**NC Annual School Health Services Report Survey**

**2020-21 COVID-19 Supplemental Survey, December Report**

**Survey due no later than December 1, 2020**

### Person preparing the report (one per school system)

**First Name:****Last Name:**

**Job Title:**

**Phone Number (###-###-#### work number):**

**Email Address:****Make sure you enter this information correctly in the survey report. It will determine where your combined report is sent after completion.**

### ****LEA Information****

#### County:       A drop-down menu is provided during the report survey.

#### LEA Name and Number:       A drop-down menu is provided during the report survey.

#### LEA Region: Make sure to choose the correct region-consultant in the report survey. It will determine who receives confirmation of your report submission.

[ ]  Central Region-Jenifer Simone

[ ]  Northeast Region-Trish Hooton

[ ]  Northwest Region-Amy Johnson

[ ]  Southeast Region-Amy Levy

[ ]  Southwest Region-Lucy Heffelfinger

[ ]  West Region – Beth Shook

**With the closure of schools on March 14th, 2020, school nurses were no longer providing traditional direct services in schools for the remainder of the school year. Please indicate the activities that were completed by your staff during the period from school closure to year end (June 2020). Please mark all that apply.**

[ ]  Support for temporary, emergency, out-of-school childcare provided in designated public schools

[ ]  Support for emergency feeding programs in public schools

[ ]  Support for in-building school staff during closure (screening, referral, planning, etc.)

[ ]  Assignment to local health departments or other agency for support of county COVID-19 activities.

 Please describe

[ ]  Work on needs for school/district school health program (policies, procedures, records, resources, etc.)

 Please describe

[ ]  Support for families and children with special health care needs (revision of plans, access to care, resources, referrals, etc.)

 Please describe

[ ]  Experienced a temporary reduction in force or furlough of school nursing staff.

 Please describe

[ ]  Other.

 Please describe

**School Health Policies/Procedures**

Were formal procedures or policies developed related to COVID-19 response?

[ ]  Yes [ ]  No

If yes, please list title(s)

Was a school nursing representative included on your district level COVID-19 Planning Team? [ ]  Yes [ ]  No

Were school nurses included on school level COVID-19 Planning Teams?

[ ]  Yes [ ]  No

**Screening Estimates - From the date your district had staff and/or students return to school at the start of this school year, please include estimates as indicated in the questions below. (This information should be available on your isolation/sick room tracking document).**

Number of students/staff who were sent home as a result of screening:

Number of those who were sent home determined to be COVID-19 positive:

**Estimate of District Time in School Operating Plans**

**In order to better understand responses on Section 1 for this school year, please enter the number of weeks spent in each operating plan for this period (August – December):**

Plan A

Plan B

Plan C

Were members of your school nurse staff furloughed during any of these periods? [ ]  Yes [ ]  No

If yes, please describe:

**Additional comments that you would like to share regarding COVID-19 planning, response, how things are going, needed assistance, etc.:**