CDE Health Data Report Cheat Sheet

LINK to form (save and return): https://fs24.formsite.com/305medicaid/form4/index.html

Public School District Name **(Please Spell Out Full District Name)**	
If parochial or private school, provide full school name	
If charter school, provide full school name	
If charter school, are you under the authority of a public school district or Charter School Institute (CSI)	**Select One:** Public School District ☐ CSI ☐ Unsure ☐
If you are part of a BOCES, please provide the BOCES name. Indicate N/A if not part of a BOCES.	
Region your school district is in, **Find at** https://www.cde.state.co.us/cdeedserv/rgmapage	**Select One:** Northwest ☐ North Central ☐ Northeast ☐ West Central ☐ Southwest ☐ Southeast ☐ Metro ☐ Pikes Peak ☐
Name of person submitting report	
Email of person submitting report	
School Health Staffing	**Please use only Numbers with decimals, no fractions**
1. Number of enrolled students in district, private, parochial or charter school (Official October count) **Find at** https://www.cde.state.co.us/cdereval/pupilcurrent	
2. Total number of **RN FTE, (full time equivalents)** with assigned caseload providing direct services	
3. Total number of **LPN/LVN FTEs** with an assigned caseload providing direct services	
4. Total number of **health aid (non-RN non-LPN/LVN) FTEs w**ith an assigned caseload providing direct services	
5. Total number of **supplemental/float RN FTEs**	
6. Total number of **supplemental/float LPN/LVN FTEs**	
7. Total number of **supplemental/float health aide (non-RN non LPN/LVN) FTEs** providing direct services	

8. Total number of **RNs with special assignment FTEs**	
9. Total number of **LPN/ LVNs with special assignment FTEs**	
10. Total number of **health aide (non-RN, non-LPN/LVN) with special assignment FTEs**	
11. Total number of **RN FTEs** providing administrative/supervisory support	
12. Total number of **LPN/LVN FTEs** providing administrative/supervisory support	
13. Total number of assistant FTEs providing administrative support services to RNs or LPNs/LVNs	
14. Total number of Private Duty Nurses paid by district, (do not include in question # 2)	
15. Total number of Private Duty Nurses provided by family, (do not include in question # 2)	

CDE Reportable Health Conditions	Total Number: Please use only Numbers with decimals, no fractions

Did all schools in the district report health conditions? (This includes private/parochial and charters with multiple schools)	Yes ☐
	    If **NO**, indicate total enrollment for schools
	No ☐
	        that reported health conditions:

Life Threatening Allergies (Anaphylaxis) – only include those with health care provider diagnosis	
Diabetes Type 1, (only include those with health care provider diagnosis)	
Diabetes Type 2, (only include those with health care provider diagnosis)	
Asthma, (only include those with health care provider diagnosis)	
Seizure disorder, (only include those with health care provider diagnosis)	
Head Injury, closed (e.g. TBI, concussion)	
Mental or Behavior Problems (e.g., anxiety, depression, suicide)	
Medically fragile, (e.g. high acuity)	
ADD/Attention Deficit Disorder	
Autism	

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS)	
Technical Nursing Procedure (e.g. g-tube)	
Nursing Activities	**Total Number: Please use only Numbers with decimals, no fractions**
Number of students screened for vision	
Number of students referred for vision	
Number of students screened for hearing	
Number of students referred for hearing, (to doctor or audiologist)	
Do you do BMI screening?	Yes No
Do you do Oral Health screening?	Yes No
Does your district have a Medical Advisor?	Yes No
Does your district have a policy that allows stock Epinephrine?	Yes No
Does your district have a policy that allows stock Albuterol?	Yes No
Does your district have a policy that allows stock Naloxone, (Narcan) at your secondary schools?	Yes No
Does your district have a policy on administering Medical Marijuana related to Jack's Law? (Parent/caregiver provides)	Yes No
Does your district have a policy on administering Medical Marijuana related to Quentin's Law? (School staff may provide)	Yes No
What is the name of your electronic student educational record system? (i.e. Infinite Campus (IC) PowerSchool, Edustar)	
Does your school's electronic student educational record system include a school health record component?	Yes No
Does your school use an electronic school health record system (i.e CareDox, Magnus, SNAP, Health Office Anywhere)? This would be a system that is separate from your student education	Yes No

record system.	
Provide the name of your electronic school health record system (if you do not have an electronic health record system, type N/A)	