

Bear Creek Community Charter School (2023-2024)

DEMOGRAPHICS

Modification to Screens/Examinations	Grades
No Modifications	

HEALTH DISTRICT	COUNTY	VENDOR # / 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		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

Bear Creek Community Charter School (2023-2024)

ITEMIZED EXPENDITURES

01. SPECIAL MEDICAL, DIAGNOSTIC & TREATMENT SERVICES	TOTAL COST
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\$

TOTAL \$

02. MEDICAL SUPPLIES, EQUIPMENT, LAB SERVICES & EDUCATIONAL MATERIALS	TOTAL COST
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A. Administrative Supplies \$ 0.00

B. General Supplies \$ 4,982.06

C. Medical Exam / Health Screening Supplies and Equipment \$ 0.00

D. Reference and Educational Materials \$ 0.00

TOTAL \$ 4,982.06

03. SPECIAL DENTAL PREVENTATIVE, DIAGNOSTIC & TREATMENT SERVICES	TOTAL COST
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\$

TOTAL \$

04. DENTAL SUPPLIES, EQUIPMENT, FLUORIDE & EDUCATIONAL MATERIALS	TOTAL COST
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A. Administrative Supplies \$ 0.00

B. Dental Exam / Screening Supplies & Equipment / Fluoride Supplies \$ 0.00

C. Reference and Educational Materials \$ 0.00

TOTAL \$ 0.00

AVERAGE DAILY MEMBERSHIP (ADM) AND COST OF SERVICES

01. ADM BY GRADE:		
GRADE	PUBLIC STUDENTS	
K4	0.000	
K	75.000	
1	74.620	
2	74.860	
3	74.990	
4	74.370	
5	51.480	
6	52.000	
7	51.540	
8	50.590	
9	0.000	
10	0.000	
11	0.000	
12	0.000	
UNGRADED SPEC ED		
OTHER*	0.000	
TOTAL ADM	579.450	
GRAND TOTAL ADM		579.450

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	\$	4,982.06
Total	\$	4,982.06

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)	\$	70,694.23
B. CSN Travel	\$	0.00
Total	\$	70,694.23
Grand Total	\$	75,676.29

* "OTHER" Explanation:

Bear Creek Community Charter School (2023-2024)

CERTIFIED SCHOOL NURSES (CSN)

CSN Credentials					
	Primary CSN		Job Share CSN		
Name:	Vojtko, Tina				
PA License #:	RN506051L				
Expiration Date:	4/30/2025				
PDE Certification:	PDE Certified School Nurse (CSN) PPID #: 1624671				
CPR Certification:	American Heart Association - BLS for Healthcare Providers Expiration DT: 10/31/2024				
Other Licensed Credentials:	Certified Registered Nurse Practitioner (CRNP)				
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		579	579
Total number of students assigned to the CSN at <u>all</u> buildings (Caseload):					579



Bureau of Community Health Systems
Division of School Health

School Health Annual Reimbursement Request
System (SHARRS)

Version: Original

Status: Approved

Bear Creek Community Charter School (2023-2024)

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: 12/31/2024
GROUP PRACTICE	
COMMENTS	

SCHOOL DENTIST	
Name	Holena, Laura
PENNSYLVANIA LICENSE	License Number: DS037785 Expiration Date: 3/31/2025
GROUP PRACTICE	
COMMENTS	

MANDATED DENTAL PROGRAM

Dental Examinations by FAMILY Dentist	PUBLIC Students	PRIVATE / NON-PUBLIC Students	TOTAL Students
A. Grades K or 1, 3, 7	186		186

Dental Examinations by SCHOOL Dentist	PUBLIC Students	PRIVATE / NON-PUBLIC Students	TOTAL Students
A. Grades K or 1, 3, 7	16		16
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

Bear Creek Community Charter School (2023-2024)

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	8		8
02.	Staff / Other Adult <u>Contacts</u> for Acute / Chronic INJURY	5		5
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	1355		1355
02.	Student <u>Contacts</u> for Acute / Chronic INJURY	651		651
03.	<u>Students</u> (count each student once) REQUIRING SKILLED NURSING procedures ordered by a licensed provider or deemed necessary by CSN	0		0
04.	<u>Students</u> (count each student once) with a plan of care (IHP, ECP, 504 or IEP with a medical component)	19		19
05.	<u>Students</u> sent from School for Health Reasons	615		615
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	121		121
09.	Examined by SCHOOL Health Care Provider			
	A. Grades K or 1, 6, 11	6		6
	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)	582		582
	A. Referred for Further Evaluation / Treatment	39		39
	B. Completed Referrals Reported	10		10
11.	Hearing Screens (K, 1, 2, 3, 7, 11 & Ungraded)	351		351
	A. Referred for Further Evaluation / Treatment	4		4
	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	478		478
	A. Underweight - Less than 5th Percentile	19		19
	B. Healthy Weight - 5th Percentile to Less than 85th Percentile	244		244
	C. Overweight - 85th Percentile to Less than 95th Percentile	91		91
	D. Obese - Equal to or Greater than 95th Percentile	124		124
14.	Growth Screens - BMI (Coincides with the CDC percentile) TOTAL for Grades 7-12	104		104
	A. Underweight - Less than 5th Percentile	1		1
	B. Healthy Weight - 5th Percentile to Less than 85th Percentile	53		53
	C. Overweight - 85th Percentile to Less than 95th Percentile	24		24
	D. Obese - Equal to or Greater than 95th Percentile	26		26
15.	TOTAL Growth Screens for Grades K-12 (13 + 14)	582	0	582

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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	20		20
03.	Attention Deficit Disorder / Hyperactivity	18		18
04.	Bleeding Disorders / Cooley's Anemia	1		1
05.	Cardiovascular Condition	1		1
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	3		3
11.	Life-Threatening Allergies			
11A.	Food Related Life-Threatening Allergies	15		15
11B.	Other Life-Threatening Allergies (ex: Bee Stings, Latex, etc.)	2		2
12.	Sickle Cell Disease	0		0
13.	Spina Bifida	0		0
14.	Tourette's Syndrome	0		0
TOTAL		61	0	61

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SERIOUS SCHOOL INJURIES - STUDENTS

NATURE OF INJURY					
01.	Burn	0	05.	Dental Injury	0
02.	Concussion (Possible)	3	06.	Dislocation (Possible)	1
03.	Contusion	0	07.	Eye Injury	0
04.	Cut / Laceration / Puncture	3	08.	Fracture (Possible)	6
TOTAL OF SUBSECTION: NATURE OF INJURY					16

TIME PERIOD					
01.	After School	1	05.	Field Trip	0
02.	Before School	2	06.	Lunch Period	0
03.	Class Change	2	07.	P. E. Class	1
04.	Class Time	2	08.	Recess	8
TOTAL OF SUBSECTION: TIME PERIOD					16

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

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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	26	0
02.	Antibiotic	10	0
03.	Anticonvulsants		
	A. Diastat	0	
	B. Versed	0	
	C. Other than Diastat or Versed	139	
04.	Antihistamine / Decongestant		
	A. Epinephrine (include auto-injector)	0	0
	B. Other than Epinephrine	1	1
05.	Anti-Inflammatory	20	0
06.	Asthma (inhaler, nebulizer, oral, IV)	111	0
07.	Diabetes		
	A. Oral	0	
	B. Insulin (include bolus / adjustment to insulin pump)	198	
	C. Glucagon	0	
	D. Other Glucose Medication (glucose gel / tablets)	0	
08.	Gastrointestinal		
	A. Enzymes	0	
	B. Other than Enzymes	0	0
09.	Reversal Agents: Naloxone/Narcan	0	0
10.	Psychotropic		
	A. ADD / ADHD	1020	
	B. Other than ADD / ADHD	0	
11.	OTHER	49	0
TOTAL		1574	1



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Bureau of Community Health Systems
Division of School Health

Verson: Original

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Bear Creek Community Charter School (2023-2024)

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)