

WINSLOW TOWNSHIP SCHOOL DISTRICT

2014-2015 PROFESSIONAL DEVELOPMENT WORKSHOPS/CONFERENCES

August 13, 2014

SCH	STAFF	POSITION	DATE OF ACTIVITY	WORKSHOP	COST	ACCT # CHARGED
BOE	Karen Loney	Director of Research, Planning, & Evaluations	8/11-8/15/14	Lego Simple Machines/Intro Robotics	\$500.00	20-275-200-300-000-00
MS	Portia Kiett	Teacher	8/4-8/8/14	Lego Simple Machines/Intro Robotics	\$500.00	20-275-200-300-000-00
HS	John Pino	Teacher	8/4-8/7/14	Advanced Placement Summer Institute	\$850.00	11-000-223-580-160-08
BOE	Karen Loney	Director of Research, Planning, & Evaluations	8/11-8/15/14	How to Start a STEM class	\$500.00	20-275-200-300-000-00
MS	Portia Kiett	Teacher	8/11-8/15/14	How to Start a STEM class	\$500.00	20-275-200-300-000-00
BOE	John Innocenzo	District Supervisor of Mathematics	8/18-8/22/14	The College of NJ: Center for Excellence in STEM	\$500.00	20-275-200-300-000-00
BOE	Karen Loney	Director of Research, Planning & Evaluations	8/18-8/22/14	How to Select and Develop STEM Curriculum and Programming for Middle School Environment	\$500.00	20-275-200-300-000-00
HS	Loretta Katkow	Counselor	10/3/14	Fall Counselors Workshop	n/c	n/c
BOE	Dion Davis	Director of Human Resources	10/2/14	Conference on Labor Law and Labor Arbitration	\$350.00	11-000-251-592-000-13
BOE	Dion Davis	Director of Human Resources	10/15/14	New Jersey on New Jersey Employment Law: 2014 Comprehensive Guide Seminar	\$349.00	11-000-251-592-000-13

HS	Darchalle Waller	Director	10/17, 10/29, 1/14	State Directors Meeting and Regional Directors Meeting	\$92.32	20-291-200-800-000-00
HS	Loretta Katkow	Counselor	10/28/14	HESAA Training Institute for School Counselors	n/c	n/c
HS	Nancy Weeks	Counselor	10/30/14	Fall Training Institute for School Counselors	n/c	n/c
HS	Joseph Jacob	Athletic Counselor	11/21/14	HESAA-Financial Aid Workshop	n/c	n/c

2014-2015

OOD PLACEMENT-BUDGET

SCHOOL	STUDENT ID#	DOB	STATE ID #	CLASS	GR	STATE & OTHER TUITION	REGULAR TUITION	ESY TUITION	RELATED SERVICES COST	TOTAL	Board Agenda	PO#
GCCS												
Bankbridge												
15-1774-015	1606	6/25/2002	2264810344	AUT	5			\$3,900.00		\$3,900.00	8/13/2014	
	1607	2/13/2000	6654917288	MD	8			\$3,900.00		\$3,900.00	8/13/2014	
	1608	5/8/1995	7066375628	MD	12			\$3,900.00		\$3,900.00	8/13/2014	
	1609	3/9/2002	4501895984	MD	5			\$3,900.00		\$3,900.00	8/13/2014	
	1610	10/5/1995	7281166313	MD	12			\$3,900.00		\$3,900.00	8/13/2014	
	1611	10/4/2002	6239524407	MD	5			\$3,900.00		\$3,900.00	8/13/2014	
	1612	9/29/2004	4603548134	MD	4			\$3,900.00		\$3,900.00	8/13/2014	
	1613	10/13/2006	1137705311	MD	2			\$3,900.00		\$3,900.00	8/13/2014	
	1614	1/18/2006	1703062003	CI	3			\$3,900.00		\$3,900.00	8/13/2014	
	1615	9/22/2008	2278922339	AUT	1			\$3,900.00		\$3,900.00	8/13/2014	
HollyDell												
School												
16-8255-D85	1548	10/28/2003	3934069906	MD	5		\$66,418.20	\$14,021.62		\$80,439.82	8/13/2014	
	1545	1/5/2006	2798838133	MS	3		\$66,418.20	\$14,021.62		\$80,439.82	8/13/2014	
	1547	3/29/1996	2263964997	MD	PG		\$66,418.20	\$14,021.62		\$80,439.82	8/13/2014	
	1549	12/19/1995	2871443918	MD	PG		\$66,418.20	\$14,021.62		\$80,439.82	8/13/2014	
	1546	8/1/2001	5198240233	MD	7		\$66,418.20	\$14,021.62		\$80,439.82	8/13/2014	
	1550	8/9/2009	6019065987	PSD	KH		\$66,418.20	\$14,021.62	\$53,572.00	\$114,011.82	8/13/2014	
Kingsway												
Learning Ctr. 08-8264-E91/06												
8348-EE1	1582	3/25/1995	2483937102				\$58,876.40	\$6,479.40		\$45,355.80	8/13/2014	
	1583	7/18/1994	4104042583	CI	PG		\$58,876.40	\$6,479.40		\$45,355.80	8/13/2014	
Mt. St. Joseph Children Ctr												
	1562	12/23/2004	2265932554	OHI	4		\$57,144.60	\$9,524.10		\$66,668.70	8/13/2014	
Pineland												
I2-8354-L47	1576	5/7/2000	3176860933	MD	9		\$46,319.40	\$6,175.92		\$52,495.32	8/13/2014	
	1577	1/8/1997	6844743175	ED	11		\$46,319.40	\$6,175.92		\$52,495.32	8/13/2014	
YALE-												
Cherry Hill												
08-83366-U34	1563	5/2/2007	7527212616	AUT	2		\$59,261.40	\$9,876.90		\$69,138.30	8/13/2014	
	1564	11/16/2001	4024429215	AUT	7		\$59,261.40	\$9,876.90	\$37,500.00	\$106,638.30	8/13/2014	
	1594	4/7/1999	7974315796	OHI	10		\$45,554.40	\$7,592.40		\$53,146.80	8/13/2014	
	1595	10/5/1997	5366220553	AUT	11		\$45,554.40	\$7,592.40		\$53,146.80	8/13/2014	
	1596	1/9/2005	2552069365	MD	4		\$4,554.40	\$7,592.40		\$12,146.80	8/13/2014	
YALE-Williamstown												
16-8367-001	1602	1/17/1998	6400435982	ED	10		\$50,452.20	\$8,408.70		\$58,860.90	8/13/2014	

EXHIBIT: _____

2014-2015 Termination of OOD Students
August 13, 2014

Student #	Placement	Effective	Cost	Reason for Termination of Placement
A 1604	Bankbridge Elementary	7/31/14	\$36,930.00	Transferred out of District
B 1605	Bankbridge Regional	7/09/14	\$36,930.00	Transferred out of District
C 1541	Crescent Hill Academy	7/17/14	\$48,818.00	Transferred out of District
D 1580	YALE-Cherry Hill	7/01/14	\$46,121.40	Change in Placement
E 1413	Xavier Hylton	6/13/14	\$50,099.00	Transferred out of District
F 1579	Archway Schools	7/01/14	\$35,856.00	Transferred out of District
G 1578	Archway Schools	7/01/14	\$35,856.00	Left Placement
H 1581	Archway Schools	8/05/14	\$35,856.00	Transferred out of District

EXHIBIT NO. XIII A: 7

WINSLOW TOWNSHIP SCHOOL DISTRICT
FUNDRAISER REQUEST

EXHIBIT NO. XIII A: 9

Submit one (1) complete set of the fundraiser request form to your building administrator four weeks prior to the date of the fundraiser.

School: # 1 # 2 # 3 # 4 # 5 # 6 MS HS
 Other _____

Club/Organization: HSA

Date(s) of Fundraiser: 9/13/14 Date Submitted: 7/21/14

Advisor(s) Submitting Request: Teri Davis

Fundraising Activity: Family Picnic + Alex's Lemonade Stand

Location of Activity: School 4 Playground and Fields

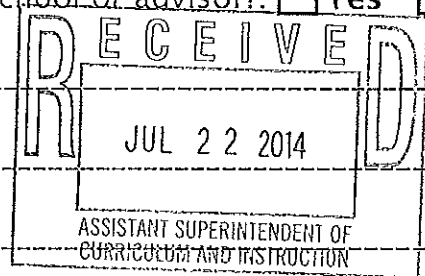
Cost Per Item / Person: Donation for Lemonade Sale Price: _____
Anticipated Profit: \$100.00

Intended Use of Raised Funds: Funds raised will be donated to Alex's Lemonade Stand

Vendor Description (If Appropriate): The HSA will host a welcome back picnic. Families will bring their own lunch. We will sell lemonade for donations to Alex's Lemonade Stand.

Is there any commission or other gain to be received by school or advisor?: Yes No

If Yes, please explain: _____



APPROVED BY: Administrator: Sheresa S. Clever Date: 7/21/14

T. Carver 7/23/14
White -Board Office Pink -Administrator Yellow /Advisor

WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

Submit one (1) complete set of the fundraiser request form to your building administrator four (4) weeks prior to the date of the fundraiser.

School: # 1 # 2 # 3 # 4 # 5 # 6 MS HS
 Other _____

Club/Organization: Home + School Association

Date(s) of Fundraiser: On going through Date Submitted: 7/21/14
year

Advisor(s) Submitting Request: Teri Davis

Fundraising Activity: Spirit wear sales

Location of Activity: At school

Cost Per Item / Person: ~~varies~~ Sale Price: Varies

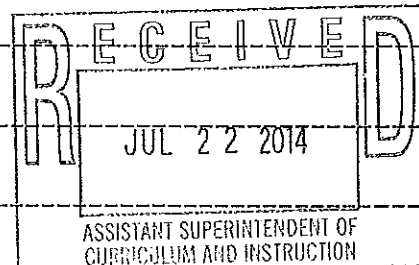
Anticipated Profit: \$ 500.00

Intended Use of Raised Funds: Student assemblies and
enrichment

Vendor Description (If Appropriate): _____

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____



APPROVED BY: Administrator: Shelisa S. Clement Date: 7/21/14

D. Carr
White -Board Office Pink-Administrator Yellow - Advisor 7/23/14

WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

Submit one (1) complete set of the fundraiser request form to your building administrator four (4) weeks prior to the date of the fundraiser.

School: # 1 # 2 # 3 # 4 # 5 # 6 MS HS
 Other _____

Club/Organization: School 5 HSA

Date(s) of Fundraiser: Sept or Oct, 2014 Date Submitted: 6/30/2014

Advisor(s) Submitting Request: Beth Reinert, HSA President

Fundraising Activity: Rita's Water Ice Dine-out Night

Location of Activity: Berlin, NJ

Cost Per Item / Person: varies Sale Price: _____

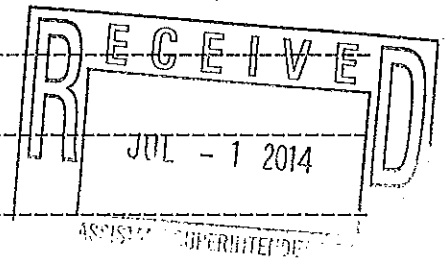
Anticipated Profit: \$ 100.00

Intended Use of Raised Funds: assemblies, etc.

Vendor Description (If Appropriate): Rita's Water Ice is a local restaurant that sells water ice and ice cream.

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____



APPROVED BY: Administrator: K Maellen

Date: 7/1/14

D. Carr
White-Board Office Pink-Administrator

7/1/14
Yellow-Advisor

WINSLOW TOWNSHIP SCHOOL DISTRICT
FUNDRAISER REQUEST

Submit one (1) complete set of the fundraiser request form to your building administrator four (4) weeks prior to the date of the fundraiser.

School: # 1 # 2 # 3 # 4 # 5 # 6 MS HS
 Other _____

Club/Organization: School 5 HSA

Date(s) of Fundraiser: Sept or Oct 2014 Date Submitted: 6/30/2014

Advisor(s) Submitting Request: Beth Remert, HSA President

Fundraising Activity: Cold Cow Dine-Out Night

Location of Activity: Cedar Brook, NJ

Cost Per Item / Person: Varies Sale Price: _____

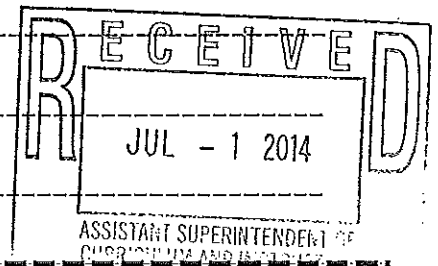
Anticipated Profit: ?

Intended Use of Raised Funds: assemblies, etc.

Vendor Description (If Appropriate): Cold Cow is a local restaurant that sells ice cream, water ice, & other frozen treats.

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____



APPROVED BY: Administrator: [Signature] Date: 7/1/14

[Signature] 7/1/14
White -Board Office Pink -Administrator Yellow - Advisor

WINSLOW TOWNSHIP SCHOOL DISTRICT
FUNDRAISER REQUEST

Submit one (1) complete set of the fundraiser request form to your building administrator four (4) weeks prior to the date of the fundraiser.

School: # 1 # 2 # 3 # 4 # 5 # 6 MS HS
 Other _____

Club/Organization: School 5 HSA

Date(s) of Fundraiser: Sept. 2014 Date Submitted: 6/30/2014

Advisor(s) Submitting Request: Beth Reinert, HSA President

Fundraising Activity: Kids Stuff Coupon Books sale

Location of Activity: School 5

Cost Per Item / Person: _____ Sale Price: \$25.00/book

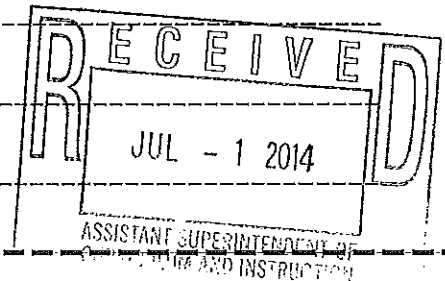
Anticipated Profit: \$12.50/book

Intended Use of Raised Funds: assemblies, etc.

Vendor Description (If Appropriate): Kid Stuff is a fundraising company. Coupon books are sold to raise money for the HSA.

Is there any commission or other gain to be received by school or advisor?: Yes No

If Yes, please explain: _____



APPROVED BY: Administrator: K. Maell

Date: 7/1/14

N. Carter 7/1/14
White - Board Office Pink - Administrator Yellow - Advisor

WINSLOW TOWNSHIP SCHOOL DISTRICT
FUNDRAISER REQUEST

Submit one (1) complete set of the fundraiser request form to your building administrator four (4) weeks prior to the date of the fundraiser.

School: # 1 # 2 # 3 # 4 # 5 # 6 MS HS
 Other _____

Club/Organization: School 5 HSA ← delivery date

Date(s) of Fundraiser: 9/11 - 29/2014 and Oct. 2014 Date Submitted: 6/30/2014

Advisor(s) Submitting Request: Beth Reinert, HSA President

Fundraising Activity: Cherrydale Farms sales and distribution

Location of Activity: School 5

Cost Per Item / Person: _____ Sale Price: varies

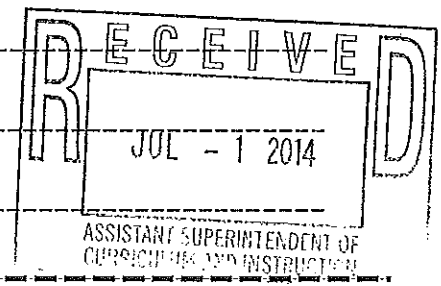
Anticipated Profit: 35% to 45% of sale price

Intended Use of Raised Funds: assemblies, etc...

Vendor Description (If Appropriate): Cherrydale Farms is a fundraising company that sells wrapping paper, household items, food. On 9/11/2014, a Cherrydale Representative will be coming to School 5 for the start of the sale and to do a presentation to the students.

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____



APPROVED BY: Administrator: [Signature] Date: 7/1/14
[Signature] 7/1/14
White-Board Office Pink-Administrator Yellow - Advisor

WINSLOW TOWNSHIP SCHOOL DISTRICT
FUNDRAISER REQUEST

Submit one (1) complete set of the fundraiser request form to your building administrator four weeks prior to the date of the fundraiser.

School: # 1 # 2 # 3 # 4 # 5 # 6 MS HS
 Other _____

Club/Organization: School 5 HSA

Date(s) of Fundraiser: ongoing Date Submitted: 6/30/2014

Advisor(s) Submitting Request: Beth Remert, HSA President

Fundraising Activity: Smencils sales

Location of Activity: School 5

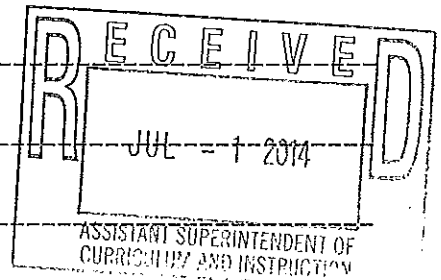
Cost Per Item / Person: _____ Sale Price: \$ 1.00/item
Anticipated Profit: approx \$ 0.50/item

Intended Use of Raised Funds: assemblies, etc.

Vendor Description (If Appropriate): Smencils are scented pencils made from recycled newspapers. The HSA will sell smencils to students and distribute them on selected dates throughout the year.

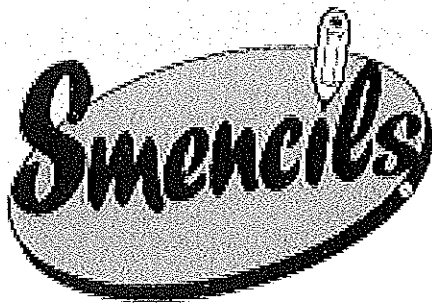
Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____



APPROVED BY: Administrator: [Signature] Date: 7/1/14

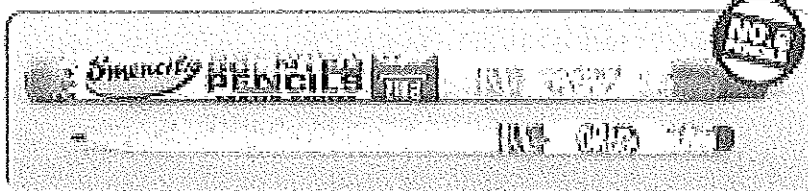
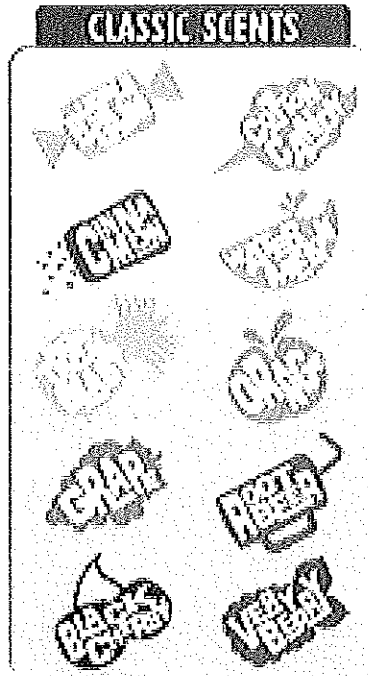
[Signature] 7/1/14
White -Board Office Pink -Administrator Yellow - Advisor



THE WORLD'S ONLY
**GOURMET
SCENTED
PENCILS.**
MADE FROM
**RECYCLED
NEWSPAPERS**



SAVING TREES ONE PENCIL AT A TIME.



**TUBES
MADE FROM
RECYCLED
PLASTIC**

WINSLOW TOWNSHIP SCHOOL DISTRICT
FUNDRAISER REQUEST

Submit one (1) complete set of the fundraiser request form to your building administrator four (4) weeks prior to the date of the fundraiser.

School: # 1 # 2 # 3 # 4 # 5 # 6 MS HS
 Other _____

Club/Organization: School 5 HSA

Date(s) of Fundraiser: 10/2-10/2014 Date Submitted: 6/30/2014

Advisor(s) Submitting Request: Beth Reinert, HSA President

Fundraising Activity: Scholastic Bookfair

Location of Activity: ~~School 5~~ School 5

Cost Per Item / Person: _____ Sale Price: varies

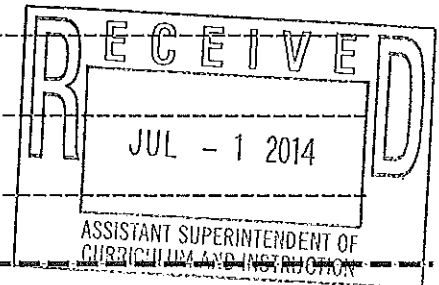
Anticipated Profit: ?

Intended Use of Raised Funds: assemblies, etc...

Vendor Description (If Appropriate): Sale of books to students during school hours and during a family night one (Oct. 9th) evening during the book fair week.

Is there any commission or other gain to be received by school or advisor?: Yes No

If Yes, please explain: _____



APPROVED BY: Administrator: K. Maell

Date: 7/1/14

N. Carr 7/1/14
White-Board Office Pink-Administrator Yellow - Advisor

WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

Submit one (1) complete set of the fundraiser request form to your building administrator four weeks prior to the date of the fundraiser.

School: # 1 # 2 # 3 # 4 # 5 # 6 MS HS
 Other _____

Club/Organization: School 5 ASA

Date(s) of Fundraiser: Dec. 2014 (12/8-12/2014) Date Submitted: 6/30/2014

Advisor(s) Submitting Request: Beth Renert, ASA President

Fundraising Activity: Holiday Shoppe Sale

Location of Activity: School 5

Cost Per Item / Person: _____ Sale Price: Varies

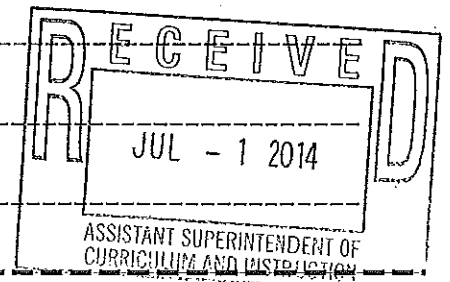
Anticipated Profit: ?

Intended Use of Raised Funds: assemblies, etc...

Vendor Description (If Appropriate): An opportunity for students to purchase gifts for loved ones at very affordable prices.

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____



APPROVED BY: Administrator: [Signature]

Date: 7/1/14

[Signature] 7/1/14
White -Board Office Pink -Administrator Yellow - Advisor

WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

Submit one (1) complete set of the fundraiser request form to your building administrator four weeks prior to the date of the fundraiser.

School: # 1 # 2 # 3 # 4 # 5 # 6 MS HS
 Other _____

Club/Organization: School 5 HSA

Date(s) of Fundraiser: Ongoing Date Submitted: 6/30/2014

Advisor(s) Submitting Request: Beth Reinert, HSA President

Fundraising Activity: Campbell Soup Labels collection

Location of Activity: School 5

Cost Per Item / Person: _____ Sale Price: NA

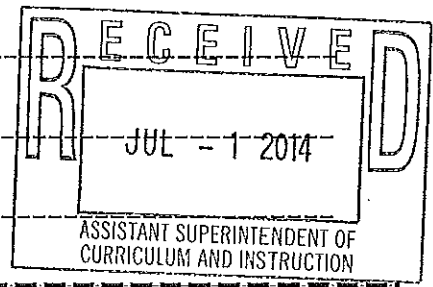
Anticipated Profit: ?

Intended Use of Raised Funds: assemblies, etc...

Vendor Description (If Appropriate): Collection of soup labels to earn points which are exchanged for school equipment.

Is there any commission or other gain to be received by school or advisor?: Yes No

If Yes, please explain: _____



APPROVED BY: Administrator: K. Marella Date: 7/1/14

A. Carr 7/1/14
White -Board Office Pink -Administrator Yellow - Advisor

WINSLOW TOWNSHIP SCHOOL DISTRICT
FUNDRAISER REQUEST

Submit one (1) complete set of the fundraiser request form to your building administrator four weeks prior to the date of the fundraiser.

School: # 1 # 2 # 3 # 4 # 5 # 6 MS HS
 Other _____

Club/Organization: School 5 HSA

Date(s) of Fundraiser: ongoing Date Submitted: 6/30/2014

Advisor(s) Submitting Request: Beth Remert, HSA President

Fundraising Activity: Box Tops for Education collection

Location of Activity: School 5

Cost Per Item / Person: _____ Sale Price: NA

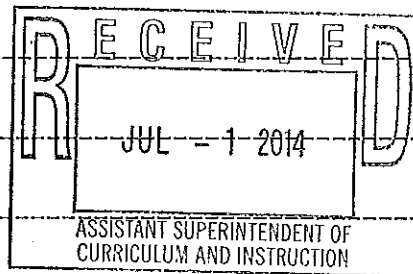
Anticipated Profit: ?(\$0.10 / box top)

Intended Use of Raised Funds: assemblies, etc.

Vendor Description (If Appropriate): Collection of Box Tops to raise funds for student activities.

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____



APPROVED BY: Administrator: [Signature] Date: 7/1/14

[Signature] 7/1/14
White -Board Office Pink -Administrator Yellow - Advisor

WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

Submit one (1) complete set of the fundraiser request form to your building administrator four (4) weeks prior to the date of the fundraiser.

School: # 1 # 2 # 3 # 4 # 5 # 6 MS HS
 Other _____

Club/Organization: School 5 HSA

Date(s) of Fundraiser: ongoing Date Submitted: 6/30/2014

Advisor(s) Submitting Request: Beth Reinert, HSA President

Fundraising Activity: Gift Grams sales

Location of Activity: School 5

Cost Per Item / Person: _____ Sale Price: \$ 1.00 each

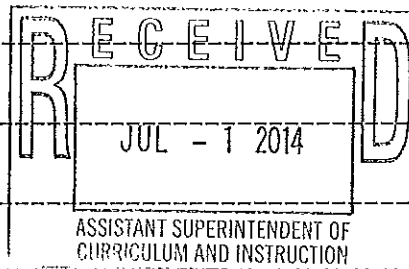
Anticipated Profit: \$ 200.00

Intended Use of Raised Funds: assemblies, etc...

Vendor Description (If Appropriate): The HSA will sell items for \$ 1.00 such as pencils, bookmarks, cookies, ^{pretzel rods} etc... Items will be distributed on selected dates throughout the year.

Is there any commission or other gain to be received by school or advisor?: Yes No

If Yes, please explain: _____



APPROVED BY: Administrator: Kurt Madh Date: _____
A. Law 7/1/14

White -Board Office Pink -Administrator Yellow - Advisor

Satisfy
both your
sweet &
salty
cravings!

Van Wyk
confections

SWEET & SALTY
PRETZEL

RODS™

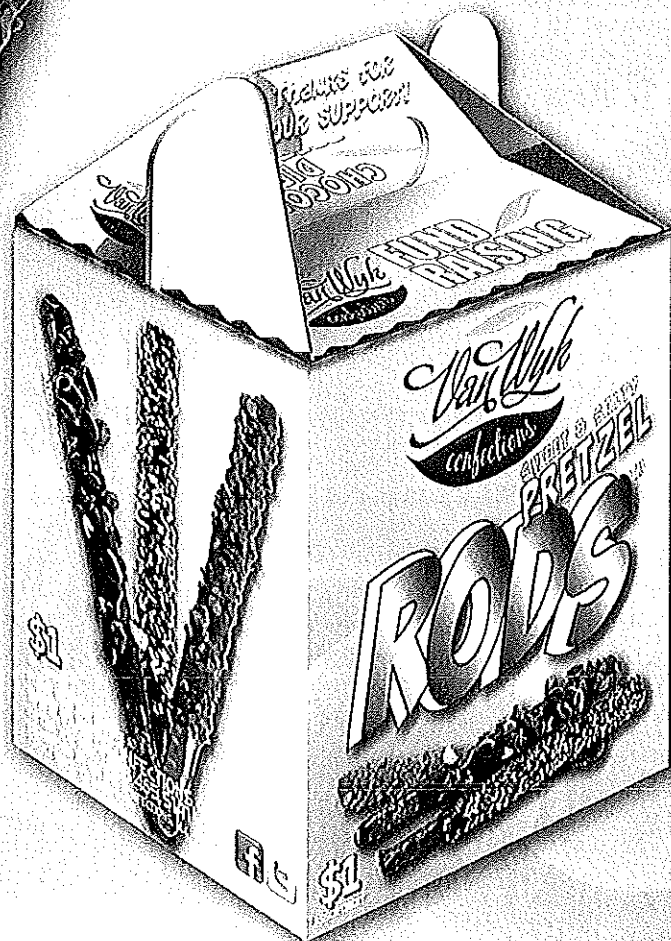
ACTUAL
SIZE



\$1 Variety Pack

52-COUNT Variety Carrier Includes:
20 Candy Coated Chocolate Chunks,
20 Rainbow Sprinkles and 12 Crunchy Toffee
(4 Carriers per Master)

SELL
FOR
\$1.00
EACH!



Indulge in the irresistible Van Wyk Sweet & Salty Pretzel Rods. Simply perfect! The Rods are dipped in milk chocolate and rolled in deliciousness. The mixture of the salty pretzel with the sweet chocolate and toppings is sure to satisfy all cravings.

WINSLOW TOWNSHIP SCHOOL DISTRICT
FUNDRAISER REQUEST

Submit one (1) complete set of the fundraiser request form to your building administrator four weeks prior to the date of the fundraiser.

School: # 1 # 2 # 3 # 4 # 5 # 6 MS HS
 Other _____

Club/Organization: School 5 HSA

Date(s) of Fundraiser: monthly Date Submitted: 6/30/2014

Advisor(s) Submitting Request: Beth Remert, HSA President

Fundraising Activity: School Store

Location of Activity: School 5

Cost Per Item / Person: _____ Sale Price: \$0.05 - 2.00/item

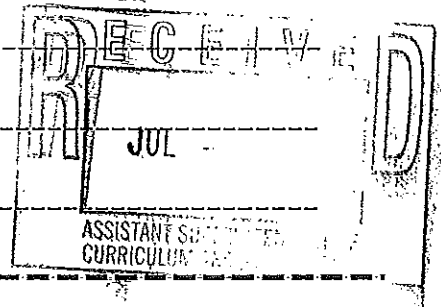
Anticipated Profit: ?

Intended Use of Raised Funds: assemblies, etc.

Vendor Description (If Appropriate): school supplies sold to students

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____



APPROVED BY: Administrator: [Signature]

Date: 7/1/14

[Signature]
White -Board Office Pink -Administrator

[Signature]
Yellow - Advisor

WINSLOW TOWNSHIP SCHOOL DISTRICT
FUNDRAISER REQUEST

Submit one (1) complete set of the fundraiser request form to your building administrator four (4) weeks prior to the date of the fundraiser.

School: # 1 # 2 # 3 # 4 # 5 # 6 MS HS
 Other _____

Club/Organization: Winslow Concert Choir

Date(s) of Fundraiser: 9-23-2013 AND 10-7-2014 Date Submitted: 6/11/14

Advisor(s) Submitting Request: Michael Doherty
Louise Sands - 856-296-5021

Fundraising Activity: Pies / Cupcakes

Location of Activity: Community

Cost Per Item / Person: see Attached Sale Price: Varies
Anticipated Profit: 500.00
*Pies profit 30%
Cupcakes profit \$3.90*

Intended Use of Raised Funds: To help offset the cost of the Spring 2015 Choir Trip.

Vendor Description (If Appropriate): Ashley Farms
Phil Blackman 856-589-2856
137 Oakcrest Ave. Pitman NJ

Is there any commission or other gain to be received by school or advisor?: Yes No

If Yes, please explain: _____

APPROVED BY: Administrator: [Signature] Date: 7/11/14

White -Board Office Pink -Administrator Yellow - Advisor
[Signature]

Cost per item \$13.00



204 Red Velvet Cupcakes
6 - 3oz. Cupcakes

205 Carrot Cake Cupcakes
6 - 3oz. Cupcakes

206 Chocolate Dream Cupcakes
Six huge moist chocolate cupcakes.
6 - 3oz. Cupcakes

207 Vanilla Cupcakes
6 - 3oz. Cupcakes

208
Pumpkin Whoopie Pies
6 pieces (calling 14 oz.)

All products are certified Kosher. All products may be frozen and stored up to 6 months.

WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

Submit one (1) complete set of the fundraiser request form to your building administrator four (4) weeks prior to the date of the fundraiser.

School: # 1 # 2 # 3 # 4 # 5 # 6 MS HS
 Other _____

Club/Organization: Winslow Concert Choir

Date(s) of Fundraiser: 1/22/2015 to 2-12-2015 Date Submitted: 6/11/14

Advisor(s) Submitting Request: Michael Doheny
Louise Sands 856-296-5021

Fundraising Activity: Cinnamon Rolls / Carrot Cakes

Location of Activity: Community

Cost Per Item / Person: \$4.00 Sale Price: \$4.00 Profits 50%

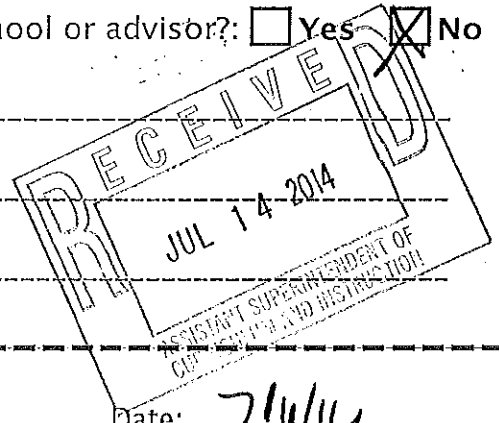
Anticipated Profit: \$50,000

Intended Use of Raised Funds: To help offset the cost of the Spring 2015 Choir Trip

Vendor Description (If Appropriate): Hadley Farms
Phil Blackman - 856-589-2856
137 Oak Crest Ave Pitman NJ

Is there any commission or other gain to be received by school or advisor?: Yes No

If Yes, please explain: _____



APPROVED BY: Administrator: [Signature] Date: 7/14/14
[Signature] 7/14/2014
White - Board Office Pink - Administrator Yellow - Advisor

WINSLOW TOWNSHIP SCHOOL DISTRICT
Dr. H. Major Poteat, Superintendent

MEDICAL STANDING ORDERS 2014-2015

GRADES PK – 8



Stephanie S. Doyle, MD
506 Menantico Avenue
Millville, NJ 08332
856-503-8557 (Cell #)

August 13, 2014
Physician's Approval Date
Board of Education Approval Date

WINSLOW TOWNSHIP PUBLIC SCHOOLS

Medical Standing Orders Grades PK-8

A. Abdominal Cramps

1. If pain is generalized; have child go to the bathroom.
2. If accompanied by nausea, vomiting, or diarrhea, exclude to parent.
3. If elevated temperature (>100) exclude to parent.

B. Asthmatic Distress

1. Assess respiratory status.
2. Administer medication if prescribed.
3. If the nurse believes the child is in distress such that administration of rescue medications is required, 911 should be called.
4. Keep patient calm.
5. Administer oxygen if indicated.
6. Notify parent/911 as indicated.

C. Bleeding

Gloves are required.

A. Nosebleed

1. Keep person quiet
2. A sitting position with head held erect or a lying position with head and shoulders raised, is best.
3. Advise individual to breathe through mouth.
4. Apply pressure by pinching nostrils together.
5. May apply cold compresses.
6. If bleeding persists for more than 15 minutes, refer the child to parent's care.

B. Moderate Bleeding-result of injury (excluding head injury).

1. Control bleeding with pressure and elevation.
2. Apply sterile dressing.
3. Notify parent.

C. Severe Bleeding

1. Have patient lie down.
2. Place thick sterile gauze dressing over wound and press firmly-use hand until proper dressing can be obtained.
3. If dressing becomes saturated (do not remove dressing) lay a fresh dressing over it and continue pressure.
4. If extremity is involved, elevate part.
5. Use pressure points if necessary.
6. When bleeding has stopped apply bandage to dressing.

7. The use of the tourniquet, by staff personnel, in case of hemorrhage, is discouraged. Patient's physician will take care of treatment & cleaning of wound.

D. Bites and Stings

1. Animal/Human

- a. Wash area thoroughly with antiseptic soap.
- b. If skin is not broken, wash with antiseptic soap.
- c. Apply sterile bandage only if wound is open. If the bite does not break the skin, covering it is not recommended.
- d. Advise parent to contact physician when skin is broken. Inform parent of date of last recorded tetanus vaccine.
- e. Notify health department if animal is a stray.
- f. Follow blood borne pathogen protocols if necessary.

2. Insect

- a. Check if student is allergic. Administer medication prescribed and notify parent.
- b. Remove stinger if visible.
- c. Apply ice, or Sting Wipe, Caladryl or Hydrocortisone Cream 0.5%.
- d. Use Epi-Pen - Pen or Benadryl elixir 1 tsp. as indicated. (If parents provide permission and medication in advance.)
- e. Call 911 and parents if Anaphylaxis is suspected or if child has a known anaphylactic reaction to bug bites.

E. Burns

1. Mild – (no blistering, minimal blistering with small areas involved.)
 - a. Submerge in cold water.
 - b. May apply burn gel.
 - c. Cover with sterile dressing.
2. Severe – (Blistered or large areas involved.)
 - a. Submerge in cold water or apply ice.
 - b. Cover with sterile dressing.
 - c. Keep patient lying down-treat for shock.
 - d. Notify parent.
 - e. Advise professional treatment-urgency determined by the severity of the burn.
3. Chemical
 - a. Wash away the chemical completely with large quantities of water.
 - b. Cover with sterile dressing.
 - c. Notify parent, advise medical treatment, and supply with name of chemical. MSDS if available.
4. Electric burn
 - a. Do not immerse in water.
 - b. Wrap with sterile dressing.
 - c. Call 911/notify parents.

WINSLOW TOWNSHIP PUBLIC SCHOOLS

Medical Standing Orders Grades PK-8

F. Cessation of Breathing and/or pulse

1. Check for responsiveness.
2. If unresponsive – Call 911.
3. Position victim and check airway and check for breathlessness.
4. Give 2 full breaths – Bag to mouth.
5. Check for pulse – Follow CPR according to American Heart Association standards.

G. Obstructed Airways

1. Heimlich maneuver until unresponsive.
2. Try bag to mouth ventilation X 2.
3. Give 5 abdominal thrusts.
4. Attempt 2 full breaths – Bag to mouth.
5. Continue last 3 steps until obstruction is clear or EMT personnel arrive.

H. Convulsions, Seizures

1. Lower patient to the floor.
2. Position on side.
3. Do not restrain child. Protect them from injury.
4. Do NOT force anything between teeth.
5. Exclude to parent if necessary/OR rest after attack if this is a known condition.
6. Document duration and type of seizure.
7. Call 911 for seizures lasting more than 5 minutes.

I. Dermatitis, Ivy, Sumac, Oak, Poisons

1. Cleanse area immediately after exposure.
2. If area is weeping, exclude to parent.
3. If dry – apply caladryl to affected area.
4. Any questionable rashes are to be excluded only to be readmitted with a doctor's note.

J. Diabetic Condition

1. Follow protocols if available.
 - A. HYPERGlycemia
 1. Follow protocol, if available.
 2. Give patient fluids without sugar if able to swallow.
 3. Contact parent and/or patient's physician.
 - B. HYPOglycemia
 1. Follow protocol, if available.
 2. Give 3-4 glucose tablets, sugar or food containing sugar (honey, candy, fruit, 4oz. orange juice or 7-8 lifesavers.)
 3. Do not give fluids or #2(above) if patient is unconscious and unable to swallow. Call 911.
 4. Notify parent and/or call 911 if necessary.

WINSLOW TOWNSHIP PUBLIC SCHOOLS

Medical Standing Orders Grades PK-8

K. Drug abuse or alcohol intoxication

1. Observe for signs and symptoms of drug or alcohol abuse.
2. Notify appropriate designated personnel or 911 as indicated.

L. Ears

1. Foreign body
 - a. Examine ear.
 - b. Do not cause additional damage to ear trying to remove an article.
 - c. Exclude to the care of the parent.
2. Pain
 - a. Examine eardrum for S/S of fluid build up or ear infection.
 - b. If positive, refer to parents for treatment.

M. Eyes

1. Foreign body
 - a. Flush eye with water.
 - b. Have child blink.
 - c. Pull upper lid gently over lower lid. Examine for foreign body and remove if able. Refer child to ER if object cannot be removed or person is impaled.
 - d. Examine for object.
 - e. If pain is persistent, contusions around the eye, lacerations to the eye or eyelid, flashes of light, blurry vision, or blood in the eye— exclude child to parents for mild injuries and ER for severe injuries.
2. Serious injury to eye
 - a. Put dry sterile dressing over both eyes and exclude to parents.
 - b. Call 911 if necessary.
3. Conjunctivitis (Pink eye)
 - a. Exclude to parent.
 - b. S/S eye red, discharge present, itching.
 - c. Admit back to school with Doctor's note.

N. Fever

1. If temperature is over 100 degrees, exclude to parent.
2. Child is not to return to school for 24 hours after fever-free without medication.

O. Fractures

1. Immobilize injured limb or area.
2. Simple fractures – exclude to parent

3. Compound fractures – Call 911.
 - a. Must have doctor's note to return.

P. Frostbite

1. Give warm liquid to drink (Not tea or coffee).
2. Keep frozen parts in warm water for 30 minutes.

Q. Headache

1. Check temperature, if elevated (100 degrees F. or above) exclude to parent.
2. If temperature normal – check if child has eaten.
3. Apply ice pack/cool compress and/or, allow to rest for a few minutes.
4. Contact parent and refer to physician if headache is accompanied by visual changes, altered LOC, contusion, stiff neck, lack of coordination, weakness on one side, elevated blood pressure, or any notable change in neurological status.

R. Migraines

1. Follow protocol listed in Headache, intervention #3.

S. Heat Exhaustion/Heat Stroke

1. H.E. – pale skin, profuse sweating/ normal body temperature.
2. H.S. – red, flushed, dry skin and high body temperature.
 - a. Cool cloth or air conditioning
 - b. Let student rest
 - c. Refer to parents if the symptoms do not resolve in 15 minutes.

T. Injuries

1. Head;
 - a. Examine for alertness. Complete a neuro check.
 - b. Apply ice.
 - c. Notify Parent
 - d. Send head injury sheet home.
2. If concussion occurs or change in level of consciousness:
 - a. Check pupil size
 - b. Check BP-assure stability
 - c. Assess level of consciousness
 - d. Severe Head Trauma – S/S loss of consciousness, vomiting, short-term memory loss. Depressed fracture, pupils dilated, blood from ear.
 - e. Call 911 & notify parents.
3. Mild Head Trauma
 - a. Notify parents and exclude to their Doctors care.

U. Sprains/Strains

- Rest
- Ice
- Compression
- Elevate
- Notify Parents

V. Nausea/Vomiting

1. If a child vomits one time without a fever, it is not mandatory that he/she be excluded, allow them to rest and rinse their mouth.
2. Exclude if temperature is present or if vomiting continues.
3. Child must remain home for 24 hours after vomiting has stopped.

W. Poison Ivy/Sumac/Oak

1. Apply Caladryl lotion to affected area if dry.
2. If new exposure, cleanse area immediately.
3. If weeping, exclude to parent.
4. Any questionable rashes are to be excluded only to be readmitted with a Doctor's note.

X. Poisoning (By mouth)

1. Obtain history.
2. Notify poison control. (1-800-222-1222)
3. Save label or container for identification purposes, or MSDS.
4. Follow recommendations by poison control.
5. Notify parent immediately.
6. If a suspicion of food poisoning contact principal and call 911.
7. **IPECEC SYRUP IS TO BE USED FOR FLUORIDE POISONING ONLY.**

Y. Shock

1. Fainting – position with head lower than body.
 - Keep warm.
 - Use smelling salts if available.
 - Check vital signs.
 - Call 911
2. **Anaphylactic Shock** – S/S facial swelling, drop in blood pressure, rash, inability to breathe (occurs from allergic reactions).
 - a. If a student has a kit in school, administered Epinephrine as prescribed, call 911 and notify parent.
 - b. If no kit, administer epinephrine, call 911, and notify-parents.

EMERGENCY MEDICATION FOR ANAPHYLACTIC SHOCK

School nurses may administer the Epi-Pen in the event of anaphylactic shock.

Signs/symptoms:

Dosage: Epi-Pen by weight

Epi-Pen Jr.-up to 66 lbs. or as ordered by the child's physician

Site: Give LAT or RAT, Route: SC

Epi-Pen-over 100 lbs. Site: Give LAT or RAT, Route: SC

Nursing Implications:

- Notify parent/or contact person immediately before injecting if possible.
- Transport via 911 to hospital as soon as possible.
- Vital signs are to be taken as needed.
- Injection site should be massaged after injection.

Side Effects: Pallor, nervousness, tremor, palpitations, epinephrine anxiety, headache, dyspnea, pulmonary edema, or CVA.

3. In any serious injury always expect shock and act to prevent or lessen it. Notify parents and call 911.

Z. Rashes

1. Any child with a questionable rash must be excluded until medical diagnosis is confirmed in writing and treatment is started or the doctor determines child is not contagious.

AA. Ringworm

Circular rash with a raised edge.

1. Exclude to parent for medical treatment.
2. Advise custodians to cleanse desktops, and other surface areas.
3. Diagnosis must accompany child upon returning back to school.

BB. Nuisance Skin Disorders

Such as lice

1. Examine child for lice and/or nits.
2. Exclude to parent with directions.
3. Child must be re-examined by school nurse before entering the classroom.
4. It is not necessary for students to have no nits to return to school. If the nits are greater than ¼ inch from the scalp and no active lice are seen, they are considered dead. Many experts now concede that children can return to school after 1 treatment with insecticide such as NIX, ELIMITE, ULESFIA, OVIDE, etc.
5. All students in the class and on the bus must be checked.
If any present, all classes and buses of siblings must be checked or any class that switches with this particular class.

Scabies

1. Refer to parents.
2. Must have doctor's note to return to school.

CC. Splinters

1. Remove if possible.
2. Cleanse and dress if necessary.

DD. Toothache/Dental Injury

1. Refer all toothaches, abscesses, etc. to parents.
2. If a tooth is knocked out, retrieve tooth and exclude child to parent.

3. If tooth is broken off – notify parents and exclude.
4. As with all accidents – a report must be filed.
5. Apply Ambesol to affected area x1

EE. Wounds

1. Abrasions
 - a. Cleanse with antibacterial soap and water, apply antibiotic ointment and dress.
 - b. Remove foreign body if possible. If not possible, refer child to parent and physician.
2. Lacerations
 - a. If severe – apply pressure to stop bleeding and exclude to parent.
 - b. If bleeding subsides, a butterfly bandage can be applied prior to exclusions.
 - c. Check last DPT immunization and record this date on accident report.
3. Puncture Wounds
 - a. Minor – Cleanse and dress
 - b. Major – Stabilize and immobilize article that has punctured body. Notify and exclude to parent to seek medical attention.

FF. Tuberculosis screening

All newly employed staff members are required to have a Mantoux test unless they have proof of negative Mantoux test within the past 6 months. Newly employed staff members transferring between school districts within New Jersey will not have to be tested if there is a documented record of a Mantoux tuberculin skin test being administered upon his or her initial employment in a New Jersey public school.

The school nurse will administer all Mantoux test for Winslow Township Board of Education staff members and designated pupils. In the event of any extreme allergic reaction EpiPen will be administered to said patient by the school nurse and then referred for medical treatment. (Mantoux) Tubersol Solution 0.1ml/5US units Intracutaneous.

GG. Oxygen

Oxygen should be administered via nasal canula if possible and should be started at Lpm. If a facemask is used, 4Lpm is recommended to be the starting level. Monitor the oxygen saturation and titrate the oxygen to 95% or greater while awaiting the arrival of EMS.

HH. Homebound Instruction

- Students not able to attend school for an extended period of time may be approved for HOMEBOUND INSTRUCTION. Such approval may be issued by the school nurse based upon a review of a medical assessment forwarded by the pupil's attending physician documenting the pupil's inability to attend school for a designated period of time.

Dysmenorrhea (Menstrual Cramps)

1. Encourage exercise.

2. Allow to rest for a stipulated period of time.
3. Use of a hot water bottle or heating pad.

II. AED Certification:

IE: Persons certified in the use of the AED procedure, may use when needed.

Scoliosis:

Every Board of Education must provide the biennial examination of every student between the ages of 10 and 18.

Auditory Screening:

Screenings must be conducted for students who are:

1. Enrolled in preschool program.
2. Enrolled in grades kindergarten through 4.
3. Enrolled in grades, 6, 8, and 10.
4. Entering the district with no recent record of audiometric screening.
5. At risk for hearing impairments.
6. Referred to the CST for evaluation.
7. Referred for screening by a teacher, parent, / guardian, or at the students own request.
8. At risk for noise exposure.

Vision Screening should be conducted, at a minimum, at the following grade/age levels:

Preschool (3-4 yrs.)	6 th grade (10-11 yrs.)
Kindergarten (5-6 yrs.)	8 th grade (13-14 yrs.)
2 nd grade (7-8 yrs.)	10 th grade (15-17 yrs.)
4 th grade (8-9 yrs.)	

****Every student shall be examined upon entry to school.**

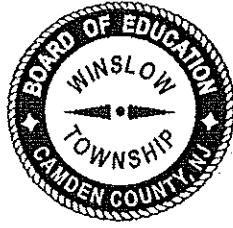
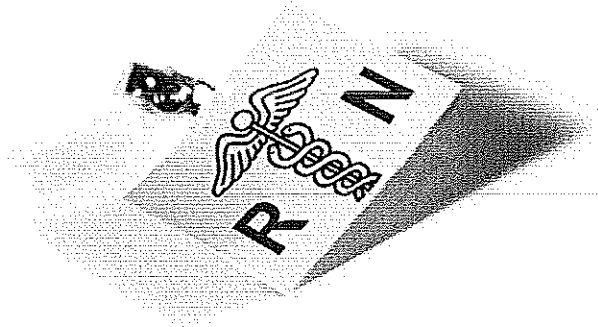


EXHIBIT NO. XIII A.17

Winslow Township School District
H. Major Poteat, Ed. D., Superintendent



School Nursing Services Plan

2014-2015

Board of Education approval date: 8/13/14

WINSLOW TOWNSHIP SCHOOL DISTRICT

SCHOOL NURSING SERVICES PLAN

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Section I – BUILDING ASSESSMENTS

Acuity Levels Defined

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- D. Job Description – Certified School Nurse
- E. Role of School Nurse

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Formal Evaluation/Observation – School Nurse

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Emergency Nursing Coverage

SECTION I

BUILDING ASSESSMENTS

**ACUITY LEVELS OF
STUDENTS REQUIRING SCHOOL HEALTH SERVICES**

School Acuity Levels

School	Acuity Levels
1	Level III – Medically Complex
2	Level III – Medically Complex Level IV – Health Concerns
3	Level II – Medically Fragile
4	Level III – Medically Complex
5	Level III – Medically Complex
6	Level II – Medically Fragile
Middle School	Level IV – Health Concerns
High School	Level III – Medically Complex

ACUITY LEVELS OF STUDENTS REQUIRING SCHOOL HEALTH SERVICES

Level I – NURSING DEPARTMENT

Nursing dependent students require 24 hour/day, frequent one-to-one, skilled nursing care for survival. Many are dependent on technological devices for breathing and/or require continuous nursing care, or the student will experience irreversible damage or death (DNR's).

Level II – MEDICALLY FRAGILE

Students with complicated health needs in this category face each day with the possibility of a life-threatening emergency requiring the skill and judgment of a professional nurse. Examples may include, but are not limited to: severe seizure disorder requiring medication, severe asthma, sterile procedures, tracheotomy care and suctioning, unstable or newly diagnosed diabetics with unscheduled blood sugar monitoring and insulin injections, diabetes and insulin pumps requiring monitoring and asthmatics requiring nebulizer treatments.

Level III – MEDICALLY COMPLEX

Students with medically complex concerns require daily treatments or close monitoring by a professional nurse. They may have unstable physical and/or social-emotional conditions and the potential for a life-threatening event may exist. Examples include, but are not limited to: ADHD and on medication, anaphylactic event, cancer, immune disorders, moderate to severe asthma (inhaler, peak flow meters), preteen or teenage pregnancy, carefully timed medications, medications with major side effects, unstable metabolic conditions, continuous or intermittent oxygen and complex mental or emotional disorders.

Level IV – HEALTH CONCERNS

In the category of health concerns, the student's physical and/or social-emotion condition is currently uncomplicated and predictable. Occasionally the student requires monitoring, varying from bi-weekly to annually. Examples include, but are not limited to: migraines, sensory impairments, self-managed diabetes, dietary restrictions, eating disorders, orthopedic conditions requiring accommodations and encopresis.

Adapted from the "Washington Model" of acuity for the NJSSNA.

Winslow Township School District
 Student Medical Report
 2013-2014

School	Daily/PRN Medications	Inhalers/ Breathing Issues	Seizures	Allergies/ Epi-pen	Cardiac	Diabetics
	# of Cases	# of Cases	# of Cases	# of Cases	# of Cases	# of Cases
#1	20	35	3	12	4	0
#2	25	32	3	28	1	2
#3	3	46	2	6	2	0
#4	5	56	2	4	9	1
#5	13	37	4	40/6	2	1
#6	13	52	2	7	3	1
MS	33	66	4	13	4	4
HS	32	56	5	8	8	5

SUMMARY OF PLAN TO ADDRESS STUDENTS WITH CERTAIN MEDICAL CONDITIONS

ASTHMA

- If the student with known asthma develops any of the following symptoms, persistent cough, shortness of breath, wheezing or retractions. If any of the above happens, the school nurse will:
 1. Assess the respiratory status of the student.
 2. Assess the vital signs of the student.
 3. Administer respiratory rescue medication if ordered by the family's health care provider.
 4. Allow the student to rest.
 5. Notify parent of episode, treatment and results.
 6. Return the student to class if respiratory symptoms improved.
 7. If fever over 100 degrees or respiratory status not improved, notify parent to seek medical attention.
- If the student develops any life threatening symptoms, i.e., attempting to cough but unable, unable to speak, color changes (blue hue around lips), severe chest pain, or agonal breathing (short, sharp breaths), school nurse will administer oxygen at 4 liters/minute via face mask, notify parent and call 911.

SEIZURES

- If a student with a known seizure disorder develops any of the following symptoms, body stiffens or jerks, color changes, continuous blinking, starting spells, impairment of consciousness, and/or incontinence with other symptoms. If any of the above happens, the school nurse will:
 1. Make sure the student is safe.
 2. Turn the student to the rescue position.
 3. Track the time.
 4. Designate another adult to remove the other children from the class if necessary.
 5. Assess the respiratory status of the student.
 6. Assess the vital signs of the student.
 7. Administer anti-seizure medication as ordered by the student's health care physician.
 8. Allow the student to rest.
 9. Notify parents of the episode.
- If the student develops any life threatening symptoms, i.e. seizure lasting longer than 5 minutes, repeated seizures without regaining consciousness or it is the first time student has had a seizure, parent notified and 911 called.

SICKLE CELL DISEASE

- If a student with sickle cell disease develops the following symptoms, pain in hands, chest or feet, abdominal pain, pain in arms, back or legs or fever over 100 degrees, the school nurse will:
 1. Assess the vital signs of the student.
 2. Allow the student to rest.
 3. Administer fluids.
 4. Administer pain medications if ordered by the family's health care provider.
 5. Initiate comfort measures (warm compresses, relaxation exercises).
 6. Notify parent of episode, treatment and results.
 7. Return student to class if pain is controlled.
 8. If fever over 100 degrees or pain not controlled, notify parent to seek medical attention.
- If the student develops any life threatening symptoms, i.e. loss of balance, weakness on one side, visual disturbance, sudden/severe headache, seizure, weakness/lethargy swollen painful abdomen, severe chest pain with or without fever >100, parent will be notified and 911 called.

FOOD ALLERGIES

- If a student with a known food allergy attends the school, the cafeteria is notified and a note is made on his/her record. If the student's allergy is a peanut allergy, a peanut free table is provided in the cafeteria for the student to sit at if the parent or he/she so chooses to sit at.
- If a student with a known food allergy accidentally ingests foods that they are allergic to the student will immediately be brought to the school nurse. The school nurse will then:
 1. Assess what the allergy is and what type of reaction the student has had in the past to the food.
 2. Assess to see if any medications are prescribed by family doctor to counter the effects of the allergy. Benadryl/Epipens are often prescribed if allergic reaction is life threatening.
 3. Administer medications and watch student for 15 to 20 minutes. If reaction subsides allow the student to return to cafeteria/class, and notify parent of episode.
- If the student develops any life threatening symptoms, i.e., reaction is anaphylactic and student becomes lethargic, unable to communicate or breathe, active 911 and notify the parent.

DIABETES

A known diabetic with symptoms of hypo or hyperglycemia can lead to life threatening emergency if symptoms are not reversed.

- Staff In-service re: signs and symptoms of hypo & hyperglycemia.
- Staff In-service on testing blood sugar with glucometer and administration of either Insulin or glucagon appropriately as needed per Dr.'s orders.
- If glucose level is low and the student is conscious give snack as specified in IHP and Dr.'s order, wait for 15 minutes and then re-test glucose level making sure it is elevated to recommended level (usually 70 or above) may require additional snacks to reach that level.
- If glucose level is higher than acceptable parameter and the student is conscious, check urine for ketones and administer insulin following the insulin sliding scale, encourage student to drink extra water to maintain ketones level to normal.
- In case of hypoglycemia and hyperglycemia not responding to treatment as specified in step's # 3 and #4 and the student is **unconscious**, then proceed as follows:
 - a) Delegate staff member to activate 911 and notify parent/guardian.
 - b) Attend to the student by administering glucagon as ordered for cases of hypoglycemia.
 - c) Administer insulin for cases of hyperglycemia.
 - d) Remain with the student, check level of consciousness and monitor vital signs.
 - e) Administer oxygen at 4 liters per minute via face mask.
- Begin CPR in the event that respiratory or cardiac arrest

CARDIAC

- Maintain CPR certification
- Maintaining AED in good working order
- Updating medical history yearly
- Obtaining vital signs during a suspected cardiac event and completing a nursing assessment
- Administering oxygen as ordered
- Activating 911 and notifying the parent

ROLE OF THE SCHOOL NURSE

The school nurse provides direct health care to students and staff.

The school nurse provides care to students and staff who have been injured or who present with acute illnesses. Care may involve treatment of health problems within the scope of nursing practice, communication with parents for treatment, and referral to other providers. The school nurse uses the nursing process to assess, plan, implement, and evaluate care for students with chronic health conditions. This care should begin with the development of a nursing care plan (also known as an individualized health care plan) that should include an emergency action plan. The school nurse is responsible for medication administration and the performance of health care procedures that are within the scope of nursing practice and are ordered by an appropriately licensed health care provider. The school nurse also assists faculty and staff in monitoring chronic health conditions.

The school nurse provides leadership for the provision of health services.

As the health care expert within the school, the school nurse assesses the overall system of care and develops a plan for assuring that health needs are met. This leadership role includes developing a plan for responding to emergencies and disasters and training staff to respond appropriately. It also involves the appropriate delegation of care within applicable laws. Delegation to others involves initial assessment, training, competency validation, supervision, and evaluation by the school nurse.

The school nurse provides screening and referral for health conditions.

In order to address potential health problems that are barriers to learning or symptoms of underlying medical conditions, the school nurse often engages in screening activities. Screening activities may include vision, hearing, postural, body mass index, or other screening. Determination of which screenings should be performed is based on several factors, including legal obligations, the validity of the screening test, the cost-effectiveness of the screening program, and the availability of resources to assure referral and follow-up.

The school nurse promotes a healthy school environment.

The school nurse provides for the physical and emotional safety of the school community. The school nurse monitors immunizations, assures appropriate exclusion from and re-entry into school, and reports communicable diseases as required by law. The school nurse provides leadership to the school in implementing precautions for blood borne pathogens and other infectious diseases. The school nurse also assesses the physical environment of the school and takes actions to improve health and safety. Such activities may include an assessment of the playground, indoor air quality evaluation, or a review of patterns of illness or injury to determine a source of concern. Additionally, the school nurse addresses the emotional environment of the school to decrease conditions that may lead to bullying and violence and/or an environment not conducive to optimal mental health and learning.

The school nurse promotes health.

The school nurse provides health education by providing health information directly to individual students, groups of students, or classes or by providing guidance about the health education curriculum, encouraging comprehensive, sequential, and age appropriate information. They may also provide programs to staff, families, and the community on health topics. Other health promotion activities may include health fairs for students, families, or staff, consultation with other school staff such as food service personnel or physical education teachers regarding healthy lifestyles, and staff wellness programs. The school nurse is a member of the coordinated school health team that promotes the health and well-being of school members through collaborative efforts.

The school nurse serves in a leadership role for health policies and programs.

As the health care expert within the school system, the school nurse takes a leadership role in the development and evaluation of school health policies. The school nurse participates in and provides leadership to coordinated school health programs, crises/disaster management teams, and school health advisory councils. The school nurse promotes nursing as a career by discussions with students as appropriate, role modeling, and serving as a preceptor for student nurses or as a mentor for others beginning school nursing practice. Additionally, the school nurse participates in measuring outcomes or research, as appropriate, to advance the profession and advocates for programs and policies that positively affect the health of students or impact the profession of school nursing.

The school nurse serves as a liaison between school personnel, family, community, and health care providers.

The school nurse participates as the health expert on Individualized Education Plan and 504 teams and on student and family assistance teams. As case manager, the nurse communicates with the family through telephone calls, assures them with written communication and home visits as needed, and serves as a representative of the school community. The school nurse also communicates with community health providers and community health care agencies while ensuring appropriate confidentiality, develops community partnerships, and serves on community coalitions to promote the health of the community.

SECTION II

SCHOOL NURSE'S STAFFING PLAN

WINSLOW TOWNSHIP SCHOOL DISTRICT
STAFFING PLAN

- I. School Physicians – Dr. Stephanie Doyle (K-6); Dr. Julian Maressa (7-12)
 - A. Board Certified in Pediatrics
 - B. Licensed to Practice in New Jersey
 - C. Final authority in medical decisions

- II. Certified School Nurses
 - A. Eight full-time school nurses holding NJ School Nurse Certificates and CPR/AED Certification and two Medical Assistants
 - B. One full-time Certified School Nurse in each school
 - C. One nurse and one Medical Assistant in the Middle School and High School
 - a. Under supervision of the Assistant Superintendent and the Director of Special Services

- III. Substitute School Nurses
 - A. Two substitutes nurses
 - B. Current NJ Licensed Registered Nurses holding County Substitute Certificates
 - C. Current CPR/AED Certification
 - D. Cover building in the absence of the Certified School Nurse
 - E. Work on a per diem/on call basis at a daily rate of \$110.

- IV. Emergency Coverage
 - A. In the absence of a Certified School Nurse
 - a. A substitute School Nurse is called
 - b. If no substitute nurse is available
 - i. School Nurses are shared between buildings for medication and on call as needed.
 - ii. In the event that more than one Certified School Nurse is absent and no substitute is available, the district will rotate nurses among schools to provide coverage as needed.
 - iii. In the absence of a nurse and in the event of an emergency, assistance will be sought from an emergency medical unit by calling 911 or 609-561-3300.

Winslow Township School District
School Nurse
2013-2014

School 1	Jennifer Trail, RN
School 2	Coleen Burghart, RN, BSN, CSN
School 3	Maureen MacDonnell, RN, MS
School 4	Patricia Reese, RN
School 5	Adeline Auguste, RN
School 6	Francis Jones, RN
Middle School	Stacey Hollander, RN Joanne Simone, Medical RN
High School	Susan Taylor, RN Karen Torota, Medical RN

JOB DESCRIPTIONS

WINSLOW TOWNSHIP SCHOOL DISTRICT JOB DESCRIPTION

School District Physician/Medical Inspector

Qualifications:

- Licensed Medical Doctor or Doctor of Osteopathy in the State of New Jersey.

Reports to:

Superintendent

Job Goals:

1. To provide for the safety, well-being, and welfare of the School District students and staff members.
2. To provide a climate and atmosphere of health and safety in the School District.

Performance Responsibilities:

1. Conducts routine examination/physicals of certified and non-certified personnel and other referred staff cases.
2. Conducts inoculations, as appropriate, for staff participating in HBV prevention immunization program.
3. Recommend and oversee rules, regulations, and policies governing professional medical techniques, service, treatment, examinations, and inspections.
4. Oversee and enforces all local, county, state, and federal medical rules, regulations, laws, etc.
5. Conducts routine physicals of each student in designated grade levels on an annual basis.
6. Conducts examinations/physicals of students involved in child study team evaluation.
7. Examines and makes recommendations regarding any student who is in need of special medical programs.
8. Examines each student prior to his/her acceptance/participation in intramural athletic programs.
9. Cooperates with local/public health authorities to control communicable disease.
10. Serves as liaison for the school district with individual student's family physicians.
11. Inspects medical reports, requests for excuse from school attendance and requests for excuse form full participation in school activities when requested by administration.
12. Performs or arranges to have performed special examination for physically handicapped student or students with the physical conditions that require special accommodation.
13. Performs any other job related duties that may be assigned.

Approved: 6/26/05

WINSLOW TOWNSHIP SCHOOL DISTRICT JOB DESCRIPTION

School Nurse

The School Nurse is a health services specialist who assists pupils and staff in attaining and/or maintaining optimum health, and promoting positive health habits and attitudes. Health services extend into the community and encompass all supportive health resources and agencies.

Major Responsibilities:

1. Assess the physical well-being of the pupil in terms of developmental and present health status.
2. Coordinate the health referral process and communicates health findings to appropriate persons and/or agencies.
3. Assists in the identification of pupils whose medically related absences may require home bound instruction.
4. Provides health counseling for pupils, parents and staff.
5. Maintains a comprehensive health history and health appraisal record system.
6. Provides direct health care services to pupils and staff including the transportation of pupils when immediate exclusion is necessitated during the school year.
7. Maintains an adequate communicable disease control program.
8. Participates in the child study team process by interpreting significant findings of health history, physical assessment and reports of medical consultants.
9. Consults with staff regarding modification or change in the educational environment necessitated by the pupil's developmental or health status.
10. Participates in the health education program by providing health/family life instruction and in-service education.
11. Initiates, facilitates and maintains liaison between the school and community health agencies.
12. Disseminates information on health careers upon request.
13. Remains on the school site during the hours school is in session except when transportation for an excluded pupil required.
14. Maintains and orders equipment and supplies for nurse's office and first aid station.

Extend and Limits of Authority:

The school physician provides medical direction and consultation for the school nurse.
The nurse is responsible to the building administrator.

ACKNOWLEDGEMENT:

I acknowledge receipt of a copy of this job description and I am aware that I may be required to fulfill any of the listed performance responsibilities.

I am aware of the fact I will be on a 90 day probationary period during which I may be summarily dismissed without notice.

EVALUATION:

Performance of this job will be evaluated annually in accordance with State Statutes and the Board's policy on evaluation.

Reviewed and agreed to by employee:

Signature

Date

Approved: 6/26/05, 8/27/08

EVALUATION INSTRUMENT

WINSLOW TOWNSHIP SCHOOL DISTRICT

CERTIFICATED NON-TEACHING STAFF OBSERVATION REPORT

Staff Member: _____ Date: _____

Title: _____ Observation Time: _____

Tenure: _____ Non-Tenure: _____ School: _____

Participants (#): _____ Parents: _____ Students: _____ Staff Members: _____ Others: _____

Observer: _____ Obs. # _____ Conference Date: _____

This Observation Form is to be used for all Certificated Non-Teaching Personnel. Examples of positions appropriate for use of this form are: Guidance Counselors, Crisis Counselors, Child Study Team members, Physical Therapists, Nurses, Athletic Trainers and Speech Correctionists.

NOTE: The observer will attach to the Summary of Observation a narrative description of the observed activity which will include the following categories:

1. Description of the observed activity
2. Evaluation of the observed activity based on the categories listed in the summary of Observation section below
3. Commendations
4. Recommendations

(Any area needing improvement will receive an (x) and specific recommendations must be made in the Observation Narrative.)

SUMMARY OF OBSERVATION

The following categories and items are to be observed as they relate to the position held by the individual being observed. Depending upon the professional being observed, each item may/may not apply to all areas at all times.

PLANNING: Activities may include evidence of:

	Appropriate weekly schedules or Lesson Plans submitted per applicable timelines
	Daily routine and procedures
	Availability of pertinent information/materials
	Prior review of relevant student background information
	Purpose/objective for student contact/conference
	Other – clearly state in the narrative the nature of the X for this item

WINSLOW TOWNSHIP SCHOOL DISTRICT

CERTIFICATED NON-TEACHING STAFF OBSERVATION REPORT

Staff Member: _____ Date: _____

PRODUCTIVE ENVIRONMENT: The staff member should create a positive, supportive climate in which he/she

	Demonstrates confidence
	Provides a positive atmosphere
	Attempts to elicit cooperation
	Strives to alleviate fears and anxieties
	Other – Clearly state in the narrative the nature of the X for this item

PROFESSIONAL INTERACTION: Effective interactions may include

	Introduction
	Logical, purposeful direction
	Professional response to client input
	Student/client participation and involvement
	Demonstrated knowledge of area of expertise
	Appropriate referral to other resources when applicable
	Ability to handle positive/negative affect
	Successful closure to interaction
	Provisions for possible follow-up
	Other – Clearly state in the narrative the nature of the X for this item

MANAGEMENT: Routines and procedures are established which minimize time loss:

	Continued focus on objectives despite variables
	Coping with unforeseen events
	Organization of work space
	Utilization of appropriate available technology
	Other – Clearly state in the narrative the nature of the X for this item

WINSLOW TOWNSHIP SCHOOL DISTRICT
CERTIFICATED NON-TEACHING STAFF OBSERVATION REPORT

Staff Member: _____ Date: _____

OBSERVATION NARRATIVE

PURPOSE/OBJECTIVE OF THE OBSERVED ACTIVITY:

DESCRIPTION OF OBSERVED ACTIVITY:

EVALUATION OF OBSERVED ACTIVITY:

Planning:

Productive Environment:

Professional interaction:

Management:

Productive Environment:

Commendations:

WINSLOW TOWNSHIP SCHOOL DISTRICT

CERTIFICATED NON-TEACHING STAFF OBSERVATION REPORT

Staff Member: _____ Date: _____

Recommendations:

OBSERVER'S COMMENTS REGARDING OBSERVED ACTIVITY AS A WHOLE:

STAFF MEMBER'S COMMENTS:

OVERALL ASSESSMENT FROM THIS OBSERVATION
 SATISFACTORY CAUSE FOR CONCERN UNSATISFACTORY

Staff Member's Signature: _____ Date: _____

(Staff Member's signature indicates only receipt of this Report; it does not necessarily indicate agreement.)

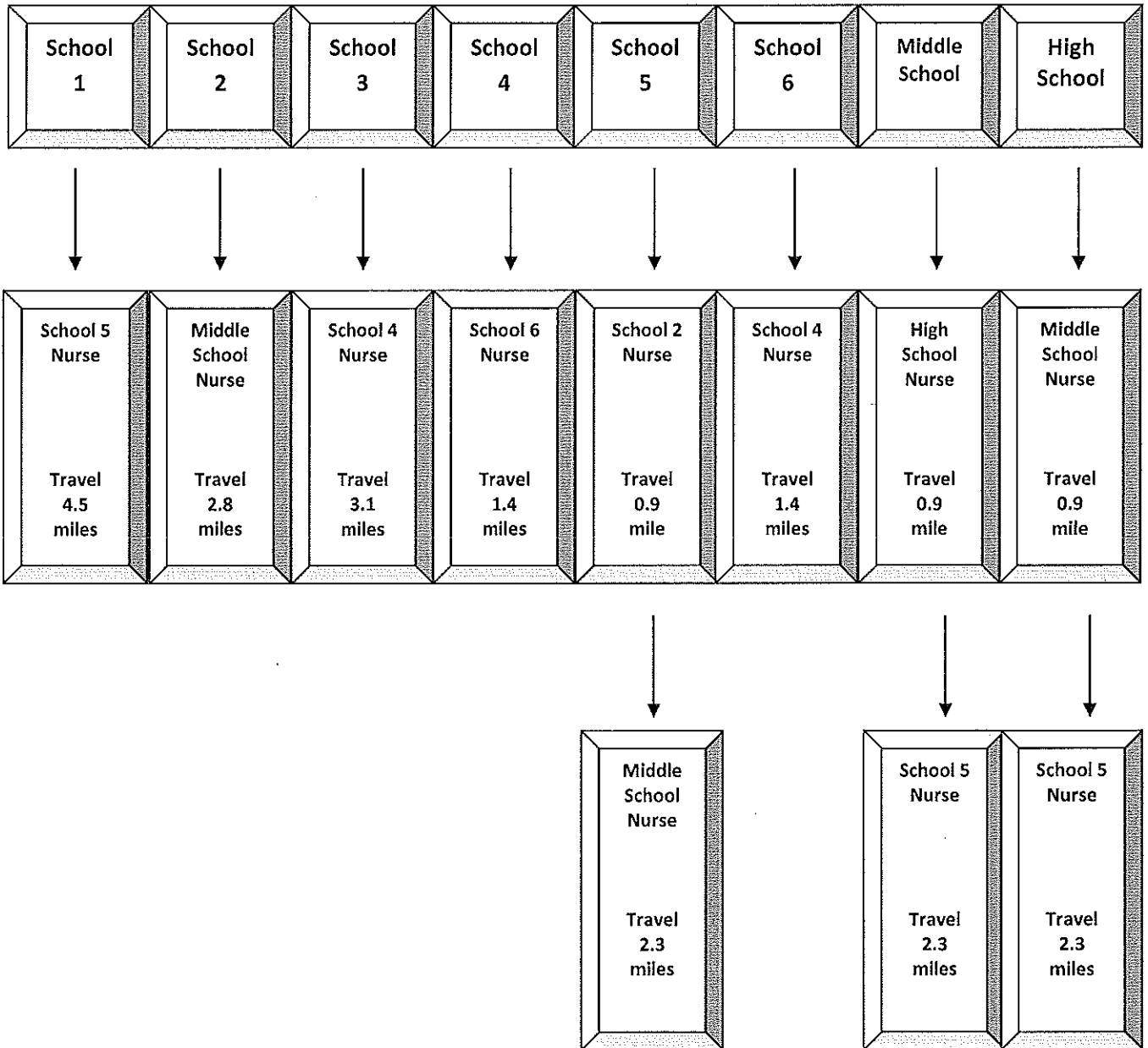
Observer's Signature: _____ Date: _____

SECTION III

SCHOOL COMPLEX

SCHOOL COMPLEX EMERGENCY NURSING COVERAGE

Two district substitute nurses are available to provide coverage in the absence of the school nurse. In the event that they are not available, coverage will be provided as indicated below:



HEALTH POLICIES

WINSLOW TOWNSHIP SCHOOL DISTRICT
HEALTH POLICIES

5300	Use of Defibrillator(s)
5305	Health Insurance Personnel
5306	Health Services to Non Public Schools
5307	Nursing Services Plan
5308	Pupil Health Records
5310	Health Services (Pupils)
5320	Immunization
5330	Administration of Medication
5331	Management of Life – Threatening Allergies in Schools
5332	Do Not Resuscitate Orders
5335	Treatment of Asthma
7420	Hygienic Management