

Health Services Mid Year Report 24-25

Schools Reporting: Floyd County Schools

Date: 12/30/2024

<p><u>Supervised Medication</u></p> <p>Monthly Total <u>3,124</u> Total Students <u>52</u> (daily)</p> <p>***** Total Student's On Scheduled Daily and PRN Medication <u>363</u></p>	<p><u>Total Referral</u></p> <p>Vision <u>377</u> Referred <u>18</u> Hearing <u>355</u> Referred <u>12</u></p>	<p><u>Health Appraisal Information</u></p> <p>Height <u>70</u> Weight <u>127</u></p>
<p><u>Home Visits</u></p> <p>Total <u>0</u> Reasons <u>0</u></p>	<p><u>Parent Meetings</u></p> <p>Total <u>513</u> Regarding: 504's, IEP, Medications, Health plans,</p>	<p><u>Lice Checks</u></p> <p>Total Checked <u>75</u> Total Re-Checked <u>59</u> Sent Home <u>35</u></p>
<p><u>FIELD TRIPS/MEDICATIONS</u></p> <p>Total <u>92 / 11</u></p>	<p><u>Employee Blood Pressure Checks</u></p> <p>Total <u>203</u></p>	<p><u>Parent Contact</u></p> <p>Phone <u>5,476</u> Letter <u>526</u></p>
<p><u>Cumulative Record Check</u></p> <p>Total Checked <u>2,516</u></p>	<p><u>Immunization Audit Report Results</u></p> <p>Total <u>1</u></p>	<p><u>Isolation Room</u></p> <p>Total <u>213</u></p>
<p><u>SUPERVISED INSULIN</u></p> <p>Total Students <u>13</u> Monthly Supervised Total <u>1,058</u></p>	<p><u>Supervised Blood Sugar Glucose Level Checks</u></p> <p>Monthly Total <u>1,442</u> Monthly Supervised Snacks <u>120</u></p>	<p><u>RN or APRN totals</u></p> <p>Health Issues/Concerns <u>4,783</u> Total Went Home <u>654</u> Remained at School <u>4,129</u> List Reasons Why Students went home:</p>
<p><u>Classroom Presentations</u></p> <p>Hand washing <u>0</u> Dental <u>0</u> Cardiovascular <u>0</u> Lice <u>0</u> Personal Hygiene <u>0</u> Nutrition <u>0</u> Other <u>0</u></p>	<p><u>CPR/First Aid/AED Classes Taught</u></p> <p>Total <u>193</u></p> <p><u>Medication Trainings</u></p> <p>Total <u>526</u></p>	<p><u>Health Pass</u></p> <p>Health Issues/Concerns <u>12,678</u> Total Went Home <u>1,502</u> Remained at School <u>11,176</u> List Reasons Why Students Went Home:</p>

Rev. 12-31-21

Principal's Signature _____ Health Assist/RN Signature _____ Date _____