

## **ESHS STATUS REPORT (2016-2017)**

**Please read the instructions, then scroll down to the bottom of the page and click "Next" to begin entering data.**

### **WHO SHOULD SUBMIT A REPORT USING THIS FORM?**

Only districts that ARE affiliated with the ESHS program should use this form. This includes many public school districts, school unions, nonpublic/private schools, and educational collaboratives.

ESHS-affiliated districts (including ESHS-funded and partner districts and schools, and affiliated nonpublic schools) should submit BMI data using this form, instead of the separate BMI report form. Please do not submit data on both report forms.

*Educational collaboratives* should only submit data that is not being submitted by the student's home school district (to avoid double-counting those students in state-wide reports).

This form is primarily intended for school districts that are submitting district-wide data. Individual schools should normally work with their district nurse leader or coordinator and submit a single report for the entire district, rather than a separate report for each school.

### **SCOPE OF THE DATA COLLECTED IN THIS REPORT**

Please answer all questions based on measurements taken during the **2016-2017** school year. Submit only ONE summary report for the entire district (not 1 report for each school). Do not include data from affiliated schools (such as nonpublic or partner schools). Each district should submit a separate report. School Unions may submit one report that covers all the schools in the union and any related regional schools.

### **INSTRUCTIONS FOR COMPLETING THE ONLINE FORM**

***THIS FORM MUST BE COMPLETED ONLINE USING THE LINK PROVIDED BELOW.*** NO PAPER PRINTOUTS OR ELECTRONIC COMPUTER FILES WILL BE ACCEPTED. To access the online form, copy the entire line below and paste it into the Address Bar of your web browser, and press the Enter key:

<http://mdph.checkboxonline.com/Status-Report-2017.survey>

### **DO I NEED TO SAVE THE REPORT AFTER ENTERING DATA?**

If you start to enter data and then will be away from your computer for an hour or more, the online report may timeout and your data may not be saved. Use the procedure in the paragraph below to save your data.

### **CAN I BEGIN TO ENTER DATA AND FINISH THE REPORT AT A LATER DATE?**

Yes, but only if you use the following procedure. In order to save data and return to it later (or to edit any data previously submitted), you will need to save the data as described below and then keep a link to your report:

- a) Click the **"SAVE AND EXIT"** button at the bottom of the page (Do not click "Finish"), and then
- b) After the pop-up window appears, **copy the report-specific link shown and save it** in a Word file, or have the link sent to your email address by entering your address into the pop-up form.

Use the link to access your report. Without this report-specific link, you will not be able to edit your data, and if you need to make a correction you will need to submit a new report by re-entering all of the data on the form.

### **HOW CAN I BE SURE THAT MY REPORT WAS TRANSMITTED PROPERLY?**

Complete ALL pages of the form. On the bottom of each page, click "Next" to transmit the data on that page. On the last page, submit the form by clicking **"Save and Exit"**. (If you click "Finish" your data will be transmitted, but your report will be permanently closed and you will not be able to edit your data at a later date!)

### **TO PRINT A COPY OF THIS REPORT** (for your records):

Print each page of the online form after you enter data but before you go to the next page. Please do this before you click the "Finish" button on the last page since you will not be able to access your report after you click "Finish."

To print a blank copy of the form: A blank copy will be distributed by e-mail, or just print a copy of each web page before you enter data for that page.

**TO SAVE AN ELECTRONIC COPY OF THIS REPORT** (for your records)

Copy each page to a Microsoft Word document and save the Word document. To do this: For each page of the form, go to the Edit menu and choose "Select all", then from the Edit menu choose "Copy," then paste this into a Word document. Repeat the "copy and paste" for each page of the online form, pasting each page just after the end of the prior section. Then save the Word document as usual.

You can also have a copy of the report sent to the email address you entered on the form by clicking "Finish". Do this only after you have finalized your data, however, because you will not be able to edit your responses after you click "Finish." IF YOU MAKE A MISTAKE IN ENTERING YOUR EMAIL ADDRESS, HOWEVER, YOU WILL NOT RECEIVE THE REPORT, AND THERE WILL BE NO OPPORTUNITY TO HAVE THE REPORT SENT TO YOU.

**TO SUBMIT REPORTS FOR MORE THAN 1 DISTRICT**

If you need to submit more than 1 report, just use the original link to the online form.

**FOR MORE INFORMATION ABOUT MASSACHUSETTS SCHOOL HEALTH AND BMI DATA**

For information about BMI screening guidelines, BMI calculators, data reports, and reducing obesity in children, please go to our web site (Just copy and paste this address into your web browser, then scroll down to the bottom of the page and click on the "School Health Screening" link): [www.mass.gov/dph/fch/schoolhealth](http://www.mass.gov/dph/fch/schoolhealth)

There is an easy-to-use Excel file posted on this page which will calculate accurate BMI statistics for you. Click on the link called "Children's BMI Group Calculator for Mass. Schools" to download the file (Please do not use the BMI Excel file posted on the CDC web site, BMI calculators built into web pages, or hand calculations, as those are error-prone tools and it is difficult to produce accurate data when using them.)

**QUESTIONS**

If you have questions, please e-mail them to [DPH\\_ESHS\\_data@dph.state.ma.us](mailto:DPH_ESHS_data@dph.state.ma.us) prior to completing the form.

**Click NEXT to begin entering data.**

**1. \*Person completing the report**

Name	<input type="text"/>
Position	<input type="text"/>

**2. Phone number**

**3. \*E-mail address**

**4. \*Type of School District**

**5. \*Name of School District**

If your district does not appear in the list or if you are unsure which district name to select, select "Other" from the list and enter the district and/or school name in the box below.

**6. If this report is for a school district but does not include data for all the schools in the district, please provide the name of the school or schools that are included in this report, followed by a list of the schools that are excluded from this report.**

Schools	
Included Schools	<input type="text"/>
Excluded Schools	<input type="text"/>

**7. If your data is for a School Union, please identify all districts included in the report.**

**8. If the data you are submitting is for a nonpublic/private school, please provide the school name and address.**

**9. Comments**

If there is anything unusual about the scope of the data, please describe. If this is a local or regional school district report and you are including data from charter schools, please list the charter schools included. If this report is a correction to a previously submitted report, please explain below.

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CLICK **NEXT** TO CONTINUE ON TO THE NEXT PAGE OF THE REPORT, OR TO PAUSE AND RETURN LATER, CLICK THE "**SAVE AND EXIT**" BUTTON AND EMAIL THE REPORT-SPECIFIC LINK TO YOUR EMAIL ADDRESS.

**Special health care needs:** Children who have, or are at risk for, a chronic physical, developmental, behavioral, or emotional condition. These children have conditions which:

- cause limitation in function, activity, or social role, or
- cause dependency on medication, special diet, medical technology, assistive device or personal assistance, or
- require health and related services of a type or amount beyond those required by children generally.

(Definition from the federal Bureau of Maternal and Child Health)

Examples: Peanut allergies; insect allergies requiring medication, migraine headaches, severe vision impairment. Do not count: Regular (non-migraine) headaches, students who wear eyeglasses.

Enter the **NUMBER of students** with a diagnosis. Please try to count ALL of the SHCN students in your district so that the data will fairly represent the make-up of your district.

**10. Physical/Developmental Conditions**

	<b>Number of students</b>
Allergies: Bee Sting Allergies	<input type="text"/>
Allergies: Food Allergies	<input type="text"/>
Allergies: Latex Allergies	<input type="text"/>
Autoimmune Disorders (Arthritis, Lupus, etc.)	<input type="text"/>
Blood Dyscrasias: Hemophilia	<input type="text"/>
Blood Dyscrasias: Sickle Cell Trait	<input type="text"/>
Blood Dyscrasias: Van Willebrand	<input type="text"/>
Blood Dyscrasias: ITP	<input type="text"/>
Blood Dyscrasias: Other	<input type="text"/>
Cancer	<input type="text"/>
Cardiac Conditions	<input type="text"/>
Celiac Disease	<input type="text"/>
Cystic Fibrosis	<input type="text"/>
Diabetes Type I	<input type="text"/>
Diabetes Type II	<input type="text"/>
Inflammatory Bowel Disease (IBS, Crohn's, etc)	<input type="text"/>
Migraine Headaches	<input type="text"/>
Neurologic Conditions: Cerebral Palsy	<input type="text"/>
Neurologic Conditions: Spina Bifida	<input type="text"/>
Neurologic Conditions: Seizure Disorder	<input type="text"/>
Neurologic Conditions: Neuromuscular Degenerative Disorder	<input type="text"/>
Neurologic Conditions: Other	<input type="text"/>
Respiratory Disorders: Asthma	<input type="text"/>
Respiratory Disorders: Pulmonary hyptertension	<input type="text"/>
Respiratory Disorders: Other	<input type="text"/>
Other Physical/ Developmental conditions	<input type="text"/>

**11. Behavioral/Emotional Conditions**

	Number of students
ADHD/ADD	<input type="text"/>
Anxiety (GAD, School Phobia, etc.)	<input type="text"/>
Autism Spectrum Disorder	<input type="text"/>
Depression	<input type="text"/>
Eating Disorders	<input type="text"/>
Encopresis	<input type="text"/>
PTSD/Trauma History	<input type="text"/>
Other Behavioral/Emotional conditions	<input type="text"/>

**12. Additional data on students with special health care needs**

	Number of students
Number of students with special health care needs (Count students with multiple conditions only once.)	<input type="text"/>
Total number of students with Individualized Health Care Plans (IHCPs)	<input type="text"/>
Number of students with 504 plans on file	<input type="text"/>
Number of students with asthma action plans on file	<input type="text"/>
Number of students with do not resuscitate (DNR) orders on file	<input type="text"/>
Number of students with ventilators	<input type="text"/>
Number of students with tracheostomies	<input type="text"/>

**13. Number of Students With at least one Health Room visit this year.**

Do not count any student more than once. Do not count visits. Do not include students who visited only for routine screenings. This is used to calculate the % of the student population that used health services.

**14. Number of students with the following types of health insurance**

	Number
Private	<input type="text"/>
Public (E.g., Mass Health, Children’s Medical Security Plan.)	<input type="text"/>
No Insurance	<input type="text"/>
Unknown	<input type="text"/>

**15. Preschool vision screening**

	Students entering kindergarten this year	Number that provided documentation of having received a vision screening by a physician prior to entry into kindergarten
Students	<input type="text"/>	<input type="text"/>

**16. Screenings**

	BMI Screening	Hearing Screening	Postural Screening	SBIRT Screening	Vision Screening
Initial Screens	<input type="text"/>				
ReScreens	<input type="text"/>				
Referrals	<input type="text"/>				
Completed Referrals	<input type="text"/>				

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**BMI Screening Results**

Enter the NUMBER OF STUDENTS in each weight category (**Enter a number, not a percentage**).

- To find the BMI category, please use the BMI-for-age charts designed for *children* 2-18 or software that produces equivalent results. Using the "adult BMI" procedure will produce very inaccurate results!
- Only include BMI results obtained during the just-completed school year.
- Please try to include ALL of the students in a given grade level so that the data will fairly represent the students in that grade.

**Definitions:**

**UNDERWEIGHT:** Less than the 5th percentile **HEALTHY WEIGHT:** Greater than or equal to the 5th percentile and less than the 85th percentile.

**OVERWEIGHT:** Greater than or equal to the 85th percentile but less than the 95th percentile. **OBESE:** Greater than or equal to the 95th percentile.

**ENROLLMENT:** Student enrollment, by grade level and gender

**19. Grade 1**

	Grade 1 Males	Grade 1 Females
Underweight	<input type="text"/>	<input type="text"/>
Healthy Weight	<input type="text"/>	<input type="text"/>
Overweight	<input type="text"/>	<input type="text"/>
Obese	<input type="text"/>	<input type="text"/>
Enrollment	<input type="text"/>	<input type="text"/>

**20. Grade 4**

	Grade 4 Males	Grade 4 Females
Underweight	<input type="text"/>	<input type="text"/>
Healthy Weight	<input type="text"/>	<input type="text"/>
Overweight	<input type="text"/>	<input type="text"/>
Obese	<input type="text"/>	<input type="text"/>
Enrollment	<input type="text"/>	<input type="text"/>

**21. Grade 7**

	Grade 7 Males	Grade 7 Females
Underweight	<input type="text"/>	<input type="text"/>
Healthy Weight	<input type="text"/>	<input type="text"/>
Overweight	<input type="text"/>	<input type="text"/>
Obese	<input type="text"/>	<input type="text"/>
Enrollment	<input type="text"/>	<input type="text"/>

**22. Grade 10**

	Grade 10 Males	Grade 10 Females
Underweight	<input type="text"/>	<input type="text"/>
Healthy Weight	<input type="text"/>	<input type="text"/>
Overweight	<input type="text"/>	<input type="text"/>
Obese	<input type="text"/>	<input type="text"/>
Enrollment	<input type="text"/>	<input type="text"/>

**23. Enter the number of students in grades 1, 4, 7, and 10 whose parents "opted out" of the BMI screening this year.**

("Opt out" means that a parent has requested that their child not have a BMI screening.)

**24. Comments regarding opt-outs (optional).**

**25. What is the primary method you use to calculate BMI and BMI percentiles for each student?**

(Check all that apply)

- 1. HealthOffice software (published by HealthMaster Holdings LLC)
- 2. SNAP software (published by Professional Software for Nurses)
- 3. Other school health or school administration software (please specify name of software)
- 4. BMI calculator provided on a web site (please specify web site below)
- 5. Microsoft Excel - Group BMI calculator
- 6. Look up BMI values in a table
- 7. Calculate BMI "by hand" (using a hand calculator or paper-and-pencil)
- 8. Plot data (by hand) on BMI-for-age growth charts
- 9. BMI percentile values are obtained from records provided by the student's primary care provider
- Other:

**26. Did any of the following change this school year (compared to the prior school year)?**

	Changed this year?			Additional information about these changes.
	Yes	No	Don't Know	
Software program used to compute BMI or BMI percentiles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Person doing the height and weight measurements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Person entering measurement data into the computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Person compiling aggregate BMI data for the district	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**27. Does your district keep back-up copies (or computer files) of individual BMI records for prior years? (These records should include, for each student, height, weight, gender, date of birth or age in months, date of measurement)**

- Yes
- No
- Don't Know
- Other:

**28. Do you (or school administrators) have any questions or concerns about the BMI data collection initiative?**

- Yes
- No
- Don't Know

**29. Please describe your concerns below.**

**30. (Optional) Please provide the name of another person in your district we can contact in case of questions about the BMI data and you are not available.**

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**31. Number of physical exams performed by school physicians during the just completed school year**

**32. Number of students who received oral health screenings**

	Number
Number screened by School Nurse	<input type="text"/>
Number screened by Dentist or Dental Hygienist	<input type="text"/>
Number of referrals	<input type="text"/>
Number of completed Referrals	<input type="text"/>
Of the students screened for oral health, how many were in 3rd grade?	<input type="text"/>

**33. Oral health treatments in school**

	Number
Number of students who had dental sealants applied in school	<input type="text"/>
Number of students who had fluoride rinse treatment in school	<input type="text"/>

**34. Number of AEDs.**

Please do not overlook any buildings. The total of a, b, c, and d below should equal the total number of school buildings in your district.

Number of school buildings in your district . . .

	Number
a. without any onsite Automated External Defibrillators (AEDs):	<input type="text"/>
b. with one onsite AED:	<input type="text"/>
c. with more than one onsite AED:	<input type="text"/>
d. with an unknown number of onsite AEDs:	<input type="text"/>

**35. Number of Unlicensed School Personnel Trained by School Nurses in:**

	Number
a. Epinephrine via an autoinjector	<input type="text"/>
b. Medication Administration	<input type="text"/>
c. CPR/ AED use	<input type="text"/>

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Number of currently filled **Full Time Equivalents (FTEs)** by “type of position” and “funding source.”

- **Count FTEs, not individuals.** Include part-time positions as fractional FTEs (i.e., use “.5” for a half-time or “.25” for a quarter-time position). For per diem staff, estimate the FTEs those staff represent (normally a small number).
- Do not double-count FTEs. Do not count health educators or volunteers.
- If there is a full-time **Nurse Leader**, allocate 1 FTE to the “Nurse Leader” row. Do not count that FTE in another row.
- For positions funded by 2 or more sources, split the FTEs according to the proportion of funding supplied by each source (For example, if a School Nurse FTE is funded ¾ by the School Budget and ¼ by the Essential (ESHS) Contract, in the “School Nurse” row one would allocate “.75” to the “School Budget” column and “.25” to the “ESHS Contract” column.)

**36. FTEs**

For this question only: All numbers entered must include at least one number to the right of the decimal point. For example, to enter the number "5", please enter "5.0" in order to avoid an error message. For other question on this page, however, enter only integers, not numbers with decimal points.

	FTEs funded by School Budget	FTEs funded by ESHS Contract	FTEs funded by Local Boards of Health	FTEs funded by Other
Registered Nurses				
A. Nurse Leader	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. School Nurse (RNs only)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Nurse Practitioner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Permanent Per Diem Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. "Float" Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Psychiatric Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Special Education Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nursing Support Staff:				
I. Licensed Practical Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
J. Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
K. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Administrative Support				
L. Admin. Assistant or Secretary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M. Data Entry Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**37. Comments on FTE numbers**

**38. Approximately how many hours of service per year do school physicians provide to your district?**

(If the district does not have a school physician, enter “0” hours)

**39. Who funds your school physician?**

- Board of Health
- School Budget
- Volunteer Position
- ESHS Grant

**40. \*Does your district have a Nurse Leader?**

Select:

**41. \*Nurse Leader's Education and Credentials**

If the Nurse Leader's highest educational degree is not listed in the drop-down, **select the option that best describes that person's highest degree.**

	<b>Highest degree</b>	<b>DESE-licensed</b>	<b>NCSN-certified</b>
Nurse Leader	Select: <input type="text"/>	Select: <input type="text"/>	Select: <input type="text"/>

**42. Education and Credentials of School Nurses (Other than the Nurse Leader)**

- Count the **number of individuals (not FTEs)**.
- Count an individual's **highest educational degree (not every degree)**.
- Count **RNs only** (no LPNs).
- Do not count the Nurse Leader** in this question (Information about Nurse Leaders was captured in the prior question)
- If an individual's specific degree is not listed below, **select the option that best describes that person's highest degree.**
- For each column, do not count any individual in more than 1 row! (The total for the first column should generally equal the total number of individuals working as school nurses, not counting the Nurse Leader)
- Enter "0" if there are no nurses in the category

	<b>Highest educational degree (Number of individuals)</b>	<b>DESE-licensed school nurses (Number of individuals)</b>	<b>NCSN-certified nurses (Number of individuals)</b>
<u><i>Diploma or Associates Degree:</i></u>			
Diploma RN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Associate Degree	<input type="text"/>	<input type="text"/>	<input type="text"/>
AA or other Associates degree	<input type="text"/>	<input type="text"/>	<input type="text"/>
<u><i>Bachelors Degree</i></u>			
BSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
BS BA or other Bachelors	<input type="text"/>	<input type="text"/>	<input type="text"/>
<u><i>Advanced Degree</i></u>			
MSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
MPH	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEd	<input type="text"/>	<input type="text"/>	<input type="text"/>
MS MBA MA or other Masters degree	<input type="text"/>	<input type="text"/>	<input type="text"/>
Doctoral (DNS EdD PhD or other Doctoral),	<input type="text"/>	<input type="text"/>	<input type="text"/>
<u><i>Other</i></u>			
Unknown	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other educational degree	<input type="text"/>	<input type="text"/>	<input type="text"/>

**43. Comments on educational degrees or credentials**

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Current status of RFR outcomes, targets, and performance measures.

Please refer to the RFR for more information. Indicate the status for each RFR measure using the following definitions:

NOT IN PLACE: Use if there has been little or no development of the policy or plan.

IN PROCESS: Use if development of the policy or plan is well under way, but not yet finalized or fully implemented.

IN PLACE: Use only if the policy or plan has been completely developed and implemented and meets all required specifications.

**44. Outcome 1: School Nurse Leader (SNL)**

	Current Status			Comments
	Not In Place	In Process	In Place	
SNL is freed from providing direct services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
SNL sustainability plan is implemented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Administrative support for ESHS grant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**45. Outcome 2: School Health Advisory Council (SHAC)/ Wellness Committee**

	Current Status			Comments
	Not In Place	In Process	In Place	
SHAC meets at least 4 times per year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Annual goals established	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
SHAC Annual Report completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**46. Outcome 3: Management Information Systems (MIS)**

	Current Status			Comments
	Not In Place	In Process	In Place	
Monthly and annual reports are submitted by the deadline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Return-to-class rates are above 85%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Utilization of services are evaluated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Annual Data Report is submitted to school committee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**47. Outcome 4: Continuous Quality Improvement (CQI) program**

	Current Status			Comments
	Not In Place	In Process	In Place	
Annual performance improvement project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Improved screening and referral completion rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**48. Outcome 5: Private Schools**

	Current Status			Comments
	Not In Place	In Process	In Place	
Minimum # of hours of nursing services provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Needs assessment completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Private schools comply w/med administration regulations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
MIS implementation plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

MIS implementation plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Required screenings completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**49. Outcome 6: Partner Schools (Does not apply to programs new in FY2009)**

	Current Status			Comments
	Not In Place	In Process	In Place	
Consultation with mentored schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
SHAC is established and completes or updates 4 policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
MIS implementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**50. General Comments (Optional)**

Comments about your data and/or current health services activities that we should know about (including unexpected successes and barriers to implementation).

PLEASE PRINT EACH PAGE OF THIS REPORT NOW, OR SAVE AN ELECTRONIC COPY TO KEEP FOR YOUR RECORDS.

WHEN FINISHED, CLICK THE " **SAVE AND EXIT** " BUTTON. YOUR DATA WILL NOT BE TRANSMITTED UNTIL YOU CLICK "SAVE AND EXIT".

IF YOU CLICK "FINISH" YOUR DATA WILL ALSO BE TRANSMITTED, AND A COPY OF YOUR REPORT WILL BE SENT TO THE EMAIL ADDRESS YOU ENTERED IN THE FORM, BUT THE REPORT WILL BE PERMANENTLY CLOSED AND YOU WILL NOT BE ABLE TO EDIT YOUR ANSWERS LATER. IF YOU CLICK "FINISH" AND NEED TO MAKE A CORRECTION LATER, YOU WILL NEED TO RE-SUBMIT THE ENTIRE REPORT AND ENTER ALL OF THE DATA AGAIN.