



School Health Annual Reimbursement Request
System (SHARRS)

Verson: Revision 1

Bureau of Community Health Systems
Division of School Health

Status: Submitted

Bear Creek Community Charter School (2018-2019)

DEMOGRAPHICS

Modification to Screens/Examinations	Grades
No Modifications	

HEALTH DISTRICT	COUNTY	VENDER # / AUN	DENTAL PROGRAM
Northeastern	Luzerne	184863 / 118400001	Mandated Program
EDUCATIONAL INSTITUTION NAME & ADDRESS		INSTITUTION TYPE	Cyber School
Bear Creek Community Charter School 30 Charter School Way Bear Creek Township, PA 18702-9226		Charter School	No
PHONE		PENN*LINK E-MAIL ADDRESS	
570-820-4070 x 300		18BEARCS@psupen.psu.edu	

PRIMARY CONTACT PERSON REGARDING REPORT INFORMATION

NAME (First and Last):	Miller, Tammy
TITLE:	Business Manager
PHONE (000-000-0000x000):	570-820-4070 x 6102
E-MAIL ADDRESS:	tammy.miller@bearcreekschool.com

SECONDARY CONTACT PERSON REGARDING REPORT INFORMATION

NAME (First and Last):	Vojtko, Tina
TITLE:	Certified School Nurse
PHONE (000-000-0000x000):	570-820-4070 x 6106
E-MAIL ADDRESS:	tina.vojtko@bearcreekschool.com



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ITEMIZED EXPENDITURES

Table with 2 columns: 01. SPECIAL MEDICAL, DIAGNOSTIC & TREATMENT SERVICES and TOTAL COST. Includes a total row with a dollar sign and a blank line for the amount.

Table with 2 columns: 02. MEDICAL SUPPLIES, EQUIPMENT, LAB SERVICES & EDUCATIONAL MATERIALS and TOTAL COST. Includes sub-items A, B, C, D and a total row with a dollar sign and the amount 1,766.35.

Table with 2 columns: 03. SPECIAL DENTAL PREVENTATIVE, DIAGNOSTIC & TREATMENT SERVICES and TOTAL COST. Includes a total row with a dollar sign and a blank line for the amount.

Table with 2 columns: 04. DENTAL SUPPLIES, EQUIPMENT, FLUORIDE & EDUCATIONAL MATERIALS and TOTAL COST. Includes sub-items A, B, C and a total row with a dollar sign and the amount 0.00.

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AVERAGE DAILY MEMBERSHIP (ADM) AND COST OF SERVICES

01. ADM BY GRADE:	
GRADE	PUBLIC STUDENTS
K4	0.000
K	51.970
1	51.990
2	52.000
3	51.510
4	51.570
5	51.310
6	51.980
7	51.660
8	49.380
9	0.000
10	0.000
11	0.000
12	0.000
UNGRADED SPEC ED	
OTHER*	0.000
TOTAL ADM	463.370
GRAND TOTAL ADM	463.370

02. COST OF MEDICAL SERVICES:	
A. School Physicians	\$ 0.00
B. Supplemental Staff	\$ 0.00
C. Special Medical, Diagnostic & Treatment Services	\$
D. Medical Supplies, Equipment, Lab Services & Educational Material	\$ 1,766.35
Total	\$ 1,766.35

03. COST OF DENTAL SERVICES:	
A. School Dentists	\$ 0.00
B. Dental Hygienists	\$ 0.00
C. Dental Assistants	\$ 0.00
D. Special Dental Preventative, Diagnostic & Treatment Services	\$
E. Dental Supplies, Equipment, Fluoride & Educational Materials	\$ 0.00
Total	\$ 0.00

04. COST OF CERTIFIED SCHOOL NURSING SERVICES:	
A. Certified School Nurses (CSN)	\$ 57,307.98
B. CSN Travel	\$ 0.00
Total	\$ 57,307.98
Grand Total	\$ 59,074.33

* "OTHER" Explanation:



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CERTIFIED SCHOOL NURSES (CSN)

CSN Credentials						
			Primary CSN	Job Share CSN		
Name:	Vojtko, Tina					
PA License #:	RN506051L					
Expiration Date:	4/30/2021					
PDE Certification:	PDE Certified School Nurse (CSN) PPID #: 1624671					
CPR Certification:	American Heart Association - BLS for Healthcare Providers Expiration DT: 10/1/2020					
Other Licensed Credentials:	None					
Hours worked:	40					
Building/Caseload Details						
School Name	School Type	Days Per Cycle in Bldg.	Other or	Students in Building (not ADMs)	Students Per CSN (not ADMs)	
Bear Creek Community Charter School	Public	5/5		467	467	
Total number of students assigned to the CSN at <u>all</u> buildings (Caseload):					467	



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SUPPLEMENTAL STAFF ASSISTING CSN

Supplemental Staff Credentials				
Name:				
Credentials:				
PA License #:				
Expiration Date:				
Other Licensed Credentials:				
Hours per week worked:				
Assigned School Buildings				
School Name	Function(s)		Floating*	CSN Assigned to Students in Building
	Health Care	Clerical		



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OTHER HEALTH PROFESSIONALS

SCHOOL PHYSICIAN	
Name	Gernhardt, Roy
PENNSYLVANIA LICENSE	License Number: MD432211 Expiration Date: 12/31/2020
GROUP PRACTICE	Gernhardt, III, Roy Walter
COMMENTS	

SCHOOL DENTIST	
Name	Holena, Laura
PENNSYLVANIA LICENSE	License Number: DS037785 Expiration Date: 3/31/2021
GROUP PRACTICE	
COMMENTS	

Bear Creek Community Charter School (2018-2019)

MANDATED DENTAL PROGRAM

Dental Examinations by FAMILY Dentist	PUBLIC Students	PRIVATE / NON-PUBLIC Students	TOTAL Students
A. Grades K or 1, 3, 7	135		135

Dental Examinations by SCHOOL Dentist	PUBLIC Students	PRIVATE / NON-PUBLIC Students	TOTAL Students
A. Grades K or 1, 3, 7	21		21
B. OTHER Grades	0		0
C. Referred for Dental Evaluation / Treatment	1		1
D. Completed Referrals Reported	0		0

FLUORIDE PROGRAM	PUBLIC Students	PRIVATE / NON-PUBLIC Students	TOTAL Students
A. Fluoride MOUTH RINSE Program	0		0
B. Fluoride TABLET Program	0		0
C. Fluoride TOPICAL Program	0		0

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HEALTH EXAMS, SCREENS & SELECT SERVICES

HEALTH SERVICES FOR STAFF / OTHER ADULTS		PUBLIC Staff / Other Adults	PRIVATE / NON-PUBLIC Staff / Other Adults	TOTAL Staff / Other Adults
01.	Staff / Other Adult <u>Contacts</u> for Acute / Chronic ILLNESS	51		51
02.	Staff / Other Adult <u>Contacts</u> for Acute / Chronic INJURY	9		9
03.	Staff / Other Adult <u>Emergencies</u> requiring Activation of Emergency Medical Services (EMS)	0		0
04.	Staff / Other Adult <u>Emergencies</u> requiring use of an Automated External Defibrillator (AED)	0		0

STUDENT HEALTH SERVICES		PUBLIC Students	PRIVATE / NON-PUBLIC Students	TOTAL Students
01.	Student <u>Contacts</u> for Acute / Chronic ILLNESS	903		903
02.	Student <u>Contacts</u> for Acute / Chronic INJURY	518		518
03.	<u>Students</u> (count each student once) REQUIRING SKILLED NURSING procedures ordered by a licensed provider or deemed necessary by CSN	1		1
04.	<u>Students</u> (count each student once) with a plan of care (IHP, ECP, 504 or IEP with a medical component)	20		20
05.	<u>Students</u> sent from School for Health Reasons	421		421
06.	Student <u>Emergencies</u> requiring Activation of Emergency Medical Services (EMS)	0		0
07.	Student <u>Emergencies</u> requiring use of an Automated External Defibrillator (AED)	0		0

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HEALTH EXAMS, SCREENS & SELECT SERVICES (continued)

STUDENT PHYSICAL EXAMINATIONS		PUBLIC Students	PRIVATE / NON-PUBLIC Students	TOTAL Students
08.	Examined by FAMILY Health Care Provider			
	A. Grades K or 1, 6, 11	104		104
09.	Examined by SCHOOL Health Care Provider			
	A. Grades K or 1, 6, 11	8		8
	B. OTHER Grades	0		0
	C. Referred for Further Evaluation / Treatment	0		0
	D. Completed Referrals Reported	0		0
STUDENT HEALTH SCREENS		PUBLIC Students	PRIVATE / NON-PUBLIC Students	TOTAL Students
10.	Vision Screens (K - 12 & Ungraded)	467		467
	A. Referred for Further Evaluation / Treatment	28		28
	B. Completed Referrals Reported	16		16
11.	Hearing Screens (K, 1, 2, 3, 7, 11 & Ungraded)	260		260
	A. Referred for Further Evaluation / Treatment	3		3
	B. Completed Referrals Reported	3		3
12.	Scoliosis Screens (6, 7)	104		104
	A. Referred for Further Evaluation / Treatment	0		0
	B. Completed Referrals Reported	0		0
13.	Growth Screens - BMI (Coincides with the CDC percentile) TOTAL for Grades K - 6	364		364
	A. Underweight - Less than 5th Percentile	4		4
	B. Healthy Weight - 5th Percentile to Less than 85th Percentile	208		208
	C. Overweight - 85th Percentile to Less than 95th Percentile	65		65
	D. Obese - Equal to or Greater than 95th Percentile	87		87
14.	Growth Screens - BMI (Coincides with the CDC percentile) TOTAL for Grades 7 - 12	103		103
	A. Underweight - Less than 5th Percentile	2		2
	B. Healthy Weight - 5th Percentile to Less than 85th Percentile	51		51
	C. Overweight - 85th Percentile to Less than 95th Percentile	22		22
	D. Obese - Equal to or Greater than 95th Percentile	28		28
GRAND TOTAL for Grades K -12		467	0	467

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SELECT CHRONIC CONDITIONS - STUDENT HEALTH

CHRONIC CONDITIONS		PUBLIC Students	PRIVATE / NON-PUBLIC Students	TOTAL Students
01.	Arthritis / Rheumatic Disease	0		0
02.	Asthma	11		11
03.	Attention Deficit Disorder / Hyperactivity	4		4
04.	Bleeding Disorders / Cooley's Anemia	1		1
05.	Cardiovascular Condition	2		2
06.	Cerebral Palsy	0		0
07.	Cystic Fibrosis	0		0
08.	Diabetes Type I	1		1
09.	Diabetes Type II	0		0
10.	Epilepsy / Other Seizure Disorders	2		2
11.	Life-Threatening Allergies			
11A.	Food Related Life-Threatening Allergies	7		7
11B.	Other Life-Threatening Allergies (ex: Bee Stings, Latex, etc.)	0		0
12.	Sickle Cell Disease	0		0
13.	Spina Bifida	0		0
14.	Tourette's Syndrome	0		0
TOTAL		28	0	28

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SERIOUS SCHOOL INJURIES - STUDENTS

NATURE OF INJURY								
01.	Burn	0	05.	Dental Injury	0	09.	Sprain / Strain / Tear (Possible)	7
02.	Concussion (Possible)	4	06.	Dislocation (Possible)	0	10.	Other	0
03.	Contusion	0	07.	Eye Injury	1	TOTAL OF SUBSECTION: NATURE OF INJURY		16
04.	Cut / Laceration / Puncture	3	08.	Fracture (Possible)	1			

TIME PERIOD								
01.	After School	0	05.	Field Trip	0	09.	Sci Lab/Fam & Consumer Sci & Tech Ed Class	0
02.	Before School	0	06.	Lunch Period	0	10.	Other	1
03.	Class Change	1	07.	P. E. Class	3	TOTAL OF SUBSECTION: TIME PERIOD		16
04.	Class Time	2	08.	Recess	9			

LOCATION								
01.	Athletic Field / Play Field	0	07.	Field Trip	0	13.	Sidewalk	0
02.	Auditorium / Multipurpose	0	08.	Gymnasium / Pool	4	14.	Stairs / Ramp / Elevator	1
03.	Bus Loading Area	0	09.	Playground	8	15.	Street / Driveway / Parking	0
04.	Cafeteria	0	10.	Restroom	0	16.	Other	0
05.	Classroom	2	11.	School Buss / Public Bus	0	TOTAL OF SUBSECTION: LOCATION		16
06.	Corridor / Hall	1	12.	Sci Lab/Fam & Consumer Sci & Tech Ed Class	0			

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MEDICATION ADMINISTRATION - STUDENTS ONLY

MEDICATION by <u>Category of Use</u>		NUMBER OF DOSES ADMINISTERED (Public & Private/Non-public Students Combined)	
		Doses by Individual Order	Doses by Standing Order (School Physician)
01.	Analgesic	12	2
02.	Antibiotic	0	0
03.	Anticonvulsants		
	A. Diastat	0	
	B. Versed	0	
	C. Other than Diastat or Versed	0	
04.	Antihistamine / Decongestant		
	A. Epinephrine (include auto-injector)	0	0
	B. Other than Epinephrine	130	1
05.	Anti-Inflammatory	22	1
06.	Asthma (inhaler, nebulizer, oral, IV)	122	0
07.	Diabetes		
	A. Oral	245	
	B. Insulin (include bolus / adjustment to insulin pump)	0	
	C. Glucagon	0	
	D. Other Glucose Medication (glucose gel / tablets)	0	
08.	Gastrointestinal		
	A. Enzymes	27	
	B. Other than Enzymes	0	0
09.	Reversal Agents: Naloxone/Narcan	0	0
10.	Psychotropic		
	A. ADD / ADHD	609	
	B. Other than ADD / ADHD	0	
11.	OTHER	9	0
TOTAL		1176	4



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Review, Certify and Submit

CERTIFICATION STATEMENT

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE STATEMENT OF THE HEALTH SERVICES PROVIDED BY THE ABOVE SCHOOL ENTITY DURING THE SCHOOL YEAR STATED AND OF THE EXPENDITURES INCURRED IN PROVIDING THESE SERVICES. REIMBURSEMENT, THEREFORE, IS REQUIRED IN ACCORDANCE WITH SECTION 2505.1 OF THE PUBLIC SCHOOL CODE.

I CERTIFY AND ACCEPT RESPONSIBILITY FOR THE TRUTHFULNESS OF THIS REPORT AS THOUGH MY SIGNATURE APPEARED ON THIS DOCUMENT.

NAME OF SUPERINTENDENT/CHIEF EXECUTIVE OFFICER

Smith, Jim

COMMENTS (Optional)

Revised Report.