

School Nurse Project Calendar

UPCOMING PROJECTS			
A u g u s t	<input type="checkbox"/> <input type="checkbox"/> Tdap: 7 th grade IZ Audit <input type="checkbox"/> TK/Kinder: IZ Audit <input type="checkbox"/> CHDP Audit <input type="checkbox"/> Dental/Oral Health Audit <input type="checkbox"/> Update food allergies (cafeteria supervisor, office copy) <input type="checkbox"/> Inform teachers of student health concerns <input type="checkbox"/> Organize for V/H screenings & help (TK/K,2,5,8,*10 & *SpEd)	DEADLINES: 1 st day of school: <input type="checkbox"/> K IZ compliance <input type="checkbox"/> 7 th Tdap compliance STAFF TRAINING: <input type="checkbox"/> Epi/Glucagon (All Teacher In-Service Day) <input type="checkbox"/> CPR/First Aid (Once per month) <input type="checkbox"/> Individualized SPHCP per Rx	PARENT NEWSLETTER: <input type="checkbox"/> Medications at School <input type="checkbox"/> Kinder Oral Health Assessment TEACHER NEWSLETTER: Welcome Back Letter with <input type="checkbox"/> Important Dates for Year <input type="checkbox"/> Vision Screening Referral Info
S e p t	<input type="checkbox"/> Monthly Tasks (See Below) <input type="checkbox"/> Order Office/First Aid Supplies <input type="checkbox"/> Check Shots for Schools for reporting cutoff <input type="checkbox"/> Updates to CHYA Curriculum/Train Staff	DEADLINES: REPORTS: shotsforschools.org DUE: _____ <input type="checkbox"/> K IZ compliance <input type="checkbox"/> TDAP IZ compliance <input type="checkbox"/> Complete Volunteer Trainings	PARENT NEWSLETTER: <input type="checkbox"/> Illness and School Memo (emojis) <input type="checkbox"/> Flu shot
O c t	<input type="checkbox"/> Monthly Tasks (See Below) <input type="checkbox"/> IZ reports submitted (Tdap/TK-K) <input type="checkbox"/> CHDP Audit/Report – 1 st grade letters by backpack <input type="checkbox"/> Check to see if teachers need Health Connected Training	DEADLINES: <input type="checkbox"/> Report 7 th Tdap to shotsforschools.org * <input type="checkbox"/> Report TK/K IZs to shotsforschools.org * <input type="checkbox"/> Register for CSNO Conference/Hotel	PARENT NEWSLETTER: <input type="checkbox"/> Handwashing/Sanitizer <input type="checkbox"/> Tobacco Awareness (Red Ribbon Week)
N o v	<input type="checkbox"/> Monthly Tasks (See Below) <input type="checkbox"/> Schedule Color Vision (Boys) – 1 st grade only <input type="checkbox"/> TTHS/TTMS and Puberty Talk Supply Order (i.e. Condoms)	DEADLINES: <input type="checkbox"/> IZ reports Due _____ (TK/K & 7th) <input type="checkbox"/> Elementary Handwashing Education	PARENT NEWSLETTER: <input type="checkbox"/> T2D to 7th <input type="checkbox"/> Backpack Safety
Dec	<input type="checkbox"/> Monthly Tasks (See Below) <input type="checkbox"/> Referral Follow Up	DEADLINES: <input type="checkbox"/> Attempt to complete mandated screenings	PARENT NEWSLETTER: <input type="checkbox"/> Lice
CHRISTMAS BREAK			
J a n	<input type="checkbox"/> Monthly Tasks (See Below) <input type="checkbox"/> Postcard Letters for Tdap – 6 th grade only <input type="checkbox"/> Conduct Color Vision Screening (Boys) – 1 st grade only	DEADLINES: <input type="checkbox"/> LCAP Q3yrs – Be at the table. Due March. <input type="checkbox"/> Check: Scoliosis Screening; suspended (8 th boys, 7 th girls)	PARENT NEWSLETTER: <input type="checkbox"/> Illness and School Memo REMINDER
F e b	<input type="checkbox"/> Monthly Tasks (See Below) <input type="checkbox"/> Follow up on Color Vision Screening <input type="checkbox"/> Schedule nxt yrs Vision/Hearing Screening <input type="checkbox"/> Contact _____ for audiometer quote & calibration	DEADLINES: None EVENTS: <input type="checkbox"/> CSNO Conference (Valentine's Day weekend)	PARENT NEWSLETTER: <input type="checkbox"/> Oral Health Informational Letter/Local Clinic Resources
M a r c h	<input type="checkbox"/> Monthly Tasks (See Below) <input type="checkbox"/> Letters for Tdap – 6 th grade only <input type="checkbox"/> Robo Call for Tdap and IZ compliance <input type="checkbox"/> Order Office/First Aid Supplies (teacher first aid supplies) <input type="checkbox"/> CHYA curriculum teacher support	DEADLINES: <input type="checkbox"/> K Oral Health Report Data Collection (send 2 nd letter to kinder parents who haven't submitted yet; SCOHR report due in May) <input type="checkbox"/> LCAP Due	PARENT NEWSLETTER: <input type="checkbox"/> Sleep <input type="checkbox"/> 1st Mailed TDAP Letter (6th) <input type="checkbox"/> 1st Robo-Call TDAP 6th <input type="checkbox"/> 2nd Kinder Oral Health Assessment PRN
A p r i l	<input type="checkbox"/> Monthly Tasks (See Below) <input type="checkbox"/> Letters for Tdap – 6 th grade only <input type="checkbox"/> Robo Call for Tdap and IZ compliance <input type="checkbox"/> Schedule V/H Screening Dates with teachers	DEADLINES: <input type="checkbox"/> Get paperwork for MOU/Stock Epi ready Contacts: <input type="checkbox"/> CSNO Membership Dues	PARENT NEWSLETTER: <input type="checkbox"/> 2nd Mailed TDAP Letter (6th) <input type="checkbox"/> Importance of Breakfast <input type="checkbox"/> Med pick-up letters
M a y	<input type="checkbox"/> Monthly Tasks (See Below) <input type="checkbox"/> Update forms for following year <input type="checkbox"/> Prep materials for teacher first aid kits <input type="checkbox"/> Finalize screening dates/location with teachers <input type="checkbox"/> Follow up on K w/o CHDP & 6 th w/o Tdap <input type="checkbox"/> Updated language for school handbook for following yr	DEADLINES: <input type="checkbox"/> Hearing Report due by 6/30 <input type="checkbox"/> Oral Assessment Report (SCOHR) 5/31 <input type="checkbox"/> Order Stock Epi <input type="checkbox"/> Staff Trainings Report to: <input type="checkbox"/> LCAP Data Report to:	PARENT NEWSLETTER: <input type="checkbox"/> Med Pick-Up Reminder <input type="checkbox"/> 3rd Mailed TDAP Letter (6th), PRN <input type="checkbox"/> 2nd Robo-Call TDAP 6th <input type="checkbox"/> Summer Safety: Sunscreen, Rivers
June	<input type="checkbox"/> Site Secretaries Access to: Copy of CHDP/Oral Assessment (K/1 st), 7 th grade Tdap, and K IZ non-compliance	DEADLINES: <input type="checkbox"/> Hearing Report Completed Date:	PARENT NEWSLETTER: <input type="checkbox"/> 3rd Robo-Call TDAP 6th
July	SUMMER SCHOOL/RN NON-CONTRACT		
Weekly Tasks		Monthly Tasks	Yearly Tasks

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<input type="checkbox"/> Illness/Injury Documentation <input type="checkbox"/> Health Plans (ISHP's) <input type="checkbox"/> Chart Health Screenings (electronic and student file) <input type="checkbox"/> Referral F/U V/H/CV <input type="checkbox"/> IEP Reports <input type="checkbox"/> IEP Assessments/Meetings <input type="checkbox"/> *Not mandated. Recommend language in student handbook for parent notification.	<input type="checkbox"/> CPR/First Aid Class <input type="checkbox"/> Mileage <input type="checkbox"/> Timesheet <input type="checkbox"/> Mandated Screenings V/H (Ongoing) <input type="checkbox"/> Chart/File Screening Results (Ongoing) <input type="checkbox"/> Send referrals home/ F/U (Ongoing) <input type="checkbox"/> Health concerns inventory (Ongoing) <input type="checkbox"/> Medication log review <input type="checkbox"/> Health Care Plans (ISHP) Update/Writing <input type="checkbox"/> SPHC/Emergency Binders/Staff Training per Rx <input type="checkbox"/> Mail home IZ non-compliance letters <input type="checkbox"/> Update School Website Health Office <input type="checkbox"/> Monitor & Sign-off SPHCP/ULAP/LVN's	<input type="checkbox"/> Schedule Screenings: V/H (TK/K,2,5,8,*10, *SpEd) & Color Vision (1 st Males) <input type="checkbox"/> Schedule Audiometer Calibration - Date _____ <input type="checkbox"/> Apply for VSP Vouchers (CSNO membership required) - Date _____ <input type="checkbox"/> Annual Medication Disposal at End of Year – Date _____ <input type="checkbox"/> Hearing Report PM100 HearingConservationProgram@dhrs.ca.gov - Date _____ <input type="checkbox"/> CHDP Report (file info) - Kinder Health Assessment, Data collection only <input type="checkbox"/> Dental Report (report & file info) –SCOHR AB1433.org – Date _____ <input type="checkbox"/> Shotsforschool.org reporting- Date TK/K _____ 7th Tdap _____ CDE Code: _____ Login: _____ Password: shotsforschool *shotsforschool.org = New website platform https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/reporting.aspx
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