



Illinois State Board of Education

School Nurse Bootcamp

Reporting Timelines and To Whom

Equity • Quality • Collaboration • Community

Presenter

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Illinois State Board of Education

Questions

Questions welcomed during the live presentation, enter them into the question box.

A compiled FAQ document, Power Point, and webinar recording will be made available on ISBE's School Nursing Webpage.

ISBE's

Vision

Each and every child is equipped to make meaningful contributions to society and live life to its fullest potential.

Mission

Provide each and every child with safe and healthy learning conditions, great educators, and equitable opportunities by practicing data-informed stewardship of resources and policy development, all done in partnership with educators, families, and stakeholders.

ISBE's Goals



- + **(Internal)** An equity impact analysis tool will guide all decisions and communications provided to the field.
- + **(External)** An Equity Journey Continuum will be used to publicly indicate where each Illinois school district is on its equity journey.



Every child will make significant academic gains each year, increasing their knowledge, skills, and opportunities so they graduate equipped to pursue a successful future, with the state paying special attention to addressing historic inequities.



All districts and schools will receive the resources necessary to create safe, healthy, and welcoming learning environments, and will be equipped to meet the unique academic and social and emotional needs of each and every student.



Illinois' diverse student population will have educators who are prepared through multiple pathways and are supported in and celebrated for their efforts to provide each and every child an education that meets their needs.



Purpose

- This webinar will:
 - Discuss required items to be turned into the school health office.
 - Present the dates items are due to the health office
 - Share tools to track these items.
 - Highlight how this information is reported to state agencies
 - Distinguish which reports are entered into a system and sent to specific state agencies

Health Exams

- Illinois School Code [105 ILCS 5/27-8.1](#)
 - Health exam requirements
 - Grade levels required
 - Due dates to be submitted



Health Exams

- Illinois School Code 105 ILCS 5/27-8.1
 - Health exam requirements
 - Child Health Exam and Immunizations
 - Eye Exam
 - Dental Exam



Health Exams

- Health exam requirements
 - Public Health Administrative Rules [Section 665](#)
 - Health Examination Requirements
 - Timetable for exams
 - Report forms
 - Proof of examination
 - Proof of immunization
 - Basic immunizations/proof of immunity/Boosters
 - Provider statement of immunity
 - List of non-immunized attendees



Health Exams

- Child Health Exam and Immunizations

- Pre-K
- Kindergarten
- Sixth Grade
- Ninth Grade

Last	First	Middle	Birth Date	Sex	School	Grade Level/ID
HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER						
ALLERGIES (Food, drug, insect, other)			MEDICATION (Prescribed or taken on a regular basis)			
Yes	No	List	Yes	No	List	
Diagnosis of asthma?	Yes	No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No	
Child wakes during night coughing?	Yes	No	Hospitalizations?	Yes	No	
Birth defects?	Yes	No	When? What for?			
Developmental delay?	Yes	No	Surgery? (List all)	Yes	No	
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No	When? What for?	Yes*	No	
Diabetes?	Yes	No	Serious injury or illness?	Yes	No	
Head injury/Concussion/Passed out?	Yes	No	TB skin test positive (past/present)?	Yes*	No	*If yes, refer to local health department.
Seizures? What are they like?	Yes	No	TB disease (past or present)?	Yes*	No	
Heart problem/Shortness of breath?	Yes	No	Tobacco use (type, frequency)?	Yes	No	
Heart murmur/High blood pressure?	Yes	No	Alcohol/Drug use?	Yes	No	
Dizziness or chest pain with exercise?	Yes	No	Family history of sudden death before age 50? (Cause?)	Yes	No	
Eye/Vision problems? Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor			Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate Other			
Other concerns? (swollen eye, drooping lid, squinting, difficulty reading)			Information may be shared with appropriate personnel for health and educational purposes.			
Ear/Hearing problems?	Yes	No	Parent/Guardian Signature	Date		
Bone/Joint problem/injury/scoliosis?	Yes	No				
PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA						
HEAD CIRCUMFERENCE if < 2-3 years old	HEIGHT	WEIGHT	BMI	BMI PERCENTILE	B/P	
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI ≥ 85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/>						
Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>						
LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)						
Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date _____ Result _____						
TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm						
No test needed <input type="checkbox"/>	Test performed <input type="checkbox"/>	Skin Test: Date Read _____	Result: Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Imm _____	
		Blood Test: Date Reported _____	Result: Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Value _____	
LAB TESTS (Recommended)						
	Date	Results		Date	Results	
Hemoglobin or Hematocrit			Sickle Cell (when indicated)			
Urinalysis			Developmental Screening Tool			
SYSTEM REVIEW Normal <input type="checkbox"/> Comments/Follow-up/Needs _____						
Skin			Endocrine			
Ears		Screening Result: _____	Gastrointestinal			
Eyes		Screening Result: _____	Genito-Urinary		LMP	

- [Immunization Data Entry Worksheet](#)



Health Exams

- Eye Exam
 - Kindergarten
 - First entrance into an Illinois School [105 ILCS 5/27-8.1 (1.10)]
 - Waivers per IDPH
 - [Eye Examination Data Entry Worksheet](#)

- Dental Exam
 - Kindergarten
 - Second Grade
 - Sixth Grade
 - Ninth Grade
 - Waivers per IDPH
 - [Dental Information Data Entry Worksheet](#)



State of Illinois
Illinois Department of Public Health

Eye Examination Waiver Form

Please print:

Student Name _____ Birth Date _____
(Last) (First) (Middle Initial) (Month/Day/Year)

School Name _____ Grade Level _____ Gender: Male Female

Address _____
(Number) (Street) (City) (ZIP Code)

Phone _____
(Area Code)

Parent or Guardian _____
(Last) (First)

Address of Parent or Guardian _____
(Number) (Street) (City) (ZIP Code)



Health Exams Submitted to School

- Illinois School Code 105 ILCS 5/27-8.1
 - Child Health Exam and Immunizations
 - By October 15th or an earlier exclusion date established by the school district
 - Eye Exam
 - By October 15th
 - Dental Exam
 - By May 15th

Apellido		Nombre		Fecha de Nacimiento		Sexo		Escuela		Grado/Num. de Ident.	
Inicial		Inicial		Mes / Día / Año							
HISTORIAL MÉDICO. PARA SER COMPLETADO Y FIRMADO POR PADRES/TUTOR Y VERIFICADO POR EL PROVEEDOR DE CUIDADO DE SALUD											
ALERGIAS (Alimentos, Infecciones, etc.)				MEDICINAS (Anote todas las recetas o tomadas con regularidad)							
¿Tiene diagnóstico de asma?				¿Tiene píldoras de funciones en uno de los órganos? (Ojos/Oídos/Riñones/Testículos)							
¿Despierta el niño tosando en la noche?				¿Ha sido hospitalizado? ¿Cuándo? ¿Para qué?							
¿Tiene defensas de nacimiento?				¿Ha tenido alguna cirugía? (anótelas todas)							
¿Tiene retrasos del desarrollo?				¿Cuándo? ¿Para qué?							
¿Tiene problemas de la sangre? Hemofilia, Globulos Falciformes (Sickle Cell), Otro				¿Ha tenido heridas graves o enfermedades?							
¿Tiene diabetes?				¿Prueba positiva de TB (Pasado o Presente)?				*Si contestó sí, refiera al departamento de salud local			
¿Tiene heridas en la cabeza/golpe/desmayo?				¿Enfermedad de TB (Pasado o Presente)?							
¿Tiene convulsiones? ¿Cómo se manifiestan?				¿Usa tabaco (tipo, frecuencia)?							
¿Tiene problemas cardiacos? No respira bien?				¿Toma alcohol/drogas?							
¿Tiene soplo en el corazón/presión arterial alta?				¿Historial de familiares de muerte repentina antes de los 50 años? ¿Causa?							
¿Tiene marcos o dolor de pecho al hacer ejercicios?				Dental <input type="checkbox"/> Ganchos <input type="checkbox"/> Puentes <input type="checkbox"/> Placas <input type="checkbox"/> Otro							
Problemas con los ojos/visión? <input type="checkbox"/> Lentes <input type="checkbox"/> Lentes de Contacto <input type="checkbox"/> Último examen <input type="checkbox"/> Otras Preocupaciones? (Dolor, párpados caídos, neuropatía, dificultad cuando lee)				Información en este formulario se puede compartir con el personal apropiado para propósitos de salud y educación.							
¿Tiene problemas de los oídos/no oye bien?				Firma del Padre/Tutor				Fecha			
¿Tiene problemas de los huesos/articulaciones/heridas/escoliosis?											



Health Exams

- If not submitted by required date
 - Child Health Exam and Immunizations
 - Shall exclude from school attendance
 - Eye Exam
 - May hold report card*
 - Dental Exam
 - May hold report card*

* A school may not withhold a child's report card during a school year in which the Governor has declared a disaster due to a public health emergency

PROOF OF SCHOOL DENTAL EXAMINATION FORM

Illinois law (230/2 Health Examination Code, 17.15 Adm. Code 802) states all children in kindergarten, second, sixth, and tenth grades of age 5, 6, 7, 8, 9, 10, 11, and 12 must have a dental examination. The examination must have taken place within 18 months prior to May 15 of the school year. A licensed dentist must complete the examination, sign, and date the Proof of School Dental Examination Form. If you are or get the required examination for your child, fill out a separate Dental Examination Waiver Form.

The required examination will tell you how if there are any dental problems that require attention by a dentist. Children need good oral health with confidence, express themselves, be healthy, and ready to learn. Their oral health has been related to lower school performance, social relationships, and even success later in life. For this reason, we thank you for making the contribution to the health and well-being of our state.

To be completed by the parent or guardian (please print)

Student's Name: Last	First	Middle	Birth Date: Month/Day/Year
Address: Street		City	ZIP Code
Name of School	ZIP Code	Grade Level	
Parent or Guardian: Last Name	First Name		

Select from the below general racial category which most closely reflects the student's recognition of his or her community or with which the student most identifies.

White Black or African American Hispanic or Latino Asian
 American Indian or Alaska Native Native Hawaiian or Pacific Islander Two or More Races

To be completed by dentist

Date of Most Recent Examination: Dental Cleaning Sealing Fluoride Treatment Restoration of teeth due to caries

Oral Health Status (check all that apply)

Yes No **Dental Students Present on Permanent Motion**

Yes No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries (OR missing permanent teeth)

Yes No **Untreated Caries** — At least 1/2 mm of tooth structure lost at the enamel surface. Please do not include restoration of the walls of the tooth. These areas apply to all dentitions (including maxillary and mandibular) as well as those on implant teeth unless, of course, you assure that the visible teeth were restored by caries. Restore or stopped teeth, plus teeth with temporary fillings, are considered except where a modification is also present.

Yes No **Urgent Treatment** — abscess, severe eruption, advanced disease state, signs or symptoms that include pain, infection, or swelling.

Treatment Needs (check all that apply). Please list appointment date or date of most recent treatment completion date.

Preventive Care — sealants, fluoride treatment, prophylaxis Appointment Date: _____

Pediatric Dental Referral Recommended Treatment Completion Date: _____

Dental Office Address: _____ Office phone number: _____

Signature of Dentist: _____ Date: _____

Illinois Department of Public Health, Division of Oral Health
217-785-4899 • TTY (hearing impaired) 800-547-0488 • www.dph.illinois.gov access to
Illinois: Activity of the State of Illinois Revised 07/2010



Reporting dates to remember

ISBE Student Health Data Important Dates	
Immunization/Health Examination	
Students submit to school by	October 15, 2022 or an earlier exclusion date set by the district
IWAS system opens for data-entry	September 1, 2022
IWAS system deadline for submission	November 15, 2022
Eye Examination	
Students submit to school by	October 15, 2022
IWAS system opens for data entry	September 1, 2022
IWAS system deadline for submission	June 30, 2023 at 11:59 p.m.
Dental Examination	
Students submit to school by	May 15, 2023
IWAS system opens for data entry	May 16, 2023
IWAS system deadline for submission	June 30, 2023 at 11:59 p.m.



Health Exams Submitted to ISBE

- Child Health Exam and Immunizations
 - Reported in ISBE's Web Access System (IWAS)
 - Required by November 15th at 11:59 p.m.
- Eye Exam
 - Reported in IWAS
 - By June 30th at 11:59 p.m.
- Dental Exam
 - Reported in IWAS
 - By June 30th at 11:59 p.m.
 - Since 2019 requires additional demographic data



Health Exams Submitted to ISBE

- Child Health Exam and Immunizations worksheet

Disease Category	Protected and in Compliance	Unprotected and in Compliance				Unprotected and in Noncompliance (includes transfer students without records)	Total Number of Students in the Selected Grade	Valida
		Religious Objection	Medical Reason or Objection	Approved Schedule	Homeless Education Assistance/McKinney Vento Act			
Grade 10								
Polio							Good	
DTPIDTaPITd							Good	
Tdap							Good	
Measles							Good	
Rubella							Good	
Mumps							Good	
Hepatitis B							Good	
Varicella/Chickenpox							Good	
Meningococcal							Good	
Grade 11								
Polio							Good	
DTPIDTaPITd							Good	
Tdap							Good	
Measles							Good	
Rubella							Good	
Mumps							Good	
Hepatitis B							Good	

Health Exams Submitted to ISBE

- Eye Exam Worksheet

Eye Data

School Year:

Directions: In the white boxes under Grades K - 12, enter the total number of your students per field in Grade K or where applicable students whose first time enrolled in Illinois schools. The numbers will total and check against the number you entered. If the numbers match, the "Data Validated Check" row will indicate "Good." If the numbers do not match, the cell will indicate an error message. More information about the # of Errors can be located in the "Validation" cell comment. Eye data to be submitted in IWAS is due **June 30**.

School RCDTS Code								
School Name								
Grade	K	1	2	3	4	5	6	7
# of students in the selected grade								
# of students required to have an eye examination.								
# of students in compliance with complete eye examinations.								

Health Exams Submitted to ISBE

- Dental Exam

Dental Data

School Year:

Directions: In the white boxes under each race/ethnicity category, enter the total number of your students applicable per field. The numbers will total and check against the number in the "Validated Check" row. If the numbers do not match, the cell will indicate an error message. More information about the # of Errors can be located in the "Validated Check" row. IWAS is due June 30th.

School RCDTS Code:			
School Name:			
Face/Ethnicity Category	White	Black or African American	Hispanic
# of students in the selected grade by race/ethnicity			
# of students in compliance with complete dental examination			
# of students with dental sealants			
# of students without dental sealants			
# of students without any information on dental sealant			
# of students with caries experience/restoration history			
# of students without caries experience/restoration history			



Vision and Hearing Screening

- Vision and hearing screening programs is managed through Illinois Department of Public Health
- [IDPH Vision and Hearing Programs](#)
- Conservation reports to IDPH due June 30th each year.



- **Webinar evaluation survey link will be available on the ISBE School Nursing [Webpage](#) under the blue bar labeled "School Nurse Bootcamp" for 2022. This will be your only opportunity to print your Evidence of Completion professional development form.**



School Nurse support and questions for technical assistance

- **SEPTEMBER 14th 9:30-10:30** [Microsoft Teams Meeting](#)

- Physical and Immunization requirements
- Eye exam requirements
- IWAS reporting
- IWAS webinar for these required reports

- **OCTOBER 12th 9:30-10:30** [Microsoft Teams Meeting](#)

- Collection of physical and immunization from students
- Eye exam report submission Kindergarten and students new to Illinois
- IWAS reporting
- Printing summaries from IWAS

- **NOVEMBER 9th 9:30-10:30** [Microsoft Teams Meeting](#)

- Submit report in IWAS by November 15, 2022 before 11:59 PM
- Printing summaries from IWAS

- **DECEMBER 14th 9:30-10:30** [Microsoft Teams Meeting](#)

- Updates
- Dental exam notification 60 days prior to May 15th requirement
- Dental exam collection



Thank you for attending the webinar!

- For questions, you may reach us:
schoolnurse@isbe.net
- ISBE's Wellness Department
217-782-5270

