School Nurse Signature _____ Date_____

BAKER COUNTY DISTRICT SCHOOLS and
BAKER COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES

MEDICAL PROCEDURE AUTHORIZATION

(To be completed by parent)

I, the undersigned, _____ have enrolled my
(Parent Name)
child,_____at _____.
(Child's Name) (School Name)
It is necessary for my child to have a medical procedure performed during school hours.

The procedure is: _____
(Name of Procedure)

A PHYSICIAN'S ORDER FOR THE PROCEDURE IS ON FILE AT THE SCHOOL: COPY ATTACHED.

I specifically request that the above procedure be performed by members of the school staff. With the signing of this document I affirm that the individual(s) listed herein have been trained to perform this procedure to my satisfaction and that the procedure used meets with my approval. Therefore, there shall be no liability for civil damages as a result of the administration of the above procedure where the person administering the procedure acts as an ordinarily responsible, prudent person would have acted under the same or similar circumstances.

I also understand that if there is special equipment needed to perform this procedure it will be maintained by me, delivered to the school in working order daily, and that the school personnel will assume **no** responsibility for the proper maintenance or delivery of the special equipment necessary for this procedure.

The following staff member(s) have been trained to my satisfaction and in accordance with a procedure established by the school under the orders of my child's physician.

In the event the trained school board employee(s) cannot complete the above procedure as ordered and all efforts to secure a Baker County School Board substitute nurse have been exhausted:
I, _____ (or my designee) will be requested to complete
(Parent's Name)
the procedure. If I, _____ (or my designee) am unavailable,
(Parent's Name)
I agree that a substitute nurse will be hired from an approved agency to complete the procedure.

Name(s) of staff members trained:

_____

_____

_____ _____
(Parent Signature) (Date)

CLEAN INTERMITTENT CATHETERIZATION (C.I.C.)

Purpose:

Clean intermittent catheterization is the periodic drainage, by catheter, of urine from the bladder. Use of this procedure ensures that the bladder is emptied at regular intervals in order to decrease the morbidity associated with residual urine and to avoid the permanent placement of a catheter in the bladder. The major reason for CIC is the student's kidney function. When the bladder is continually full, pressure forces urine into the ureters (tubes leading from the kidneys to the bladder). This in turn puts damaging pressure on the kidneys. Catheterization helps prevent such damaging pressure by regularly emptying the bladder of urine. Another reason for catheterization is the prevention of urinary tract infections and incontinence which requires the use of diapers or a permanently placed catheter into the bladder.

Under the Education for All Handicapped Children Act (P. L. 94.142), schools are required to provide catheterization to those students needing such services during the hours when they attend school. CIC has been designated as a School Health Services subcategory of related services and is neither a medical service nor a service that requires a physician or a nurse. Students should be assessed for their ability to assist or perform self-catheterization. School personnel designated to assist students in CIC should be trained in the proper procedures by a registered nurse or a physician.

Procedure:

CIC is a procedure for which some students may need assistance while attending school. The person designated to provide assistance does not necessarily have to be licensed. A health room designee, clerk, teacher, etc. trained by a physician or a registered nurse can perform this procedure.

Written parental permission must be obtained prior to assisting with or performing CIC during school hours. In addition, procedures for CIC must be in accordance with written instructions received from the student's physician. Both the parental permission form and the physician's instructions should be kept in the student's cumulative health record. Doctor's orders must note the frequency with which catheters must be changed.

CLEAN INTERMITTENT CATHETERIZATION (CIC) PROCEDURE FEMALE AND MALE

PURPOSE: To ensure periodic emptying of urine from a student's bladder.

ACTION TO BE PERFORMED BY: Person trained by a Registered Nurse.

DOCTORS ORDERS: *REQUIRED*

STEPS:

1. Gather equipment in a clean, private area:

   - Gloves.
   - Catheter.
   - Soap, water and cotton balls or disposable wipes.
   - Water-soluble lubricant (e.g. K-Y Jelly, **never** Vaseline).
   - Container to collect urine, if student is unable to use the toilet for positioning in the case of a female or to be positioned near the toilet in the case of a male.
   - Towel to place under student if student is unable to use the toilet for positioning in the case of a female or to be positioned near the toilet in the case of a male.

A bathroom with running water and a toilet is the optimum for purposes of teaching and normalizing the procedure.

2. Provide a private area for the student. Respect privacy.

3. Maintain Standard (Universal) Precautions throughout procedure. Wash hands and have student wash hands. Use standard procedures while dealing with body fluids. Use approved hand-washing technique.

4. Explain the procedure and its importance as it is being carried out. Use terms that the student can understand.

5. Position the student, assisting with removal or adjustment of clothing or diaper. Have the **female student** maintain a sitting position on the toilet whenever possible, otherwise position the student on her back with feet flat on cot, knees flexed and apart. Have the **male student** positioned near the toilet whenever possible, otherwise, try to maintain a comfortable sitting position. If the student will be learning self-catheterization, try to use the position that will be used later on.

6. Put on gloves. Gloves must be used for protection against body fluids.

7. Squeeze lubricant onto tip of catheter; leave in protective wrapper if available, otherwise place on clean paper towel, putting the large end of catheter in a collection container if student is not on toilet. Lubrication prevents trauma.

8. **Female student**: With the thumb and middle finger of the non-dominant hand, gently separate the labia, exposing the uretheral meatus. Maintain separation with slight backward and upward tension. Identification of anatomical landmarks should begin now.

Male student: With the non-dominant hand, hold the penis by the shaft and at an angle straight out from the student's body.

9. **Female student**: With the opposite hand, cleanse around the meatus using cotton balls saturated with soap and water, or disposable wipes. Make three single downward strokes, using a clean cotton ball or wipe for each stroke. Front to back cleansing prevents contamination.

   Male student: With the opposite hand, cleanse around the meatus using cotton balls saturated with soap and water or disposable wipes. If the student is not circumcised, first retract the foreskin. Starting at the uretheral meatus, wipe in widening circles around the meatus. Clean three times. Use a clean cotton ball or wipe each time and begin at the meatus each time.

10. **Female student**: While continuing to separate the labia with one hand, use the other hand to pick up the catheter approximately 3 inches from the tip; insert the catheter into the meatus, until urine begins to flow; then advance the catheter another one or two inches. Never force the catheter. Hold in place until urine stops flowing. Slight resistance as the catheter passes through the urinary sphincters may be met as you advance the catheter into the bladder. If strong resistance is met, do not force the catheter. Remove the catheter and notify the student's parents and/or public health nurse immediately.

    Male student: Use the other hand to pick up the catheter approximately 3 inches from the tip; insert the catheter into the meatus, until urine begins to flow; then advance the catheter another one or two inches. Never force the catheter. Hold in place until urine stops flowing.

11. Remove the catheter, pausing if urine begins to flow again. Urine may start and stop with changes in the position of the catheter.

12. Assist the student to redress or to adjust clothing or diaper.

13. If collection container was used, observe urine for signs of abnormality, measure the amount and document, then discard. Observe and document the color, clarity and odor.

14. If reusing the catheter, wash with warm soapy water, rinse and dry. Place in plastic bag or other container. Send home if requested by parent/guardian. Using friction to clean catheter and creating a dry environment for storage will retard growth of germs on catheter.

15. Wash collection container with soap and water, rinse and dry. Dispose of wipes or cotton balls.

16. Remove gloves and discard. Discard glove in covered trash can.

17. Wash hands and have student wash hands.

18. Document procedure and results on flowsheet. Promptly report any abnormality to the parent.

INTERMITTENT CATHETERIZATION (CIC) SKILLS CHECKLIST FEMALE

*Contact your school RN for a performance check and form completion.

Name: _____ School: _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Gather equipment in a clean, private area: • Gloves. • Catheter. • Soap, water, and cotton balls or disposable wipes. • Water-soluble lubricant (e.g. K-Y Jelly, **never** Vaseline). • Container to collect urine, if student is unable to use the toilet for positioning. • Towel to place under student, if student is unable to use the toilet for positioning.		
2. Provide a private area for the student.		
3. Maintain Standard (Universal) Precautions during procedure. Wash hands and have student wash hands.		
4. Explain the procedure and its importance as it is being carried out.		
5. Position the student, assisting with removal of pertinent clothing. Maintain a sitting position on the toilet whenever possible; otherwise position the student on her back with feet flat on cot, knees flexed and apart.		

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
6. Put on gloves.		
7. Squeeze lubricant onto tip of catheter; leave in protective wrapper if available, otherwise place catheter on clean paper towel, putting large end of catheter in a collection container if student is not on toilet.		
8. With the thumb and middle finger of the non-dominant hand, gently separate the labia, exposing the urethral meatus. Maintain separation with slight backward and upward tension.		
9. With the opposite hand, cleanse around the meatus using cotton balls saturated with soap and water, or disposable wipes. Make three single downward strokes, using a clean cotton ball or wipe for each stroke.		
10. While continuing to separate the labia with one hand, use the other hand to pick up the catheter approximately 3 inches from the tip; insert the catheter into the meatus, until urine begins to flow, then advance the catheter another one or two inches. Never force the catheter. Hold in place until urine stops flowing.		
11. Remove the catheter, pausing if urine begins to flow again.		
12. Assist the student to redress.		

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
13. If collection container was used, discard urine after observing for signs of abnormality and measuring the amount of urine.		
14. If reusing catheter, wash the catheter with warm soapy water, rinse and dry. Place in plastic bag or other container. Send home for parent/guardian to sterilize.		
15. Wash collection container with soap and water, rinse, and dry. Dispose of wipes or cotton balls.		
16. Remove gloves and discard.		
17. Wash hands and have student wash hands.		
18. Document procedure and results. Promptly report any abnormality to the parent or school nurse.		

RN Signature _____ Initials _____ Date _____

UAP Signature _____ Initials _____ Date_____

***Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.**

INTERMITTENT CATHETERIZATION (CIC) SKILLS CHECKLIST MALE

*Contact your school RN for a performance check and form completion.
Name: _____ School: _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Gather equipment in a clean, private area: • Gloves. • Catheter. • Soap, water, and cotton balls or disposable wipes. • Water-soluble lubricant (e.g. K-Y Jelly, **never** Vaseline). • Container to collect urine, if student is unable to use the toilet for positioning. • Towel to place under student, if student is unable to use the toilet for positioning.		
2. Provide a private area for the student.		
3. Maintain Standard (Universal) Precautions during entire procedure. Wash hands and have student wash hands.		
4. Explain the procedure and its importance as it is being carried out.		
5. Position the student near the toilet whenever possible, assisting with adjustment of clothing or diaper.		
6. Put on gloves.		

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
7. Squeeze lubricant onto tip of catheter; leave in protective wrapper if available, otherwise place catheter on clean paper towel, putting large end of catheter in a collection container if student is not on toilet.		
8. With non- dominant hand, hold the penis by the shaft and at an angle straight out from the students body.		
9. With the opposite hand, cleanse around the meatus using cotton balls saturated with soap and water, or disposable wipes. If the student is not circumcised, first retract the foreskin. Starting at the urethral meatus, wipe in widening circles around the meatus. Clean three times. Use a clean cotton ball or wipe each time and begin at the meatus each time.		
10. Use the other hand to pick up the catheter approximately 3 inches from the tip; insert the catheter into the meatus, until urine begins to flow; then advance the catheter another one or two inches. Never force the catheter. Hold in place until urine stops flowing.		
11. Remove the catheter, pausing if urine begins to flow again.		
12. Assist the student in adjusting clothing or diaper.		

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
13. If collection container was used, discard urine after observing for signs of abnormality and measuring the amount of urine.		
14. If reusing catheter, wash the catheter with warm soapy water, rinse, and dry. Place in plastic bag or other container. Send home for parent/guardian to sterilize.		
15. Wash collection container with soap and water, rinse, and dry. Dispose of wipes or cotton balls.		
16. Remove gloves and discard.		
17. Wash hands and have student wash hands.		
18. Document procedure and results. Promptly report any abnormality to the parent or school nurse.		

RN Signature _____ Initials _____ Date _____

UAP Signature _____ Initials _____ Date_____

***Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.**

UROSTOMY CATHETERIZATION PROCEDURE

PURPOSE: To drain collected urine from individuals who have had urinary diversion surgery. Intermittent catheterization may be clean or sterile as ordered by the physicians.

ACTION TO BE PERFORMED BY: Person trained by a Registered Nurse.

DOCTORS ORDERS: *REQUIRED*

STEPS:

1. Provide a clean, private area for the procedure. Respect student's privacy.
2. Gather the equipment: gloves, catheter, soap, water, cotton balls (or physician ordered cleaning solution), water-soluble lubricant and container to collect urine. If instructing student in catheterization procedure, explain each step.
3. Maintain universal precautions throughout procedure. Wash hands and have student wash hands if assisting. Use universal precautions when handling body fluids. Use approved hand-washing technique.
4. Explain procedure and its importance as it is being carried out. Use terms that the student can understand.
5. Position the student so he/she is comfortable and you are able to easily visualize the stoma. Assist with clothing removal or adjustment. If the student will be learning self-catheterization, try to use the position that he/she will use later on.
6. Prepare catheter supplies. Put on gloves to protect body from body fluids.
7. Clean stoma area starting at stoma and working out several inches in a circular motion using cotton balls saturated with soap and water (or physician ordered cleaning solution). Discard the cotton ball. Repeat 3 times. Cleaning from stoma out prevents contamination of the area.
8. Pick up catheter and apply small amount of lubricant to tip; insert into stoma 2 - 3 inches (never force catheter). Hold in place until urine stops flowing. Re-positioning the catheter may alleviate resistance.
9. Remove catheter. Pause if urine begins to flow again.
10. Assist student in dressing.
11. Measure amount of urine. Assess color, clarity and odor. Know what is "normal" for the particular student. Many urinary diversions will have cloudy urine or excessive mucous.
12. Instruct student in signs/symptoms of urinary infection and importance of reporting to physician if they occur. (Unusual odor, color and sedimentation).
13. If re-using the catheter; wash in warm soapy water, rinse, dry and place in storage container. Discard all disposable equipment.

14. Remove gloves and wash hands. Put gloves in trash and follow hand washing procedures.

15. Document procedure and results. Promptly report any abnormality to parents. Chart date, time, color, amount of urine and any unusual results of catheterization.

UROSTOMY CATHETERIZATION SKILLS CHECKLIST

*Contact your school RN for your performance check and form completion.

Name: _____School_____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Gather equipment in a clean and private area. • Gloves • Catheter • Soap • Water • Cotton balls • Water-soluble lubricant • Container to collect urine		
2. Maintain universal precautions during procedure. Wash hands and if appropriate have student wash hands.		
3. Explain the procedure and its importance to the student.		
4. Position student so he/she is comfortable and you are able to easily visualize the stoma. Assist with removal of clothing or adjustment. If student will be learning self-catheterization, try to use the position that he/she will use later on.		
5. Prepare catheter supplies.		
6. Put on gloves.		
7. Clean stoma areas from center outward in circular motion with cotton balls saturated with soap and water. With new cotton ball, repeat cleaning 3 times.		

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
8. Apply lubricant to tip of catheter; insert 2-3 inches into stoma (never use force) and leave in place until urine flow stops. When urine flow stops, remove catheter.		
9. Assist student to dress.		
10. Measure amount of urine; assess for color, clarity, and odor. Discard in toilet.		
11. If reusing catheter wash in warm soapy water, rinse, dry and place in storage container. Discard disposable equipment.		
12. Remove gloves and wash hands.		
13. Document procedure and results. Promptly report any abnormality to the parent or school nurse.		

RN Signature: _____ Initials _____ Date_____

UAP Signature: _____ Initials _____ Date_____

***Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.**

Distribution: Original in the health room, copy in student health file.

BAKER COUNTY DISTRICT SCHOOLS and
BAKER COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES

Catheterization Log

Student's Name _____ DOB_____ Grade _____

School _____Physician's Order_____

Date	Time	Amount	Color/ Consistency	Comments	Initials

Signature _____ Date _____ Initials ____

Ostomy Care

An Ostomy is an opening through the skin of the abdomen into the intestine where stool is formed. The opening may be into the ileum (ileostomy) or the colon (colostomy). The opening is called a stoma. Stool drains through the stoma into a pouch on the abdomen. Ostomy pouches come in many styles. When changing the pouch, check the skin around it. The stoma is a mucus membrane which is pink or red and moist-looking. It may bleed when you clean or wipe it. The part of the pouch that sticks to the skin is the skin barrier wafer. This must fit snugly around the stoma to prevent leakage of the stool onto the skin, causing irritation and skin breakdown. If the skin is irritated around the stoma, notify the parent.

Burping the bag, when the bag has filled with gas will help to prevent the bag from coming lose and relieve discomfort caused by the gas.

CHANGING COLOSTOMY/ILEOSTOMY COLLECTION BAG

PURPOSE: To ensure periodic emptying/changing of ostomy appliances for prevention of skin breakdown and appropriate hygiene practices.

ACTION TO BE PERFORMED BY: Person trained by a Registered Nurse.

DOCTORS ORDERS: *REQUIRED*

STEPS:

1. Assemble equipment. Stored (location):

    - Soap and water.
    - Soft cloth or gauze.
    - Skin preparation.
    - Adhesive.
    - Tape.
    - Clean bag and belt, if needed.
    - Disposable gloves.
    - Scissors (if needed, to cut skin barrier).

2. Wash hands and apply gloves.

3. Provide private area.

4. Assist student as needed to undress to extent needed for procedure.

5. Empty contents of used bag into toilet.

6. Carefully remove the used bag and skin barrier by pushing the skin away from the bag, instead of pulling the bag off the skin.

7. If a skin barrier is used that requires fitting, measure stoma.

8. Pat actual stoma clean using moistened toilet tissue or facial tissue. Cover the stoma with gauze or cloth and clean the skin around the stoma. **DO NOT SCRUB THE STOMA OR THE SKIN.**

9. Inspect the skin for redness, rash, or blistering. Do not put medication, ointment or adhesive on the damaged skin. Report skin redness, rash, lesions or bleeding promptly to parent and for:

    - Drops of blood: pat gently with soft cloth/gauze.
    - Moderate bleeding: apply gentle pressure using soft cloth/gauze.
    - Heavy/continued moderate bleeding: apply firm pressure using soft cloth/gauze. Call 9-1-1 if necessary.

10. Pat skin dry with soft cloth/gauze.

11. Place skin barrier on skin around stoma.

12. Peel off backing from adhesive, or apply adhesive to bag if necessary.

13. Center the new bag directly over the stoma.

14. Firmly press the bag to the skin barrier so there are no leaks or wrinkles.

15. Record procedure on flow sheet.

16. Remove gloves and wash hands.

17. Report to the parent by the end of school day any change in stool pattern.

BAKER COUNTY DISTRICT SCHOOLS and
BAKER COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES

OSTOMY FLOW SHEET

Student's name _____ DOB _____ Grade _____

School _____ Physician's order_____

Date	Time	Colostomy	Ileostomy	Stool	Flatus	Comments	Initials

RN Signature _____ Date_____ Initials ____

CHANGING COLOSTOMY/ILEOSTOMY COLLECTION BAG

*Contact your school RN for a performance check and form completion.

Name: _____ School: _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Assemble equipment. • Soap and water • Soft cloth or gauze • Skin preparation • Adhesive • Tape • Clean bag and belt, if needed • Disposable gloves • Scissors (if needed to cut skin barrier)		
2. Wash hands and apply gloves.		
3. Provide private area.		
4. Assist student as needed to undress to extent needed for procedure.		
5. Empty contents of used bag into toilet.		
6. Carefully remove the used bag and skin barrier by pushing the skin away from the bag, instead of pulling the bag off the skin.		
7. If a skin barrier is used that requires fitting, measure stoma.		
8. Pat actual stoma clean using moistened toilet tissue or facial tissue. Cover the stoma with gauze or cloth and clean the skin around the stoma. **DO NOT SCRUB THE STOMA OR THE SKIN.**		

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
9. Inspect the skin for redness, rash, or blistering. Do not put medication, ointment or adhesive on the damaged skin. Report skin redness, rash, lesions or bleeding promptly to parent and for: • Drops of blood: pat gently with soft cloth/gauze. • Moderate bleeding: apply gentle pressure using soft cloth/gauze. • Heavy/continued moderate bleeding: apply firm pressure using soft cloth/gauze. Call 9-1-1 if necessary.		
10. Pat skin dry with soft cloth/gauze.		
11. Place skin barrier on skin around stoma.		
12. Peel off backing from adhesive, or apply adhesive to bag if necessary.		
13. Center the new bag directly over the stoma.		
14. Firmly press the bag to the skin barrier so there are no leaks or wrinkles.		
15. Remove gloves and wash hands.		
16. Record procedure on flow sheet.		
17. Report to the parent by the end of school day any change in stool pattern.		

RN Signature _____ Initials _____ Date _____

UAP signature _____ Initials _____ Date_____

***Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.**

CREDÉ MANEUVER PROCEDURE

PURPOSE: Application of manual pressure over lower abdomen to promote emptying of bladder.

ACTION TO BE PERFORMED BY: Person trained by a Registered Nurse.

DOCTORS ORDERS: ***REQUIRED***

PROCEDURE:

1. Gather equipment in a clean private area.

    - Gloves
    - Diapers
    - Urinal

A bathroom with running water and toilet is the optimum place for purposes of teaching and normalizing the procedure.

2. Explain the procedure to the student. Use terms that the student can understand.

3. Provide a private area for the student. Respect privacy.

4. Maintain Standard (Universal) Precautions during procedure. Wash hands. Use standard procedures while dealing with body fluids. Use approved hand-washing technique.

5. Position student on: toilet, or lying on absorbent material on a changing table.

6. Put on gloves. Gloves must be used for protection against body fluids.

7. Place your hands flat on the student's abdomen just below the umbilicus. Then firmly stroke downward toward the bladder about six times to stimulate the voiding reflex. Application of manual pressure over the lower abdomen promotes complete emptying of the bladder.

8. Place one hand on top of the other above the pubic arch. Press firmly inward and downward to compress and expel residual (retained) urine. Continue the procedure as long as urine can be manually expressed.

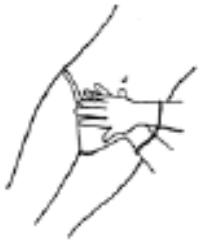
9. If collection container is used, discard urine after observing for signs of abnormality and measuring the amount of urine. Observe and document the color, clarity, and odor.

10. Remove gloves and discard.

11. Wash Hands.

12. Document procedure and the amount of urine expelled. (If the urine was not measured in a bedpan or urinal, record using the words, small, moderate, large.)

HAND POSITIONING FOR CREDE'S MANEUVER



CREDÉ MANEUVER SKILLS CHECKLIST

*Contact your school RN for a performance check and form completion.

Name: _____ School: _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Gather equipment in a clean private area. • Gloves • Diapers • Urinal		
2. Explain the procedure to the student.		
3. Provide a private area for the student.		
4. Maintain Standard (Universal) Precautions during procedure. Wash hands.		
5. Position student on: toilet, or lying on absorbent material on a changing table.		
6. Put on gloves.		
7. Place your hands flat on the student's abdomen just below the umbilicus. Then firmly stroke downward toward the bladder about six times to stimulate the voiding reflex.		
8. Place one hand on top of the other above the pubic arch. Press firmly inward and downward to compress and expel residual (retained) urine.		
9. If collection container is used, discard urine after observing for signs of abnormality and measuring the amount of urine.		
10. Remove gloves and discard.		

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
11. Wash Hands.		
12. Document procedure and the amount of urine expelled. (If the urine was not measured in a bedpan or urinal, record using the words, small, moderate, large.)		

RN Signature _____ Initials _____ Date _____

UAP Signature _____ Initials _____ Date_____

***Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.**

DIAPERING

PURPOSE: To maintain the students safety and comfort during diapering while safeguarding against infection.

NOTE: Changing diapers in a sanitary way is one of the most important things a school staff member can do to prevent the spread of infectious organisms present in stool. You can help prevent infection and illness among staff, students and their families by remembering the following guidelines as you diaper students.

EQUIPMENT:

1. **Changing surface –** If using an elevated changing table, a restraining strap must be used. Keep students away from the changing surface. Cover it with a smooth, non-porous, moisture resistant, and easily cleanable material. For extra protection, use disposable examining table paper and change it between each use.

2. **Hand washing sink and towels** - The sink should be in the same room as the changing surface. Soap and towels should be kept at the sink and single-service; disposable towels (i.e. paper towels) should be used.

3. **Skin care items** - Keep changing supplies away from students. Keep skin care items nearby. Use cloths and towels only once, and discard. Many disposable diapering cloths are available.

4. **Waste container** - For disposable diapers, use a tightly covered washable container with a foot operated lid. Line the container with a disposable trash bag. Keep it away from students. Remove soiled diapers daily, with double bagging technique.

5. **Potty Chairs** - Chair frames should be smooth and easily cleanable. The waste container should be removable. Sanitize the chair and frame after each use.

6. **Cleaning Supplies**

    - Disposable towels/cloths.
    - Sanitizing chemical solution made from 1 part household bleach per 10 parts tap water. Solution should be prepared daily or stored in air-tight container. Leave the bleach solution on the surface for at least one minute (or for ten minutes at the end of the day or when the surface is soiled with body fluid). Keep solution out of reach of students.

7. **Supplies Necessary**

    - Clean Diaper.
    - Disposable wipes.
    - Toilet paper.
    - Small plastic bag for disposal of feces.

DOCTORS ORDERS: *NOT REQUIRED*

STEPS:

1. Assemble supplies and place clean paper on table or clean surface.
2. Wash hands; put on disposable latex gloves.
3. Assist or take students to changing table/surface.
4. **DO NOT** leave student unattended.
5. Talk cheerfully to the student during the procedure as some students may be uncomfortable with the height of the table or be embarrassed by the procedure.
6. Remove soiled or wet diaper, fold soiled portion inward and immediately place in plastic bag or trash can.
7. Do not place wet soiled diaper on table, floor or sink.
8. Remove loose feces from skin with toilet paper or moisturized wipes. Wash the skin gently with moisturized wipes.
9. Dry area well. Apply diaper creams and lotions only with written request by parent.
10. Apply clean diaper and secure outer clothing.
11. Assist student off changing table and return to classroom.
12. Clean and disinfect changing surface.
13. Wash hands.
14. Return all supplies to designated areas and put clean table paper in place.

Frequency of Diaper Changes:

A. All diapers should be checked every two (2) hours and changed immediately if soiled to prevent skin irritations.
B. There could be circumstances when the changing schedule should be altered due to field trips and other special activities. A reasonable alternative plan should be developed for these occasions.
C. It is suggested that students in diapers have toileting logs kept on the bathroom door or other central location. Logs will be kept by the teacher and discarded at the end of summer school each year.

Child's Name: _____									
DATE	**CHANGING TIME**	**D= DRY**	**W= WET**	**BM= SOILED**	**STAFF INITIALS**	**FEEDING TIME**	**DESRIPTION**	**STAFF INITIALS**	**NOTES ON BACK Y/N?**

Diapering & Feeding Log continued

Date & Time: _____

Notes:

_____
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CARE OF MENSTRUATING SPECIAL NEEDS CHILD

A. General Information:
   1.) The established guidelines for growth and development/health curriculum will be followed in teaching handicapped students.
   2.) The exceptional child may require additional assistance or monitoring, depending upon her individual limitations, whether mental or physical.
   3.) The same consideration for privacy and hygiene apply to those reviewed in the discussion on hygiene and diaper changing.
   4.) Supplying feminine hygiene supplies is the responsibility of the parent. Only pads should be used at school. It remains the responsibility of the school staff to promote good skin care and hygiene while the student is at school. There are feminine hygiene supplies available at school for emergencies and accidents.
   5.) Procedures for handling bodily fluids should be followed when assisting students with the changing of pads. Proper procedures for disposal of pads, and/or contaminated items should be followed.

B. Unique considerations:
   Additional monitoring and education may be required for students who are mentally handicapped. More repetition of instructions in hygiene is required. Frequent viewing and reviewing of materials on menstruation is necessary.

Identification of girls needing assistance with hygiene while maintaining their right to privacy is difficult. All adult caretakers should be made aware so that they can send the child for changing or remind the student to check herself. The staff at each school should develop a method of identifying these students requiring assistance during menstruation. One method is the use of a log, which easily tracks irregularities, heavy or light flows, or behavior problems. The staff can then anticipate menstrual time. Gloves should be worn when handling soiled hygiene supplies and clothing. Both gloves and soiled items should be placed in a plastic bag and tied before disposal. Soiled clothing should be placed in a plastic bag to be returned home.

GASTROSTOMY TUBE FEEDING PROCEDURE

PURPOSE: To provide feedings for the student who is unable to receive adequate nourishment by mouth.

ACTION TO BE PERFORMED BY: Person trained by a Registered Nurse.

DOCTORS ORDERS: *REQUIRED*

STEPS:

1. Review the physician's treatment order.

2. Assemble equipment:

    - Feeding solution at room temperature. Allow feeding solution to sit at room temperature for one hour. Excessive heat coagulates feedings. Excessive cold can reduce the flow of digestive enzymes and cause abdominal cramping.
    - 20-60 cc syringe with catheter tip.
    - Tubing clamp or plug.
    - Container of water.

3. Encourage student to participate as much as possible.

4. Position student sitting upright or semi-reclining with head of bed or chair at a 45-degree angle. These positions enhance the gravitational flow of the feeding and help prevent aspiration into the lungs.

5. Use Standard (Universal) Precautions throughout the entire procedure. Wash hands and apply gloves.

6. Observe stoma and skin around gastrostomy for bleeding sores or leakage. Report any signs of infection, irritation, or leakage. If ordered, clean with prescribed cleaning solution.

7. Check for proper tube placement.

    - Draw 5 to 10cc's of air into a syringe. Place stethoscope on the left side of the abdomen just above the waist. Attach syringe and/or adapter to the tube or button.
    - Unclamp the tube.
    - Gently inject air into the feeding port and listen to the stomach for an "air rush" (gurgling or growling sound).

8. If checking residual was ordered, then aspirate all of stomach contents and note amount; then re-instill the entire aspirate. If quantity of residual is greater than physician ordered, DO NOT FEED. Delay 30 minutes; then repeat aspiration. If residual continues to be greater than ordered contact parent. This is done to evaluate absorption of last feeding, i.e., whether or not there is undigested feeding

solution remaining from previous feeding (residual). If a residual is present, adjust the feeding according to orders.

9. Clamp the tube, remove the syringe, and reattach the syringe (without the plunger) or the feeding bag to the clamped tube or into button. Clamping the tube keeps excess air from entering the stomach, preventing distention.

10. Unclamp the tube; allow air bubbles to escape; fill the syringe with feeding solution or attach prepared feeding bag containing solution (room temperature). Elevate the tube and syringe to about 4-6 inches above the student's abdomen to start the feeding.

11. Allow the feeding to flow by gravity, adding solution slowly as contents empty, keeping solution in the syringe* at all times until feeding is complete. NEVER FORCE solution through the tube. If tube is obstructed, do not feed. Contact parent. If using feeding bag/gravity, position bag at height slightly above student's head. Raise or lower the syringe to regulate the rate of the flow. Feeding should take 20-30 minutes. Keeping the syringe partially filled prevents air from entering the stomach. For continuous feeding with pump, place tubing into pump mechanism and set for flow ordered. Stay with the student throughout the feeding.

12. When nearly all the feeding is gone, add prescribed amount of water into syringe or feeding bag (flush). This will clear the solution from the tubing and prevent occlusion.

13. Clamp the tube just above the stoma before the water has completely cleared the tubing. Avoid introducing extra air into the stomach.

14. Remove the syringe, adapter, or bag and tubing. Re-plug tubing.

15. Wash syringe with soap and water; rinse thoroughly, and allow to air dry. This prevents growth of bacteria.

16. Remove gloves. Wash hands.

17. Document procedure.

18. Allow student to remain upright or elevated for 30 minutes after feeding. This helps prevent vomiting and/or aspiration, if student should regurgitate. Observe student for any changes.

GASTROSTOMY TUBE FEEDING SKILLS CHECKLIST

*Contact the school RN for a performance check and form completion.

NOTE: This is a student specific procedure and not all steps may apply.

Name:_____ School:_____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Assemble equipment: • Feeding solution at room temperature. • 20-60 cc syringe with catheter tip. • Tubing clamp or plug. • Container of water.		
2. Encourage student to participate as much as possible.		
3. Position student sitting upright or semi-reclining with head of bed or chair at a 45-degree angle.		
4. Maintain Standard (Universal) Precautions throughout entire procedure. Wash hands and apply gloves.		
5. Observe stoma and skin around gastrostomy for bleeding sores or leakage. Further observation of tube placement is dependent on type of tube placed.		
6. Check for proper tube placement. • Draw 5 to 10cc's of air into the syringe. • Place stethoscope on the left side of the abdomen just above the waist. • Attach syringe and/or adapter to the tube or button. • Unclamp the tube. • Gently inject air into the feeding port and listen to the stomach for an "air rush" (gurgling or growling sound).		

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
7. If checking residual was ordered, aspirate all of stomach contents and note amount; then re-instill all of the aspirate. If quantity of residual is greater than physician ordered, DO NOT FEED. Delay for 30 minutes, then repeat aspiration. If residual continues to be greater than ordered, contact school RN if in building, otherwise parent.		
8. Clamp the tube, remove the syringe, and re-attach the syringe (without the plunger) to the clamped tube or feeding tube.		
9. Allow the feeding to flow by gravity, adding solution slowly as contents empty, keeping solution in the syringe at all times until feeding is complete. NEVER FORCE solution through the tube. If tube is obstructed, DO NOT FEED. Contact school RN, if in the building, otherwise parent. *If using feeding bag/gravity, position bag at height slightly above student's head. For continuous feeding with pump, place tubing in pump mechanism and set flow as ordered.		
10. When nearly all the feeding is gone, add prescribed amount of water into syringe or feeding bag (flush).		
11. Clamp the tube just above the stoma before the water has completely cleared the tubing.		
12. Remove the syringe, adapter, or bag and tubing.		
13. Wash syringe with soap and water; rinse thoroughly and allow to air dry.		

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
14. Remove gloves. Wash hands.		
15. Document procedure.		
16. Allow student to remain upright or elevated for 30 minutes after feeding.		

RN Signature _____ Initials _____ Date _____

UAP Signature _____ Initials _____ Date_____

Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.

TUBE FEEDING:
INSTILLATION OF MEDICATION THROUGH FEEDING TUBE

ACTION TO BE PERFORMED BY: Person trained by a Registered Nurse.

EQUIPMENT:

- Medication, properly identified according to procedure outlined in the district's School Health Services Manual.
- Small container with tap water to follow medication.
- Catheter tip syringe and tubing (provided by the guardian).
- Clamp if needed.

DOCTORS ORDERS: *REQUIRED*

STEPS:

1. Assemble equipment and ensure a clean work area.

2. Wash hands thoroughly with soap and water, put on gloves.

3. Prepare medication for administration through feeding tube according to physicians order and if available, manufacturer package insert.

4. Explain the procedure to the student to minimize fear and enhance student comprehension and communication skills.

5. Position the student with head elevated at least 30 degrees.

6. Fill the syringe and catheter with medication.

7. Disconnect the tube from continuous feeding, pinching the tube to keep large amounts of air from entering the stomach or open the safety plug and attach feeding catheter.

8. As soon as the medication has been instilled, and before air is absorbed through the tube, flush with at least 30 cc (1 oz) of tap water, or amount specified in doctors order.

9. As the last of the water drains, reconnect or clamp the feeding tube.

10. Remove gloves and dispose of glove and any other soiled materials in a plastic bag.

11. Wash hands.

12. Document on Medication Administration form.

TUBE FEEDING:
INSTILLATION OF MEDICATION THROUGH FEEDING TUBE

*Contact your school RN for a performance check and form completion.

Student School Year

Staff Member/UAP

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Assemble equipment and ensure a clean work area.		
2. Wash hands thoroughly with soap and water, put on gloves		
3. Prepare medication for administration through feeding tube according to physicians order and if available, manufacturer package insert.		
4. Explain the procedure to the student to minimize fear and enhance student comprehension and communication skills.		
5. Position the student with head elevated at least 30 degrees		
6. Fill the syringe and catheter with medication		
7. Disconnect the tube from continuous feeding, pinching the tube to keep large amounts of air from entering the stomach or open the safety plug and attach feeding catheter.		

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
8. As soon as the medication has been instilled, and before air is absorbed through the tube, flush with at least 30 cc (1 oz) of tap water, or amount specified in plan.		
9. As the last of the water drains reconnect or clamp the feeding tube.		
10. Remove gloves and dispose of glove and any other soiled materials in a plastic bag.		
11. Wash hands.		
12. Document on Tube Feeding Documentation form.		

RN Signature Initials Date

UAP Signature Initials Date

***Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.**

Tube Feeding

STORAGE OF NUTRITIONAL FORMULAS

PURPOSE: To minimize waste of formula while providing safe nutritional support.

NOTES:

A. The parent will supply all formulas.
B. Formulas will be administered only with a written physicians order.
C. All formula received at the school must be in unopened containers.
D. As formula is received at the school it will be immediately marked with the student's name.

DOCTORS ORDERS: *NOT REQUIRED FOR STORAGE OF FORMULAS*

STEPS:

1. Identify the formula by checking the physicians order. Check the expiration date.
2. For liquid or concentrated liquid formulas:
    a) Wash the top of the can, prior to opening, with tap water, or if obviously soiled, with soap and water.
    b) Mix and administer according to physicians order and tube feeding procedures.
    c) Label the can with a marker and/or tape specifying the student's name, the date and time of opening, and the initials of the person opening the can.
    d) Store the unused formula in a refrigerator, preferably with a cap on the can.
    e) Never return poured formula to the can. Any portion which has been poured and/or mixed should be discarded.
    f) Discard unused formula if open over 24 hours.
    g) When using an already opened can, check the label for the students name and the date and time it was opened. Discard if improperly labeled, opened more than 24 hours, or if anything seems questionable.
3. Powdered Formula:
    h) If opening for the first time, wash the can lid with tap water or soapy water if soiled.
    i) Mix and administer according to physicians order and tube feeding procedure.
    j) Label the can with a marker and/or tape specifying the student's name, date of opening, and initials of person opening the can.
    k) Store according to package specification in a secured area making certain that the lid has been tightly replaced.
    l) IF the package specifies a length of time after which the opened powder should be discarded, mark the projected discard date clearly on the label.

BAKER COUNTY DISTRICT SCHOOLS and
BAKER COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES

Tube Feeding Log

Student's Name _____ DOB_____ Grade _____

School _____ Physician's Order _____

Date	Time	Amt. formula	Amt. Water	Pump setting	Residual Amount	Comments	Initial

Signature _____ Date_____ Initials _____

TUBE SITE CARE

(Gastrostomy/Jejunostomy)

PURPOSE:
To prevent skin breakdown and infection around tube insertion site and to keep tube from becoming clogged.

TERMS:

***G Tube*=** Gastrostomy Tube; a tube inserted through a surgical opening in the abdominal wall into the stomach.

***J Tube*=** Jejunostomy Tube; a tube inserted through a surgical opening in the abdominal wall directly into the jejunum.

NOTES: Students with jejunostomy/gastostomy tubes will receive tube care at the discretion of the nurse. Routine tube care should be scheduled outside of school hours.

EQUIPMENT:

a) Cotton tipped swabs
b) Sterile saline or water
c) 2x2 gauze pads

DOCTORS ORDERS: *REQUIRED*

STEPS:

1. Assemble equipment in a clean work area.
2. Talk to student to minimize surprise and to enhance student's comprehension and communication skills.
3. Position the student on his/her back or right side.
4. Wash hands. Put on gloves.
5. Remove the old dressing and discard in a lined waste container
6. Dampen the tips of the swabs with sterile saline or water.
7. Clean around the tube in circles, moving outward from the opening. All drainage, wet or dried, must be removed.
8. Observe the site for signs of infection such as redness, swelling, heat, tenderness, oozing and report such signs to the parent.
9. Dry the area well with a 2x2 gauze.
10. Apply sterile gauze around the tube site to absorb leakage if appropriate.

11. Remove gloves and dispose of gloves and other soiled disposable items in a plastic bag or lined waste can.

12. Wash hands

13. Staff will note date and time of tube care; color, amount, consistency and odor of drainage; other pertinent information on Tube Site Care form.

BAKER COUNTY DISTRICT SCHOOLS and
BAKER COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES

Tube Site Care

Student's Name _____ DOB_____ Grade _____

School _____ Physician's Order _____

Date	Time	Drainage (color, amount, consistency, etc.)	Initials

Signature _____ Date_____ Initials _____

TUBE SITE CARE

(Gastrostomy/Jejunostomy)

**Contact your school RN for a performance check and form completion.*

Name: _____ School: _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Assemble equipment in a clean work area.		
2. Talk to student to minimize surprise and to enhance student's comprehension and communication skills		
3. Position the student on his/her back or right side.		
4. Wash hands. Put on gloves		
5. Remove the old dressing and discard in a lined waste container		
6. Dampen the tips of the swabs with sterile saline or water.		
7. Clean around the tube in circles, moving outward from the opening. All drainage, wet or dried, must be removed.		
8. Observe the site for signs of infection such as redness, swelling, heat, tenderness, oozing and report such signs to the guardian.		

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
9. Dry the area well with 2x2 gauze		
10. Apply sterile gauze around the tube site to absorb leakage if appropriate.		
11. Remove gloves and dispose of gloves and other soiled disposable items in a plastic bag or lined waste can.		
12. Wash hands		
13. Staff will note date and time of tube care; color, amount, consistency and odor of drainage; other pertinent information on Tube Site Care form.		

RN Signature _____ Initials _____ Date _____

UAP Signature _____ Initials _____ Date_____

***Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.**

NASAL SUCTIONING

ACTION TO BE PERFORMED BY: Person trained by a Registered Nurse.

1. To clean the nasal passages of mucus and discharge
2. To prevent complications of mucus remaining in the upper respiratory tract

EQUIPMENT:

1. Bulb Syringe
2. Normal Saline Solution
3. Eye Dropper
4. A second person may be needed to help hold the head/hands

DOCTORS ORDERS: *REQUIRED*

STEPS:

1. Identify Need.
   Note: sounds of nasal congestion

2. Wash hands following hand washing procedure.

3. Obtain equipment and arrange on clean surface.

4. Explain procedure to child using appropriate developmental approach.

5. Insert 1-2 drops of saline into one nostril. Prepare to suction saline and mucus once the saline causes some thinning of mucus.

6. Depress syringe bulb with thumb and insert into nostril, release to suction. Do not place suction tip directly against wall of nasal passages after bulb is depressed.

7. Repeat steps 5 & 6 on other nostril. Continue to suction alternate nostrils until nasal passages sound clear.

8. Evacuate bulb syringe and clean. Wash bulb syringe in warm soapy water and place in an open area to dry.

9. Wash hands following hand washing procedures.

10. Document procedure by charting date, time, type and amount of mucus, and child's response

NASAL SUCTIONING

**Contact your school RN for a performance check and form completion.*

Name: _____ School: _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Identify Need. i. *Note: sounds of nasal congestion*		
2. Wash hands following hand washing procedure		
3. Obtain equipment and arrange on clean surface.		
4. Explain procedure to child using appropriate developmental approach.		
5. Insert 1-2 drops of saline into one nostril. Prepare to suction saline and mucus once the saline causes some thinning of mucus.		
6. Depress syringe bulb with thumb and insert into nostril, release to suction. Do not place suction tip directly against wall of nasal passages after bulb is depressed.		
7. Repeat steps 5 & 6 on other nostril. Continue to suction alternate nostrils until nasal passages sound clear.		
8. Evacuate bulb syringe and clean. Wash bulb syringe in warm soapy water and place in an open area to dry.		

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
9. Wash hands following hand washing procedures.		
10. Document procedure by charting date, time, type and amount of mucus, and child's response		

RN Signature _____ Initials _____ Date _____

UAP Signature _____ Initials _____ Date_____

***Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.**

ORAL SUCTIONING

ACTION TO BE PERFORMED BY: Person trained by a Registered Nurse.

1. To remove secretions from the mouth and throat
2. To stimulate the cough reflex
3. To promote optimal respiratory function

EQUIPMENT:

1. Suctioning unit
2. Disposable connecting tube
3. Disposable catheter and glove or clean YanKauer Catheter
4. Bottle of Saline
5. Clean rinsing container
6. Tissues
7. Paper bag
8. A second person may be needed to help hold the head/hands

DOCTORS ORDERS: *REQUIRED*

STEPS:

1. Identify Need. Check MD orders, observe for respiratory congestion.

2. Obtain equipment. Use a clean table at a convenient height.

3. Connect machine. Put adapter into wall outlet if vacuum type is used.
   Check functioning of machine by turning to “on” position

4. Wash hands by following hand washing procedure.

5. Explain procedure to student by using appropriate developmental approach.

6. Arrange equipment. Open Catheter and have gloves ready. Open and fill rinsing container with normal saline. Open connecting tube to suction outlet. Place end that will be connected to catheter to avoid contamination.

7. Place glove on dominant hand. This hand will hold the catheter.

8. Attach suction tube to catheter. Hold catheter in gloved hand, pick up suction tube with ungloved hand and attach it by pushing/twisting gently.

9. Turn on suction machine using ungloved hand.

10. Moisten tip of catheter by dipping end into saline.

11. Put catheter into mouth and pinch tube during insertion.

12. Apply suction pressure. Occlude lumen of catheter near the connection to suction tube with ungloved hand during insertion; release to apply suction.

13. Rotate suction catheter around mouth. Alternately apply/release suction pressure.

14. Rinse small "C" Catheter and dip into saline basin intermittently and apply pressure. Rinse frequently.

15. Repeat suctioning until the entire area is cleared of mucus. Stop periodically and observe respiratory effort. Repeat as necessary.

16. Allow student to cough and/or expectorate mucus and repeat as necessary.

17. Clear all tubes and rinse with intermittent suction applied.

18. Turn suction machine off using ungloved hand.

19. Remove glove and discard in covered trash can.

20. Cover end of connection tube and disconnect from suction machine.

21. Wash hands using hand washing procedure.

22. Document procedure by charting date, time, type and amount of secretions, and child's response.

METHODS OF CARE:

- Disposable plastic suction catheter for oral use: discard at the end of the day or sooner as necessary
- Yankauer Suction Catheter: wash in soapy water daily; every 2 days, after washing in soapy water, soak in 50% vinegar solution for 20 minutes and rinse well.

ORAL SUCTIONING

**Contact your school RN for a performance check and form completion.*

Name: _____ School: _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Identify Need. Check MD orders, observe for respiratory congestion		
2. Obtain equipment. Use a clean table at a convenient height		
3. Connect machine. Put adapter into wall outlet if vacuum type is used. Check functioning of machine by turning to “on” position		
4. Wash hands by following Follow hand washing procedure.		
5. Explain procedure to student by using appropriate developmental approach.		
6. Arrange equipment. Open Catheter and have gloves ready. Open and fill rinsing container with normal saline. Open connecting tube to suction outlet. Place end that will be connected to catheter to avoid contamination.		
7. Place glove on dominant hand. This hand will hold the catheter.		
8. Attach suction tube to catheter. Hold catheter in gloved hand, pick up suction tube with ungloved hand and attach it by pushing/twisting gently.		
9. Turn on suction machine using ungloved hand.		

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
10. Moisten tip of catheter by dipping end into saline.		
11. Put catheter into mouth and pinch tube during insertion		
12. Apply suction pressure. Occlude lumen of catheter near the connection to suction tube with ungloved hand during insertion; release to apply suction.		
13. Rotate suction catheter around mouth. Alternately apply/release suction pressure.		
14. Rinse Catheter and dip into saline basin intermittently and apply pressure. Rinse frequently.		
15. Repeat suctioning until the entire area is cleared of mucus. Stop periodically and observe respiratory effort. Repeat as necessary.		
16. Allow student to cough and/or expectorate mucus and repeat as necessary.		
17. Clear all tubes and rinse with intermittent suction applied.		
18. Turn suction machine off using ungloved hand.		
19. Remove glove and discard in covered trash can.		

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
20. Cover end of connection tube and disconnect from suction machine.		
21. Wash hands using hand washing procedure.		
22. Document procedure by charting date, time, type and amount of secretions, and child's response.		

RN Signature _____ Initials _____ Date _____

UAP Signature _____ Initials _____ Date_____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

BAKER COUNTY DISTRICT SCHOOLS and
BAKER COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES

Suctioning Log

Student's Name _____ DOB_____ Grade _____

School _____ Physician's Order _____

Date	Time	Amt.	Color	Consistency	Tracheal/ Nasal	Comments	Initial

RN Signature _____ Date_____ Initials ____

OXYGEN ADMINISTRATION

ACTION TO BE PERFORMED BY: Person trained by a Registered Nurse.

EQUIPMENT:
1. Oxygen tank and delivery system
2. Back up oxygen tank and delivery system, if ordered by physician

DOCTORS ORDERS: *REQUIRED*

STEPS:

A. Prior to student's arrival:

1. Obtain physician order for oxygen administration. Order needs to include method of delivery (mask, cannula, tracheostomy, etc.), the flow rate, time to be given and if oxygen is to be self-administered.

2. Write a care plan to include responsibilities of parents, school and outside agencies involved, and a plan for failure of the system.

3. In-service staff regarding oxygen administration and designate, in writing, at least two staff members other than the school nurse, who can be responsible for the operation of the equipment and identify empty or nonfunctional apparatus.

4. Notify the risk management office, if requested by school principal, that oxygen will be used on campus. Assist with any safety inspection or measures they feel are necessary.

5. Make necessary arrangements with the Transportation Department who will be transporting the student. In-service this staff as needed.

6. School nurse can request a home visit by the Public Health Nurse or request the family bring the child to school for an assessment and planning time.

B. When student arrives at school:

1. Complete the oxygen administration log.
2. If school is to administer oxygen, the system must be checked every morning upon student's arrival.
3. Obtain new physician's order every three (3) months and contact family and physician as needed.

OXYGEN SAFETY PRECAUTIONS

- Do not smoke or allow open flames, heaters, or radiators near oxygen
- Never permit oil, grease or any highly flammable material to come in contact with oxygen cylinders, liquid oxygen, valves, regulators or fittings. Do not lubricate with oil or other flammable substances. Do not handle equipment with greasy hands or rags.
- Never put anything over gas cylinder.
- Know who the home oxygen supply company contact person is and have phone number posted in an obvious place.
- Return any defective equipment to the authorized company for replacement.
- Have spare oxygen readily accessible, based on the student's needs. This should be stored safely in a secure place.
- Extra tubing and tank equipment (wrenches, etc.) must be kept in an easily accessible place.
- If using oxygen gas be sure that the tank is securely placed in its stand and cannot fall or be knocked over.
- Be careful that the oxygen tubing does not become kinked, blocked or disconnected.
- Use only the flow meter setting prescribed by the child's doctor.
- The local fire department should be notified that oxygen is in use in the school.

BAKER COUNTY DISTRICT SCHOOLS and
BAKER COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES

OXYGEN ADMINISTRATION LOG

Student's Name _____ DOB_____ Grade _____

School _____ Physician's Order _____

Date	Time	Gauge Level of O^2 tank	Oxygen L/M	Comments	Initials

RN Signature _____ Date_____ Initials ____

PERCUSSION AND POSTURAL DRAINAGE

PURPOSE: To prevent respiratory complications by loosening bronchial secretions for easier and more effective deep breathing, coughing, and expectoration.

CONTRAINDICATIONS: Percussion and postural drainage can be done at the discretion of the R.N. There are many contraindications to this procedure. A physician's order is always needed for this procedure.

EQUIPMENT:

1. A wedge, pillow or folded blanket
2. Tissues
3. Basin for child to spit into
4. Suction machine if ordered by physician

DOCTORS ORDERS: *REQUIRED*

PROCEDURE:

1. Identify need.

2. Consider timing in relation to other activities such as eating or therapy. Procedure should not be done immediately after eating.

3. Wash hands thoroughly following hand washing procedure, remove all rings.

4. Explain procedure to child and use measures to relax him/her. Procedure will be more effective if child is not anxious.

5. Position as directed by physician (usually prone, with head down on wedge) with tissue available. Wipe up secretions immediately. The spine should be as straight as possible. Use wedges or pillows to position.

6. Observe color and respiratory rate. If indicated, auscultate before and after the procedure.

7. Have the child take a few deep breaths. Percuss indicated area. Hand position: cup the hand with fingers close together and wrist loose. Use enough force to make a firm air-cushioned impact (hollow sound) to help dislodge secretions without causing discomfort. A light shirt may be used to make the procedure more comfortable. Do not "slap" the skin. Discontinue if reddening occurs. Vibrate the indicated area for three breaths. Tell the child to cough if able.

8. Leave in position for 10-15 minutes. Child should be attended during this time.

9. Suction if ordered and necessary.

10. Assist child slowly to normal position. Do mouth care.

11. Wash hands thoroughly using hand washing procedure.

12. Stop the procedure immediately if color changes or respiratory distress is observed.

13. Document procedure by charting date, time, why done, type and amount of drainage and child's response

PERCUSSION AND POSTURAL DRAINAGE

**Contact your school RN for a performance check and form completion.*

Name: _____ School: _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Identify need. Check physicians order.		
2. Consider timing in relation to other activities such as eating or therapy. Procedure should not be done immediately after eating.		
3. Wash hands thoroughly following hand washing procedure, remove all rings.		
4. Explain procedure to child and use measures to relax him/her. Procedure will be more effective if child is not anxious.		
5. Position as directed by physician (usually prone, with head down on wedge) with tissue available. Wipe up secretions immediately. The spine should be as straight as possible. Use wedges or pillows to position.		
6. Observe color and respiratory rate. If indicated, ausculate before and after the procedure.		
7. Have the child take a few deep breaths. Percuss indicated area. Hand position: cup the hand with fingers close together and wrist loose. Use enough force to make a firm air-cushioned impact (hollow sound) to help dislodge secretions without causing discomfort. A light shirt may be used to make the		

procedure more comfortable. Do not "slap" the skin. Discontinue if reddening occurs. Vibrate the indicated are for three breaths. Tell the child to cough if able. Do not percuss over the spinal column or soft tissue. Allow for intervals of rest every 2-3 minutes. Vibrate only on exhalation. Helping the child into a sitting position may facilitate coughing. Observe for respiratory status and drainage. Stop the procedure immediately if color changes or respiratory distress is observed.		
8. Leave in position for 10-15 minutes. Child should be attended during this time. Provide tissues and basin as necessary. Secretions may be expelled with gravity.		
9. Suction if ordered and necessary. Refer to suctioning and doctors orders.		
10. Assist child slowly to normal position. Do mouth care. Total procedure should be 20-30 minutes.		
11. Wash hands thoroughly using hand washing procedure.		
12. Document procedure by charting date, time, why done, type and amount of drainage and child's response.		

RN Signature _____ Initials _____ Date _____

UAP Signature _____ Initials _____ Date_____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

POSITIONING

(Lifting and Transferring)

PURPOSE: To acquaint school personnel with basic techniques to follow when changing the position of a student who is unable to sit, stand, or walk without the assistance of an adult. Before lifting, carrying or transferring a disabled student, it is recommended that the personnel involved participate in a practice session where a professional, such as a physical therapist, demonstrates the correct technique and procedure.

NOTES:

A) Never attempt to lift a student who is difficult to manage without assistance.
B) If two or more adults are moving a student, always discuss and plan the exact movements before beginning.
C) The equipment involved must be positioned properly, securely, and as close to the student as possible. When a wheelchair is used, the brakes must be secured and the footrests lifted or removed.
D) Avoid quick movements. This may cause the students spastic muscles to tense and he/she may be frightened.
E) Explain the procedure to the student and encourage him/her to assist as much as possible.
F) Proper body mechanics are essential as follows:
    - Bend at the knees, not the waist
    - Be as close to the student as possible
    - Keep the back straight
    - Do not lift higher than the waist
    - Do not lift quickly or with jerky movements

SHUNT MANAGEMENT

PURPOSE:

1) To maintain shunting of cerebral spinal fluid from the ventricles to the peritoneum and atrium.
2) To prevent infection
3) To prevent obstruction of the shunt.

EQUIPMENT:

2) Penlight
3) Measuring Tape
4) Protective Helmet, if ordered.

DOCTORS ORDERS: *NOT REQUIRED*

PROCEDURE:

1) Identify students with V-P or V-A shunts if possible. This should be listed on the student Emergency Information card. Initiate a Nursing Care Plan.
2) Observe for signs of shunt obstruction. Signs can include vomiting, nausea, headache, lethargy, irritability, increased head circumference, vision problems, unequal or non-reactive pupils.
3) Observe for signs of shunt infection. Signs can include fever, irritability, restlessness, lethargy, poor feeding, redness or swelling along shunting system and seizures.
4) If signs of obstruction or infection are observed, notify student's parents and doctor.
5) Assist in protection of the students shunt by encouraging the use of protective helmet, if ordered; Advise the physical education teacher to exclude the student from contact sports (only if indicated by the students physician). Advise teachers to keep the student from napping on the shunted side.

TRACHEOSTOMY SKIN CARE

PURPOSE:

1. To prevent skin irritation and breakdown
2. To remove secretions from skin

EQUIPMENT:

1. Cotton tip applicators
2. Normal saline
3. 4x4 Sponge

DOCTORS ORDERS: *REQUIRED*

PROCEDURE:

1. Identify need. Check doctor's orders. Observe for skin irritation or breakdown.
2. Wash hands using hand washing procedure.
3. Obtain equipment and arrange on clean surface.
4. Explain procedure to child using appropriate developmental approach.
5. Remove old trach dressing. Observe for skin irritation or breakdown. Check with MD if area is irritated.
6. Clean skin around and under tracheostomy tube area, using sterile technique if ordered. Use cotton tip applicator moistened with normal saline or half strength hydrogen peroxide.
7. Gently pat dry using 2x2's.
8. Insert clean dressing around stoma, under tracheostomy tube using one had to stabilize tracheostomy tube.
9. Wash hands using hand washing procedures
10. Document procedure charting date, time, reason for procedure, problems, and child's response.

TRACHEOSTOMY SKIN CARE

**Contact your school RN for a performance check and form completion.*

Name: _____ School: _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Identify need. Check doctor's orders. Observe for skin irritation or breakdown.		
2. Wash hands using hand washing procedure		
3. Obtain equipment and arrange on clean surface.		
4. Explain procedure to child using appropriate developmental approach.		
5. Remove old trach dressing. Observe for skin irritation or breakdown. Check with MD if area is irritated.		
6. Clean skin around and under tracheostomy tube area, using sterile technique if ordered. Use cotton tip applicator moistened with normal saline or half strength hydrogen peroxide.		
7. Gently pat dry using 2x2's		
8. Insert clean dressing around stoma, under tracheostomy tube using one had to stabilize tracheostomy tube.		
9. Wash hands using hand washing procedures		
10. Document procedure charting date, time, reason for procedure, problems, and child's response.		

Preceptor RN Signature _____ Initials _____ Date _____

Preceptee RN Signature _____ Initials _____ Date_____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

CHANGING TRACHEOSTOMY TIES

PURPOSE:

1. To maintain an open airway
2. To prevent skin irritation and breakdown

EQUIPMENT:

1. Two people must be present
2. Twill tape or bias seam tape
3. Bandage scissors
4. Gloves
5. Thermostat

DOCTORS ORDERS: *REQUIRED*

PROCEDURE:

1. Identify need. Check doctor's orders. Observe for skin irritation or breakdown

2. Wash hands (following hand washing procedures)/Put on gloves

3. Obtain equipment and arrange on clean/sterile surface.

4. Explain procedure to child using appropriate developmental approach.

5. Position child and place on back with neck extended or position as ordered/appropriate.

6. First person holds the trach tube in place using tips of finger avoiding occluding the opening.

7. Second person cuts and removes ties carefully using scissors.

8. Use ties prepared as described:
   a) Make cut ½"from the end of the tie
   b) Use the hemostat to pull through, from bottom to top

   Second person follows listed steps to put on new ties
   a) fold the end of the tie and cut a small slit
   b) Thread the tie through the flange hole
   c) Pull the other end of the tie through the slit

9. Repeat steps for other side. First person should continue to hold tube in place.

10. First person bends the child's head forward while holding the tube in place. This technique tightens the tie.

11. Second person ties a knot in the tie on the side of the child's neck. The tie should be tight enough to get only one small finger between the tie and the child's neck.
12. Remove gloves and wash hands following hand washing procedures.
13. Document procedure by charting date, time, reason for procedure, problems and child's response.

TRACHEOSTOMY TIES

**Contact your school RN for a performance check and form completion.*

Name: _____ School: _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Identify need. Check doctor's orders. Observe for skin irritation or breakdown.		
2. Wash hands (following hand washing procedures). Put on gloves.		
3. Obtain equipment and arrange on clean/sterile surface.		
4. Explain procedure to child using appropriate developmental approach.		
5. Position child and place on back with neck extended or position as ordered/appropriate.		
6. First person holds the trach tube in place using tips of finger avoiding occluding the opening.		
7. Second person cuts and removes ties carefully using scissors.		
8. Use ties prepared as described: a) Make cut ½" from the end of the tie b) Use the hemostat to pull through, from bottom to top i. Second person follows listed steps to put on new ties c) fold the end of the tie and cut a small slit a) Thread the tie through the flange hole f) Pull the other end of the tie through the slit		

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
9. Repeat steps for other side. First person should continue to hold tube in place.		
10. First person bends the child's head forward while holding the tube in place. This technique tightens the tie.		
11. Second person ties a knot in the tie on the side of the child's neck. The tie should be tight enough to get only one small finger between the tie and the child's neck.		
12. Remove gloves and wash hands following hand washing procedures.		
13. Document procedure by charting date, time, reason for procedure, problems and child's response.		

Preceptor RN Signature _____ Initials _____ Date _____

Preceptee RN signature _____ Initials _____Date_____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

TRACHEOSTOMY SUCTIONING

PURPOSE:

1. To aspirate retained or excessive secretions
2. To maintain open airway
3. To aid in the respiratory efforts of the student

EQUIPMENT:

1. Portable suction
2. Disposable connecting tube
3. Sterile disposable catheter (size determined by M.D.), sterile or clean gloves (bases on M.D. order)
4. Sterile saline, preferably in single use packets, at room temperature or a jar of sterile saline with eye dropper dispenser
5. Clean rinsing container
6. Tissues or paper towels
7. Bandage scissors

DOCTORS ORDERS: *REQUIRED*

PROCEDURE:

1. Identify need and check doctor's orders. Observe for respiratory congestion and cyanosis.
   Example: Agitation, restlessness, hard/fast breathing, bluish color around lips, nail beds, nostrils flaring.

2. Assemble equipment. Use a clean table at a convenient height

3. Connect machine. Check functioning capacity of machine by turning to "on" position.

4. Explain procedure to child using appropriate developmental approach

5. Wash hands following hand washing procedure (use disposable wipes if water is not available.)

6. Arrange equipment for use. Open sterile catheter and glove packet on table. Open and fill rinsing container with sterile normal saline. Open sterile connecting tube already connected to portable suctioning machine. Connect connecting tube to suction outlet.

7. Put sterile glove on dominant hand. This hand will hold the sterile catheter

8. Attach suction tube to sterile catheter. Hold catheter in gloved hand, pick up suction tube with ungloved hand and attach it by pushing and twisting gently.

9. Turn on suction machine. Use ungloved hand

10. Tell the child to take several deep breaths. This increases oxygen reserve
11. Moisten tip of catheter. Dip end of catheter in sterile saline

12. If secretions are thick, place 2-3 drops of saline directly into tracheostomy. Allow saline to dilute mucus to facilitate removal.

13. Insert catheter into trach being careful not to cover catheter vent opening. Leave inner cannula in place. Insert to depth of 3 inches (7.5 cm) to cleanse cannula or until resistance is met. DO NOT insert further than needed to stimulate coughing

14. Apply suction pressure. Occlude catheter vent opening with ungloved thumb

15. Slowly pull catheter out with a rotating action, alternating on and off suction pressure. Intervals of continuous suction should not last longer than 5 seconds. Use suction only when removing catheter to prevent damage to mucus membrane

16. Rinse catheter. Dip into sterile saline basin, intermittently apply pressure, rinse frequently

17. Repeat suctioning as necessary until desired results are obtained. Allow student to rest 15-20 seconds and catch breath. If catheter becomes blocked, rinse with sterile saline. If airway blockage is not relieved contact RN or dial 911. Suspect a mucus plug if the student continues to be in distress, cut ties and remove trach tube. Reinsert a clean tracheostomy tube according to procedure

18. Clear tubes rinse with intermittent suction applied

19. Turn suction machine off using ungloved hand

20. Discard disposable equipment using covered trash receptacle

21. Clean rinsing container and return equipment to proper place. Store in assigned area

22. Wash hands following hand washing procedure

23. Document procedure by charting date, time, why done, type and amount of secretions and child’s response

TRACHEOSTOMY SUCTIONING

**Contact your school RN for a performance check and form completion.*

Name: _____ School: _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Identify need and check doctor's orders. Observe for respiratory congestion and cyanosis. *Example:* Agitation, restlessness, hard/fast breathing, bluish color around lips, nail beds, nostrils flaring.		
2. Assemble equipment. Use a clean table at a convenient height		
3. Connect machine. Check functioning capacity of machine by turning to "on" position.		
4. Explain procedure to child using appropriate developmental approach		
5. Wash hands following hand washing procedure (use disposable wipes if water is not available.)		
6. Arrange equipment for use. Open sterile catheter and glove packet on table. Open and fill rinsing container with sterile normal saline. Open sterile connecting tube already connected to portable suctioning machine. Connect connecting tube to suction outlet.		
7. Put sterile glove on dominant hand. This hand will hold the sterile catheter		

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
8. Attach suction tube to sterile catheter. Hold catheter in gloved hand, pick up suction tube with ungloved hand and attach it by pushing and twisting gently.		
9. Turn on suction machine. Use ungloved hand		
10. Tell the child to take several deep breaths. This increases oxygen reserve		
11. Moisten tip of catheter. Dip end of catheter in sterile saline		
12. If secretions are thick, place 2-3 drops of saline directly into tracheostomy. Allow saline to dilute mucus to facilitate removal.		
13. Insert catheter into trach being careful not to cover catheter vent opening. Leave inner cannula in place. Insert to depth of 3 inches (7.5 cm) to cleanse cannula or until resistance is met. DO NOT insert further than needed to stimulate coughing		
14. Apply suction pressure. Occlude catheter vent opening with ungloved thumb		
15. Slowly pull catheter out with a rotating action, alternating on and off suction pressure. Intervals of continuous suction should not last longer than 5 seconds. Use suction only when removing catheter to prevent damage to mucus membrane		

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
16. Rinse Catheter. Dip into sterile saline basin, intermittently apply pressure, rinse frequently		
17. Repeat suctioning Repeat as necessary until desired results are obtained. Allow student to rest 15-20 seconds and catch breath. If catheter becomes blocked rinse with sterile saline. If airway blockage is not relieved contact RN or dial 911. Suspect a mucus plug if the student continues to be in distress, cut ties and remove trach tube. Reinsert a clean tracheostomy tube according to procedure		
18. Clear tubes Rinse with intermittent suction applied		
19. Turn suction machine off using ungloved hand		

Preceptor RN Signature _____ Initials _____ Date _____

Preceptee RN Signature _____ Initials _____ Date_____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

EMERGENCY TRACHEOSTOMY TUBE REPLACEMENT

(For Non-Cannulated, Non-Cuffed Tube)

PURPOSE:

To replace the tracheostomy tube which provides an open airway. This is an EMERGENCY procedure and should never be done at school unless suction is unsuccessful after at least three attempts.

EQUIPMENT:

1. Sterile tracheostomy tube of type and size prescribed or clean tube if properly labeled for that particular child. (Extra trach tubes should be on hand at all times)
2. Sterile tracheostomy tube of next smaller size. (Extra should be on hand at all times)
3. Pair of bandage scissors
4. Roll to prop shoulders (optional)
5. Trach ties (twill tape)
6. Sterile Gloves

DOCTORS ORDERS: *REQUIRED*

PROCEDURE:

1. Identify need. Use when child is unable to provide open airway after three attempts at suctioning; child exhibits signs of respiratory distress, i.e.: anxiety, pale, bluish or dusky color around mouth or lips, flaring nostrils, rapid or labored breathing.

2. Put roll under child's shoulders, if time permits. Use to visualize the stoma optimally. In an emergency, it is possible to change a tracheostomy in almost any position.

3. Open sterile package. Equipment should be ready to use as needed.

4. Cut old ties and gently remove tube. Use an outward and downward motion when removing tube.

5. Remove the sterile tracheostomy from package, holding the tube by phalanges, not by the piece which fits into the stoma. Avoid contaminating the tube.

6. Insert the obturator (guide) into the trach tube. The obturator makes insertion easier, but is not left in place after insertion because it blocks the airway. Some brands do not have an obturator.

7. Spreading the stoma open with the index and middle fingers of one hand, gently insert new tube. Tube should be directed back, then down. Remove obturator as soon as tube is in place.
8. Hold the tube in place with slight pressure until a second person can assist in placing new ties. Two people are needed to change tracheostomy ties safely.

9. Suction if necessary. See suctioning procedure

10. Tie the ties on the side of the neck using a square knot (R over L, L over R). It should be loose enough to permit one finger to be placed between knot and neck

11. If you are unable to insert the trach tube:
    a) Reposition the head and try again
    b) If new tube will not enter, try to insert trach tube of next smaller size
    c) If smaller tube will not enter, reposition head and try again. If still not successful, CALL 9-1-1
    d) Observe child for respiratory distress: cyanosis, anxiety, poor respiratory effort. If necessary, start rescue breathing using mouth to stoma technique. If too much resistance is felt, cover stoma with gauze and do mouth to mouth. Sometimes, after several breaths, child will relax enough and stoma

will open and the trach tube may be inserted and mouth to stoma rescue breathing can resume.

12. Observe until child's condition is stable and there is no further danger or until paramedics arrive.

13. Wash hands. Follow hand washing procedure

14. Document Procedure. Chart date, time, reason action was indicated, action taken, and child's response.

15. Notify parents and physician immediately.

EMERGENCY TRACHEOSTOMY TUBE REPLACEMENT

**Contact your school RN for a performance check and form completion.*

Name: _____ School: _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Identify need. Use when child is unable to provide open airway after three attempts at suctioning; child exhibits signs of respiratory distress, i.e.: anxiety, pale, bluish or dusky color around mouth or lips, flaring nostrils, rapid or labored breathing		
2. Put roll under child's shoulders, if time permits. Use to visualize the stoma optimally. In an emergency, it is possible to change a tracheostomy in almost any position.		
3. Open sterile package. Equipment should be ready to use as needed		
4. Cut old ties and gently remove tube. Use an outward and downward motion when removing tube		
5. Remove the sterile tracheostomy from package, holding the tube by phalanges, not by the piece which fits into the stoma. Avoid contaminating the tube		
6. Insert the obturator (guide) into the trach tube. The obturator makes insertion easier, but is not left in place after insertion because it blocks the airway. Some brands do not have an obturator		
7. Spreading the stoma open with the index and middle fingers of one hand, gently insert new tube. Tube should be directed back, then down. Remove obturator as soon as tube is in place.		

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
8. Hold the tube in place with slight pressure until a second person can assist in placing new ties. Two people are needed to change tracheostomy ties safely		
9. Suction if necessary. See suctioning procedure		
10. Tie the ties on the side of the neck using a square knot (R over L, L over R). Know should be loose enough to permit one finger to be placed between knot and neck.		
11. If you are unable to insert the trach tube: a) Reposition the head and try again b) If new tube will not enter, try to insert trach tube of next smaller size c) If smaller tube will not enter, reposition head and try again. If still not successful, CALL 911 d) Observe child for respiratory distress: cyanosis, anxiety, poor respiratory effort. If necessary, start rescue breathing using mouth to stoma technique. If too much resistance is felt, cover stoma with gauze and do mouth to mouth. Sometimes, after several breaths, child will relax enough and stoma will open and the trach tube may be inserted and mouth to stoma rescue breathing can resume.		

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
12. Observe until child's condition is stable and there is no further danger or until paramedics arrive.		
13. Wash hands. Follow hand washing procedure		
14. Document Procedure. Chart date, time, reason action was indicated, action taken, and child's response		
15. Notify parents and physician immediately.		

Preceptor RN Signature _____ Initials _____ Date _____

Preceptee RN Signature _____ Initials _____ Date_____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

AGENDA ITEM NO. 9.5

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE:	May 6, 2024
SUBMITTED BY:	Denny Wells - (259-5420)
ITEM TYPE:	Bid
AGENDA SECTION:	**APPROVAL OF ITEMS FOR ACTION**
SUBJECT:	Approval to Award Bid for Additional Sidewalks and Repair of Existing Sidewalks at Baker County High School to Little & Williams, Inc. in the Amount of $58,673.00.

ATTACHMENTS:
05.06.2024.Approval of Bid Award for BCHS Sidewalks_D.Wells.pdf

Baker County School District

F.D. (Denny Wells), Director
270 Jonathan Street – Macclenny, Florida 32063
904-259-5420

February 23, 2024

Mrs. Sherrie Raulerson
Superintendent
Baker County School District
370 South Blvd. East
Macclenny, Florida

Dear Mrs. Raulerson,

I would like to request school board approval of the bid to provide additional sidewalks at Baker County High School. In addition, this bid will include the repair of existing walkways at Baker County High School.

This bid award will be to **Little and Williams** of Lake City, Florida. The amount of this bid is for **$58,673.00.**

Should you have any questions concerning this request, please contact me at your convenience.

Sincerely,

F.D. Wells
Director of Facilities and Maintenance

AGENDA ITEM NO. 9.6

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE:	May 6, 2024
SUBMITTED BY:	Allen Murphy - (259-0429)
ITEM TYPE:	Job Description
AGENDA SECTION:	**APPROVAL OF ITEMS FOR ACTION**
SUBJECT:	Approval of New Job Descriptions: 12.001 (Career Coach) & 16.01 (Coordinator, Adult Education)

ATTACHMENTS:
05.06.2024.Approval of New Job Descriptions_A.Murphy.pdf

Baker County Public Schools
Sherrie Raulerson, Superintendent of Schools
270 South Boulevard East, Macclenny, Florida 32063
Telephone: (904) 259-6251 www.bakerk12.org Fax: (904) 259-1387

April 26, 2024

Superintendent Sherrie Raulerson
Baker County School District
270 South Boulevard East
Macclenny FL 32063

Dear Superintendent Raulerson,

I am requesting School Board approval for the following new job descriptions. A copy is attached for your review.

12.001 Career Coach
16.01 Coordinator, Adult Education

Thank you for your assistance.

Sincerely,

Allen Murphy
Associate Superintendent of Human Resources

SCHOOL DISTRICT OF BAKER COUNTY

CAREER COACH

JOB DESCRIPTION

QUALIFICATIONS:

(1) Bachelor's degree from an accredited educational institution.
(2) Florida Educator's Teacher Certificate.
(3) Satisfactory criminal background check and drug screening.
(4) Minimum of 3 years of successful teaching experience.

KNOWLEDGE, SKILLS AND ABILITIES:

Knowledge of child development and especially of characteristics of children in the age group assigned. Knowledge of current educational research. Basic understanding and knowledge of use of current technology in the field. Knowledge of varied learning styles and skill in using varied methods to assist students with different learning styles. Knowledge and skill in crisis prevention, intervention and arbitration techniques. Knowledge of and skill in career counseling. Knowledge of student referral procedures for special assistance. Knowledge of graduation requirements, college admission requirements, scholarship opportunities for students, requirements for Florida Academic Scholars and Gold Seal Programs. Skill in oral and written communication with students, parents, and others. Ability to plan and implement activities for maximum effectiveness. Ability to assess levels of student ability and achievement effectively, administer a variety of standardized tests, analyze and explain test results and prescribe actions for improvement. Ability to work effectively with students, peers, administrators, community agencies, parents and others.

REPORTS TO:

Director, Career and Adult Education

JOB GOAL

To provide a comprehensive career education program that assists all secondary students in acquiring the skills and knowledge to maximize highest student achievement in a safe learning environment.

SUPERVISES:

N/A

PERFORMANCE RESPONSIBILITIES:

(1) Provides a coordinating effort in implementing and maintaining a career development program.
(2) Establishes, maintains, and updates career materials and information for students.
(3) Implement, coordinate, and monitor school-wide activities that deal with Career Education.
(4) Organize and create an environment for an effective career counseling education program.
(5) Demonstrate knowledge of theories, techniques, and instruments used for career assessment.
(6) Administer tests, interpret scores, and communicate results.
(7) Exercise confidentiality in the sharing of test results.
(8) Assess attainment of program objectives, including using feedback from students, parents, and staff.
(9) Counsels individual and/or small groups of students with academic, career and personal concerns.

CAREER COACH (Continued)

(10) Assists students in developing a plan for achieving educational, career and personal/social goals.
(11) Guides individuals/groups of students through the development of educational plans, career awareness and personal/social growth issues.
(12) Develop transitional services by orienting students and their parents in transitioning to post-secondary education, military, apprenticeships, or military after graduation.
(13) Provide students with programs for career awareness and development of work/study skills.
(14) Develop with each student (at the secondary level) a comprehensive educational/career plan which targets high school completion, exploration and requirements of postsecondary opportunities, criteria for scholarships, and financial aid information.
(15) Use appropriate technology for career services.
(16) Maintains rapport with the business community to keep abreast of their activities and needs.
(17) Serve as an advocate for students.
(18) Provide information and/or in-service to teachers, administrators, and other school staff about career education.

PHYSICAL REQUIREMENTS:

Medium Work: Exerting up to 50 pounds of force occasionally and/or up to 20 pounds of force frequently and/or up to 10 pounds of force as needed to move objects.
May be required to restrain a physically active individual as a temporary safety measure.

TERMS OF EMPLOYMENT:

Salary and benefits shall be paid consistent with the District's approved compensation plan.
Length of the work year and hours of employment shall be those established by the District.

EVALUATION:

Performance of this job will be evaluated in accordance with provisions of the Board's policy on evaluation of personnel.

Job Description Supplement 04

SCHOOL DISTRICT OF BAKER COUNTY

JOB DESCRIPTION

COORDINATOR, ADULT EDUCATION

QUALIFICATIONS:

(1) Bachelor's Degree from an accredited educational institution.
(2) Three years successful teaching experience
(3) Work experience in the development and delivery of Adult Education programs and services.

KNOWLEDGE, SKILLS, AND ABILITIES:

Knowledge of current trends in adult education. Knowledge of State laws and rules pertaining to workforce/adult education. Knowledge of learning theory. Demonstrated written and oral communication skills.

REPORTS TO:

Director, Career and Adult Education

JOB GOAL

To effectively coordinate adult education programs to meet the needs of individuals throughout the district.

SUPERVISES:

Assigned Support Personnel

PERFORMANCE RESPONSIBILITIES:

1. Responsible for the creation and implementation of workshops for student, parents, and teachers to determine career pathways for students post-GED, by assisting with interviews, assessments applications and records.
2. Facilitate and maintain contracts/affiliation agreements with participating partners.
3. Provide leadership in job development options through employer networking, contacts, interview and presentations considering high demand areas published through the Regional Demand Occupations List.
4. Cultivate and maintain partnerships with other regional Adult Education organizations and the Florida Department of Education to monitor compliance and overall effectiveness of Baker County Adult Education programs.
5. Coordinate training and job placement for individual students seeking to enter the workforce.
6. Serve as liaison between Baker County Adult Education and CareerSource to ensure seamless transition for students in need of referrals for job attainment, internship placement and/or cost assistance, based on student interest and Regional Demand Occupation list.
7. Provide leadership in working relationships with instructors, administrator, employers, parents, community based and non-profit organizations for continuation of services for students.
8. Assist Director with funding opportunities in include State and Federal Grants.
9. Create and manage orientation programs for students to include surveys, assessments and assistance programs necessary to support instructional goals and career choice options.
10. Perform other related duties as needed.

COORDINATOR, ADULT EDUCATION (Continued)

PHYSICAL REQUIREMENTS:

Medium work: Exerting up to 20 pounds of force frequently and/or up to 10 pounds of force as needed to move objects.

TERMS OF EMPLOYMENT:

Salary and benefits shall be paid consistent with the District's approved compensation plan. Length of the work year and hours of employment shall be those established by the District.

EVALUATION:

Performance of this job will be evaluated in accordance with provisions of the Board's policy on evaluation of personnel.

AGENDA ITEM NO. 9.7

Item Cover Page

SCHOOL BOARD MEETING (OPEN TO THE PUBLIC) AGENDA ITEM REPORT

DATE:	May 6, 2024
SUBMITTED BY:	Sherrie Raulerson - (259-0401)
ITEM TYPE:	Bid
AGENDA SECTION:	**APPROVAL OF ITEMS FOR ACTION**
SUBJECT:	Approval to Declare an Emergency as Concerns the District's Efforts to Select an Architectural Firm to Provide Professional Services for the Replacement of Baker County Middle School Pending Special Facilities Funding.

ATTACHMENTS:
05.06.2024.Approval of RFQ Emergency Request_S.Raulerson.pdf

Baker County Public Schools

Sherrie Raulerson, Superintendent of Schools

270 South Boulevard East, Macclenny, Florida 32063

Telephone: (904) 259-6251 www.bakerk12.org Fax: (904) 259-1387

May 1, 2024

Dear Chairperson McInarnay and School Board Members:

Pursuant to my authority as the Superintendent of Schools, I request that the Board declare a public emergency as concerns the District's efforts to select and negotiate terms with an architectural firm to provide Professional Services for the Design Phase related to the replacement of Baker County Middle School and to authorize selection and negotiations with the best qualified design-build firm available at this time. This will allow the District to select and enter into negotiations with an architectural firm from the limited RFQs received on April 30, 2024, for purposes of designing and submitting the Phase I documents that are due to the Department of Education by June 1, 2024, in order to be eligible for Special Facilities funding available for utilization by the District given the Department of Education's recognition of Baker County Middle School as a school of critical need. Absent, the Special Facilities funding, the District will not have the monetary ability to move forward with this project.

Thank you,

Sherrie Raulerson

Sherrie Raulerson
Superintendent of School

SR/ams