

CALHOUN COUNTY SCHOOL
WELLNESS PROGRAM
REVIEW

June 2012

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EXECUTIVE SUMMARY

The Calhoun County's School Wellness Program, administered and managed by the Calhoun County Public Health Department and under the direction of James Rutherford, Health Officer, has undergone a thorough assessment and growth of their program over the last four years resulting in the redefinition of the program to provide nursing services to all school districts in Calhoun County. Guidelines and policies have been developed to direct the program and an evaluation process has been implemented. As part of the evaluation process, the Department requested a formal, periodic review of the program.

This report reflects the first review and onsite audit of the Calhoun County School Wellness Program. It is evident that the health officer is committed to growing the school nursing program into a comprehensive program that serves all of the children of Calhoun County public schools. Recognizing the value of evaluating a program to help identify gaps, determine program goals and professional development needs of staff, the health officer self-imposed an audit of Calhoun County School Wellness Program. Of particular note:

- The program has grown due to the efforts of the health officer to secure funding and the commitment of the program's partners - Kellogg Foundation, Battle Creek Community Foundation, Regional Health Alliance-School Wellness Committee, Michigan Department of Community Health, Calhoun Intermediate School District, United Way of Battle Creek, and Bronson Battle Creek Kellogg Community College.
- The program leadership has provided and continues to look at ways to support nurses to successfully perform their job responsibilities.
- A program of this size with the goals of growing into an outstanding, comprehensive school nurse program requires a program manager that can offer vision, provide oversight, program management and supervision of school nurse staff to realize those goals. It is apparent that the health officer recognizes and supports this need.
- The program has invested time and energy in a process to collect data that can guide the program and provide accurate and comprehensive annual reports of the services provided by the School Wellness Program staff to stakeholders.

Some general recommendations include:

- Continue to move toward a more comprehensive school nurse program where the school nurse is valued as the professional health resource who can provide the school management of all issues related to health regardless of the amount of time physically present in the school.
- Strengthen the program manager position. Consider making it a fulltime position with the responsibility for oversight and coordination of both the school wellness and the school based health center programs understanding how each program, though distinctly different, complements each other.
- Move toward a more coordinated program with implementation of standard policies, procedures, forms, supplies and facilities across the entire program.
- Continue efforts to integrate with the school districts and their leadership to coordinate efforts to serve children. Encourage more involvement of the school nurses in the special education process, special programs such as early education and after school programs, and establish county wide policies for health suites/physical facilities standards.

INTRODUCTION

In 2008, the School Wellness Program Advisory Group (SWPAG), one of the Issue Action Groups of the Regional Health Alliance of Calhoun County, MI, explored how to improve the school nursing programs in the county with a goal that ***all school age children have access to quality health care***. They were interested in supporting the continuation and expansion of school nursing programs in Calhoun County schools, improving the health and nutrition education in the schools, and providing families of school age children education about health, dental, and vision resources available. To begin this process, the SWPAG commissioned two former state school nurse consultants to assess the Calhoun County school nursing program.

A thorough review and assessment of the school nurse program was conducted, resulting in the redefinition of the program to provide nursing services to all school districts in Calhoun County. In 2009, the Calhoun County's School Wellness Program's (the school nurse program) management was assumed by the **Calhoun County Public Health Department** with goals to expand and adequately staff the program and to provide consistent standards of care to all children in Calhoun County public schools.

To accomplish these goals, a school nurse program manager position was created, guidelines and policies were developed to direct the program, and partnerships with community foundations and the state department of health were established.

As the program continued to grow, the Department recognized the need for an evaluation process and a formal, periodic review of the program. The two school nurse consultants who conducted the 2008 assessment of the school nurse program were contracted to provide a three step evaluation process.

PROCESS

The evaluation process that was implemented had three phases. The first included the development of tools for the Calhoun County School Wellness Program's leadership team to collect data to evaluate the quantitative services the program was providing and to establish outcome goals. The second phase was the development of a program evaluation tool to assess how well the program was managing and accomplishing goals.

The third phase was a two day onsite review by the two consultants which involved the following:

- Two surveys were completed – one by school nurse staff and another by members of the School Wellness Leadership Advisory Team.
- A general briefing of the county School Wellness Program was conducted, its content guided by specific questions and information provided by the consultants. It also included a review of the program's guidelines and policies.
- Two individual school visits were conducted, each a half day in length. The presentations by the school nurse and principal followed guidelines provided by the consultants. A review of materials at each school was done as well as observation of the school's health room facilities.
- An exit interview was conducted with the health officer and interim program manager and at the individual schools with the school nurses and the interim program manager.

This report serves as the formal written summary of the review team's impressions, commendations and recommendations.

Calhoun County School Wellness Program Review

At the request of the county health officer, the Review Team conducted a review of Calhoun County's School Wellness Program on June 4, 2012. Particularly noteworthy during this day-long visit were:

- The warm welcome and hospitality of the health department staff;
- The leadership of the health officer, his enthusiasm, perception of needs, positive approach and support of the program;
- The honest approach to this self-imposed evaluation, recognizing the reality of the progress the program has made and where there are gaps; and
- The continued efforts to strive to reach a comprehensive school nursing program that provides a high level of service to the students of Calhoun County.

The following commendations and recommendations are provided for the Calhoun County School Wellness Program:

A. Commendations:

- (1) Continuing growth of the program in adding new staff, examining leadership needs, and gathering data;
- (2) Analyzing and evaluating program strengths, weaknesses, opportunities and challenges to identify areas for program development to meet the needs of the students and staff;
- (3) Partnering with local schools of nursing for precepting nursing students and growing interest in school nursing;
- (4) Annual review of School Wellness Program policies and procedures;
- (5) Providing an epidemiologist to analyze data;
- (6) Developing an annual (or bi-annual) report for distribution to key stakeholders and a commitment to gathering accurate data;
- (7) Providing immunizations to both students and staff;
- (8) Support for resources for school nurses including providing laptops, cell phones, internet cards, an opportunities for professional training;
- (9) Quickly assigning an interim program manager to replace resignation of staff person in that position;
- (10) Support for school nurses by conducting monthly staff meetings and visits to each school by the interim program manager to assess school nurse needs;
- (11) Commitment to utilize electronic health records for both documentation and data collection;

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- (12) Communicating the status of school nursing services to stakeholders through presentations;
- (13) Continued efforts to maintain a viable, well represented and effective school wellness program leadership/advisory group; and
- (14) Examining orientation and professional development needs of staff.

B. Recommendations:

- (1) Strengthen the management of the school nursing program by:
 - a) Providing leadership that encourages a vision for comprehensive school nursing;
 - b) Considering making the school wellness program manager a fulltime position especially as the program is expanding and growing to realize its full potential; and
 - c) Exploring combining the management of the school nursing program with the school based health center program, understanding the clear distinctions between the two programs but optimizing the complementary nature of both programs;
- (2) Move toward increased coordination and consistency with the school nurse program by:
 - a) Ensuring that all school nurses are aware of and using the same forms and policies;
 - b) Utilizing the same medication administration forms, order forms, etc. across the program;
 - c) Establishing a standard equipment list of supplies for each school/school nurse and make those available to nursing staff;
 - d) Continuing to explore and establish a clear understanding of HIPAA and FERPA as it relates to student health records; and
 - e) Reinforcing that school nursing programs do not require written parental consent for general school nurse services;
- (3) Move toward a more comprehensive school nurse program in which the school nurse is the school's professional health resource for all issues related to health by:
 - a) The school nurse's involvement with the development of school health policies and emergency response plans;
 - b) Medication oversight, whether the school nurse is actually present in the school or not;
 - c) Consultation to after school and early education programs;
 - d) Coordination of student health needs with bus transportation;
 - e) Increased involvement and understanding of which students are not fully compliant with immunization; and
 - f) Provide regular periodic opportunities for all staff and individuals providing aspects of comprehensive school nursing program services to meet together and share information, review, and goals. Include school nurses, school based clinic nurses, ISD nurses, student nurses, student nurse instructors, private duty nurses, screening technicians, and staff assigned to provide medications and first aid in the absence of the nurse.
- (4) Continue to strengthen collaboration and communication between the program and the schools;
 - a) Consider having the health officer and/or the program manager attend county wide principal and/or superintendents meetings regularly to establish a relationship with

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- the school leaders and to increase visibility;
 - b) Establish with the school system at the county level, facilities standards for health rooms and move toward compliance with those standards;
 - c) Work at both the county and individual school level to increase the awareness of the school nurse abilities and skills that can be of benefit to the students with IEPs or 504 accommodation plans and to increase their involvement with the student services teams/special education teams;
 - d) Ensure that annual notification of school nursing services is included in the schools' FERPA notification;
 - e) Consider developing a stronger integration of the eight components of coordinated school health into the school wellness program;
- (5) Encourage nursing staff to meet state certification requirements which may include formal education;
- (6) Continue to work toward a vision of staffing that is based on the acuity of student health needs in the county;
- (7) Explore a system of substitute coverage for school nursing staff;
- (8) Improve sharing of community resources with school nurse staff;
- (9) Continue to increase the use of data for program advocacy including sending program data to school principals on a routine basis;
- (10) Continue efforts to establish outcome goals and collect appropriate data to evaluate those outcomes;
- (11) Continue plans for reviewing and updating guidelines and orientation manuals; anticipate need for additional policies, and
- (12) Invest in continued program evaluation by conducting periodic reviews of the program utilizing the program tool developed for this purpose.

Dudley Elementary School Review

At the request of the county health officer, the Review Team conducted a review of the School Wellness Program at Dudley Elementary School on June 5, 2012. Particularly noteworthy during this half-day visit were:

- The warm welcome and hospitality of the school staff and students;
- The support and leadership of the school principal, Tamara Jamieson. Her enthusiasm and support for school nursing, her understanding of the connection between health and learning, and her eagerness to see the school nurse program grow is clearly evident; and
- The selection of this school in the MDCH grant program based on the school's population and needs.

The following commendations and recommendations for the School Wellness Program at Dudley Elementary School are based on the findings of the Review Team:

A. Commendations:

- (1) The efforts of Sarah Vogel to conduct a needs assessment of Dudley in her first full year as the school nurse;
- (2) The increase in the return to class rates and the immunizations rates due to the school nurse's presence and interventions;
- (3) The school nurse's on-site coverage for the two schools assigned in response to the specific student body needs at each school;
- (4) The development of student specific care plans;
- (5) The identification of the nutrition education needs of the school and the implementation of nutrition education by the school nurse with the collaboration of the school principal. It is noteworthy that the school nurse conducted pre-and post-testing as a means of evaluating her interventions;
- (6) The school nurse's efforts to promote and maintain parent/school communication, specifically:
 - a) Attendance at parent teacher meetings;
 - b) Attendance at faculty meetings;
 - c) Coordination with the school social worker;
 - d) Efforts toward increasing access to care;
 - e) Plans for the next school year to continue reaching out to families; and
- (7) The school nurse's understanding and movement toward implementing a comprehensive school nurse program to meet the needs of Dudley Elementary's students and school community.

B. Recommendations:

- (1) Comply with standards for the health suite including providing a source of water, hand washing and bathroom facilities and a cot for students;

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- (2) Consider increasing the school nurse's involvement in the school's special education team/child study team;
- (3) Utilize the school nurse's skills to enhance the school's emergency response plans both for medical emergencies and school disaster and lock down plans;
- (4) Continue to broaden the school nurse's medication management for the school by ensuring that all medication orders are reviewed by the school nurse, that individuals assigned to medication administration are supervised by the school nurse, with periodic observations and skills checklists completed, and that the staff know how and when to contact the nurse in regard to medications;
- (5) Implement the established nurse alert plan with staff at Dudley;
- (6) Address plans for continued care of students with health concerns with school transportation staff;
- (7) Expand, with the School Wellness program's management team's assistance, a comprehensive list of available community resources;
- (8) Reevaluate the broad sharing of health concerns lists with teachers and staff. We would suggest that instead of distributing student specific informational lists, general topical training should be conducted so staff are aware of how to handle certain health situations whenever they may occur;
- (9) If possible, expand the obesity program to include more personal contact with parents of identified students at risk;
- (10) Expand the comprehensive involvement with all of the school's programs, including early childhood programs and afterschool programs; and
- (11) Develop a five year strategic plan to meet school health needs and pace the approach to meeting them.

Lakeview Middle School Review

At the request of the county health officer, the Review Team conducted a review of the School Wellness Program at Lakeview Middle School on June 5, 2012. Particularly noteworthy during this afternoon visit were:

- The warm welcome and hospitality of school staff;
- The focused attention to the discussion given by the school principal, Mike Norstrom, especially during a hectic time of the school day/school year;
- The principal's understanding, interest and support of the correlation between school success and school health services;
- The Lakeview school board's commitment to student health and safety, including identification of desired outcomes related to health; and
- The knowledge, goals and level of program detail provided by the experienced school nurse, Sharon Davids.

A. Commendations:

- (1) The increase in the school nurse's time at the school made available this year and the continuity of assignment to the feeder elementary school;
- (2) The school nurse oversight of medication administration;
- (3) The dispensing of medication by school staff on days even when the school nurse is present to maintain consistency and the recognition by school staff for the need for a higher level of training;
- (4) Having a plan provided to the school for whom to contact in the absence of the school nurse and the plan to eventually have substitute nurse coverage;
- (5) The staff's inclusion of the school nurse in the development of school forms and efforts to increase efficiency of documentation and storage of records within the school;
- (6) Conducting a monthly support group for students with diabetes;
- (7) School nurse involvement in school emergency response processes, especially efforts to increase the number trained and conducting mock response drills;
- (8) The school nurse efforts to integrate with the 504 and Child Study Teams;
- (9) The provision of infection control training for all new janitorial staff;
- (10) The coordinated efforts between school nurse program and nutrition services; and
- (11) Efforts by the school principal to improve school nurse space.

B. Recommendations:

- (1) Secure lock for medications currently stored in secretary's desk in office;
- (2) Attempt to meet standards by locating health suite space with running water, space for a cot, proximity to a bathroom, and the ability to observe students waiting or resting;
- (3) Consider providing more formalized observations, including skills checklist, of non- licensed staff dispensing medication;
- (4) Continue efforts to involve the school nurse in special education and 504 planning; consider having school nurse leadership team arrange a meeting between school nurses and special education administrators to discuss the value of school nurse involvement in special education and 504 planning county-wide;
- (5) Investigate ability to place nurse contact information on school's website;
- (6) Consider revision of forms so it is clear that consent is NOT needed for health services but is needed for discretionary medication administration;
- (7) Closely consider implications of FERPA/HIPPA, as well as efficiency, when integrating health records with school's new computer program; and
- (8) Consider scheduling a regular periodic meeting between the school nurse and principal to share data, inform principal of trends and issues, and present solutions to problems with particular attention to issues that concern him.

SURVEYS

School Wellness Advisory Team

The survey of the School Wellness Advisory team was developed to provide the individual members an instrument to assess how well the team functioned and met goals to provide guidance to the school nurse program. The School Wellness Advisory team was asked to complete a brief survey to assess their agreement with several statements in five areas:

1. Team plans and goals (six statements)
2. Working together (seven statements)
3. Communication (eight statements)
4. Meetings (ten statements)
5. Team's Leadership (seven statements)

An email with survey instructions and the link to the anonymous online survey was sent to all team members. Team members were instructed to base their responses from the establishment of the team to the present, including past leadership. The team was given two weeks to complete the survey. Five individuals out of an eight-member team responded.

The following is a summary of results.

RESPONSE TO QUESTION 1. *The purpose of the Advisory Team is to:*

- a. "Support School Wellness in Calhoun County thru seeking grant monies, community support and as the Advisory Board for the program."
- b. "Provide guidance and feedback about school wellness activities and provide input for planning and decision-making."
- c. "The purpose of the Advisory Team is to oversee the evaluation process for SWP."
- d. "Oversee, guide, direct and inform as needed."
- e. "Assist in developing concepts, assessment and final evaluation of the School Wellness Program."

RESPONSE TO QUESTION 2. *Provide the name of the lead person for the Advisory Team:*

- a. Jim Rutherford and Cindy Cook
- b. Jim Rutherford
- c. Dr. Cindy Cook or Regina Crooks
- d. Regina Crooks/Jim Rutherford
- e. Jim Rutherford

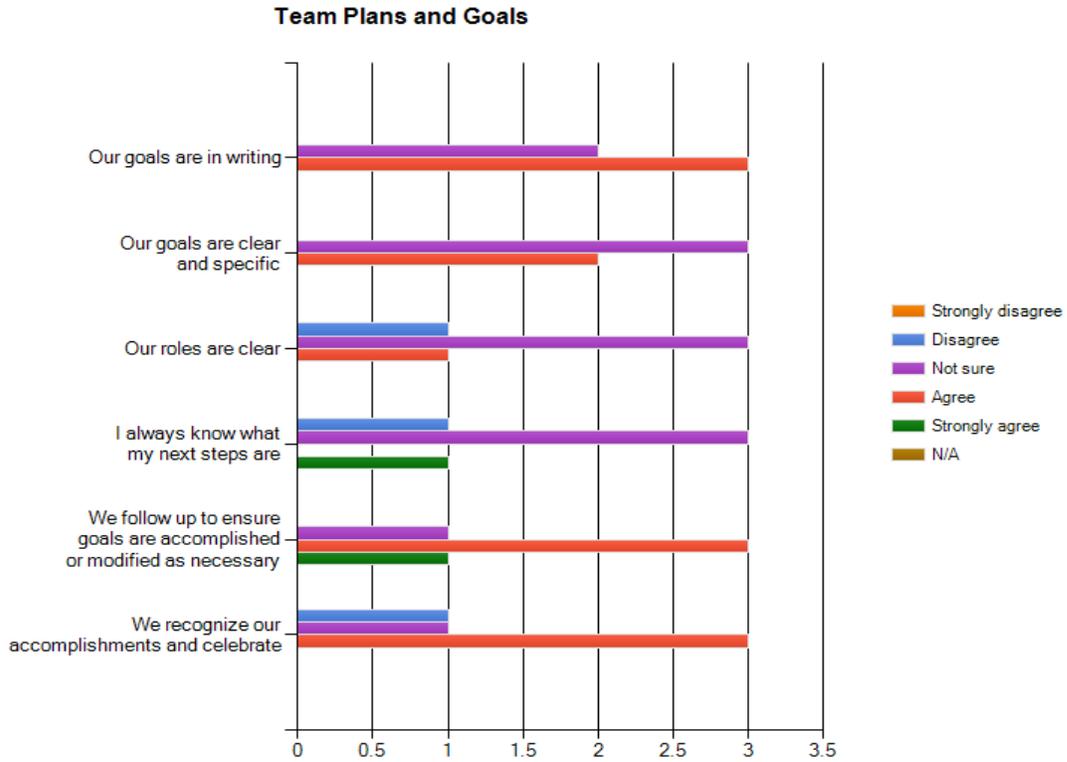
Comments and Observations Regarding Questions One and Two:

- Based on the variety of responses to question one, it appears respondents are not entirely clear how the purpose of the Advisory team differs from the purpose of the School Wellness Group, which is the issue/action group of the Regional Health Alliance.
- One person correctly named Regina Crooks and Jim Rutherford as the lead people, although the question asked for one name, Regina Crooks. This response may have been because Mrs. Crooks is no longer in the position.
- Other responses to the question regarding who is the leader of the group may indicate role confusion as to who actually is in charge and with what authority.

The next section asked about teamwork in five areas.

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AREA 1. Rate the Following Statements Regarding Team Plans and Goals



Comments and Observations

- The goals, roles, and next steps of the team are not clear for most of the members responding to the survey.
- Although the goals do not appear to be clear, 4 out of the 5 respondents indicated agreement that the team ensures goals are accomplished or modified as necessary.
- There does not seem to be agreement about recognizing and celebrating accomplishments.

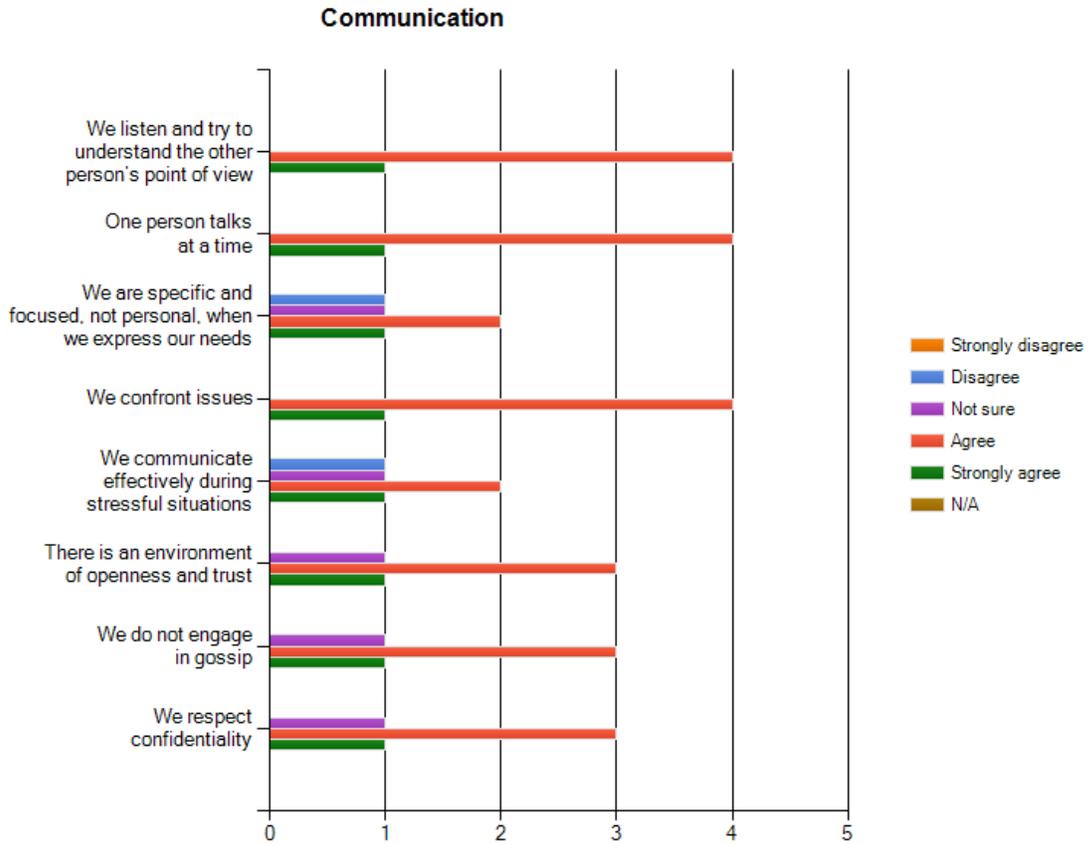
AREA 2. Rate the Following Statements Regarding Working Together



Comments and Observations

- All respondents agreed the team demonstrates sensitivity to each other. Notably, this is the only response of the entire survey that was unanimous.
- Most indicated there was not an orientation to the team.
- Three out of the five were not sure if the team's decision making methods were good.
- The group is split on whether they have the skills and resources to function effectively.
- Most disagree or are not sure the team evaluates effectiveness and/or makes improvements in the way the team functions.

AREA 3. Rate the Following Statements Regarding Communication

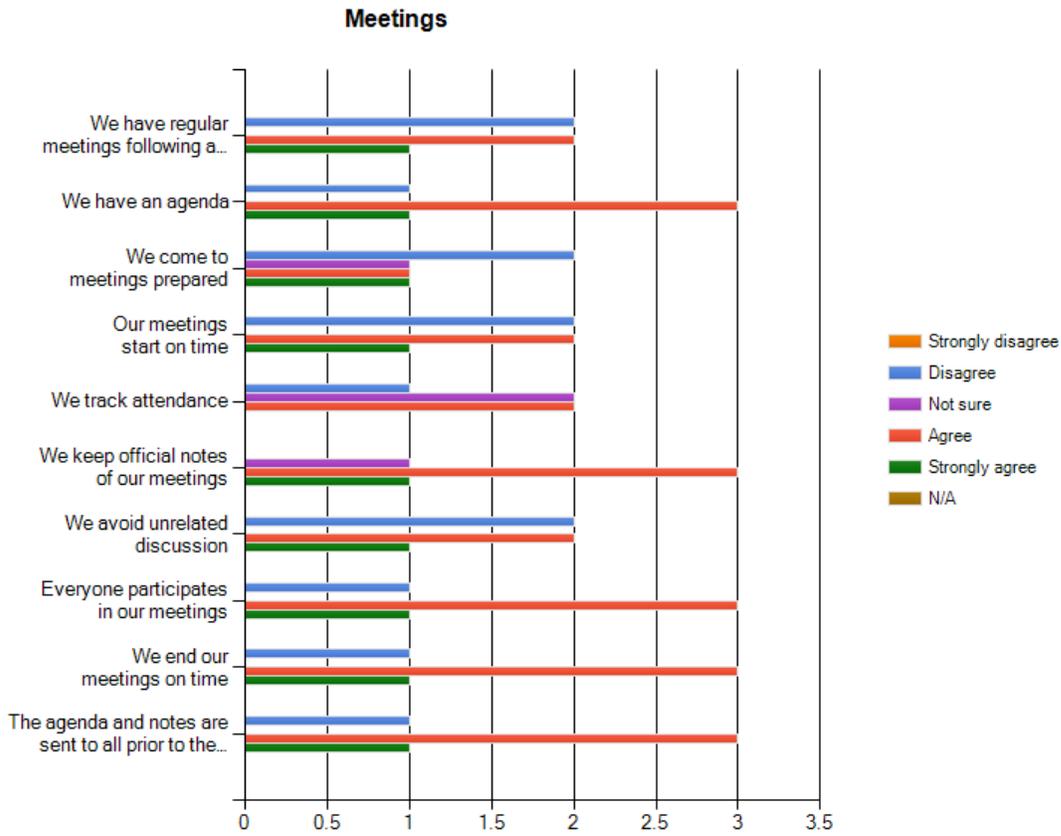


Comments and Observations

- All respondents agree the team makes an attempt to understand and listen to the other person's point of view and confront issues.
- The team seems to demonstrate a level of respect to one another.
- There is uncertainty about the clarity of communication, whether it is specific and focused and not personal.
- There is not a unanimous sense of openness, trust, and confidentiality.

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AREA 4. Rate the Following Statements Regarding Meetings

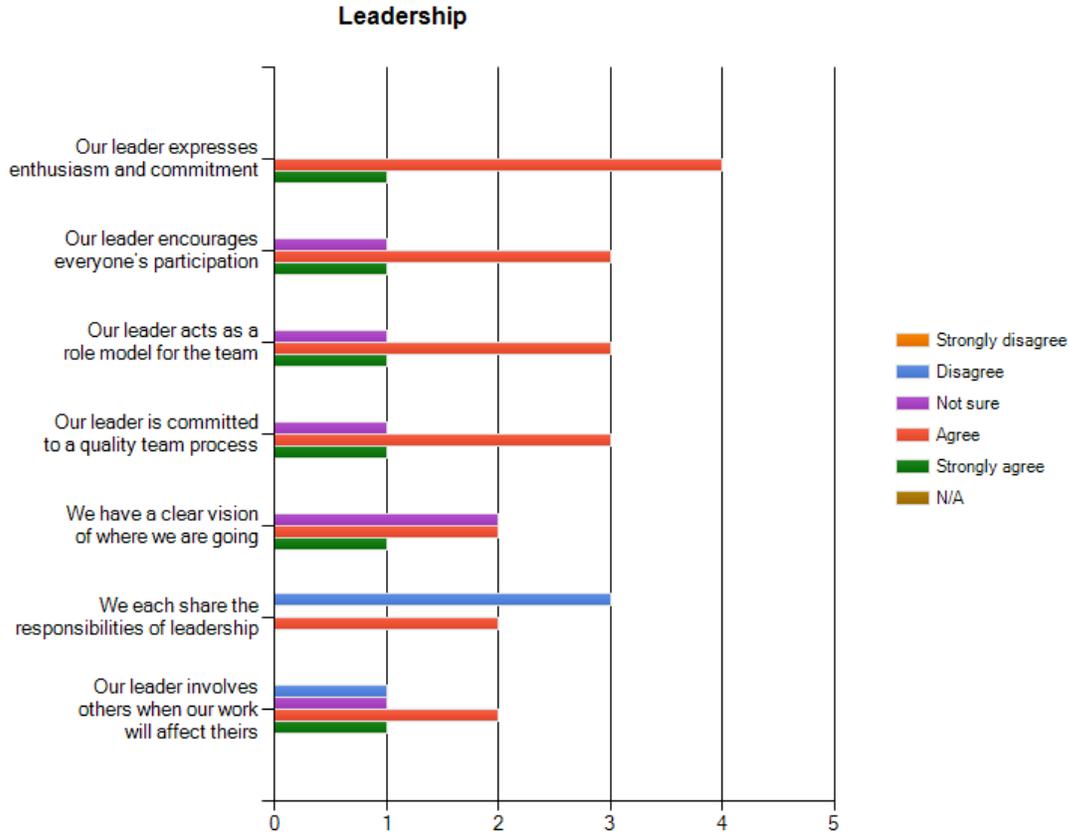


Comments and Observations

- This area had the most varied responses.
- Most agreed the meetings ended on time and distribution of an agenda and notes prior to the meetings took place.

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AREA 5. Rate the Following Statements Regarding the Team's Leadership



Comments and Observations:

- The team leader left her position shortly before the survey was conducted. Although respondents were asked to complete the survey based on the past year, respondents may have felt inclined to respond differently if the team leader were still present.
- Most responses were positive for leader enthusiasm, commitment, encouraging participation, role model, and team process.
- The vision of the team is not clear for some.
- Most respondents felt leadership is not shared.
- There is a split feeling as to whether the leader involves others when work overlaps.

Recommendations:

- Clarify and agree upon Advisory Team purpose and vision.
- Clarify who is the lead and what that person's authority and responsibility is.
- Consider orientation for new team members but encourage attendance by all team members for consistent understanding.
- Consider team-building exercises to strengthen trust.
- Meeting structures and processes need strengthening (agendas, regular schedule, minutes, timeliness, preparation, roles and responsibilities).

SCHOOL NURSE SURVEY

The survey of school nurses was developed to provide the individual nurse an instrument to assess her skills, confidence level, and to compare issues and identify patterns between assigned schools. It also assists the program leadership to identify staff professional development needs. The summary data of all the nurse responders provides generally similar information but does not allow for specific comparison between nurses and schools.

An email was sent to all Calhoun County school nurses with instructions and a link to the online survey. The nurses were given two weeks to respond and one reminder was sent. Thirteen nurses (100%) responded. There are 9 districts participating in the School Wellness Program with a combined total of 45 schools. This figure (45) only includes actual schools, not unique education providers such as adult education or early childhood education centers. School nurses provide services to 39 of the possible 45 schools (87%) on a regular basis. Thirty five schools of the 39 schools (90%) that have an assigned nurse were represented in the survey.

The nurses were asked to respond anonymously to 13 statements using a likert scale for each question and for each school assigned. The nurses were instructed to determine and consistently use the school they would identify as number one, two, and three. Of the 13 nurses responding, ten were assigned three schools, two were assigned two schools, and one was assigned one school.

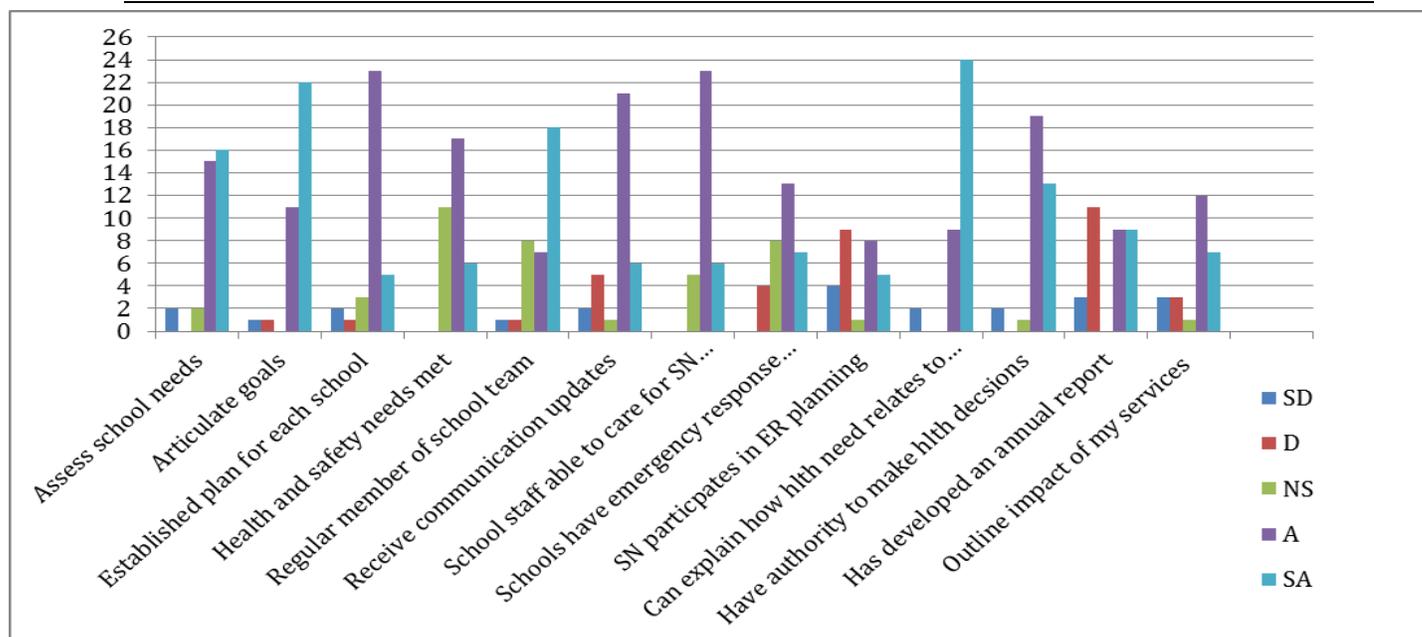
The following is a chart of statements, number and percent of responses. The number of responses also represents the number of schools unless a respondent skipped a question. A graphic summary follows the chart.

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Calhoun County School Nurse Survey

Questions	Strongly disagree	Disagree	Not sure	Agree	Strongly agree	# of responses
1. I am confident in my ability to assess the school population health needs.	5.7%(2)	0	5.7%(2)	42.9%(15)	45.7%(16)	35
2. I am able to articulate the school nurse program goals to the principal and school staff.	2.8%(1)	2.8%(1)	0	31.4%(11)	62.8%(22)	35
3. I have established a care and coordination plan for health services at each school.	5.8%(2)	2.9%(1)	8.8%(3)	67.6%(23)	14.7%(5)	34
4. I am confident that the health and safety needs of all students will be met through my care and coordination plan for health services.	0	0	32.3%(11)	50%(17)	17.6%(6)	34
5. I feel like I am viewed as a regular member of the school building staff (not a transient, not a consultant, or visitor, or employee of another agency).	2.8%(1)	2.8%(1)	22.8%(8)	20%(7)	52.4%(18)	35
6. I receive communication updates if health concerns arise even when I am not in a building.	5.7%(2)	14.2%(5)	5.7%(1)	60%(21)	17.1%(6)	35
7. I am confident that school staff will be able to care for the special needs students in my absence.	0	0	14.7%(5)	67.6%(23)	17.6%(6)	34*
8. Each of my buildings has an emergency response plan for disasters that includes how to handle, or what to do for the individual student with health needs.	0	12.5 % (4)	25% (8)	40.6 % (13)	21.9 % (7)	32
9. In those buildings with emergency response plans for disasters, I participated in the development of those plans.	14.8 % (4)	33% (9)	3.7 % (1)	29.6 (8)	18.5 % (5)	27
10. I am able to explain how a student health issue might impact educational progress.	5.7 % (2)	0	0	25.7 % (9)	68.6 % (24)	35
11. I am given the authority (by the school administration and staff) to make health related decisions at school.	5.7 % (2)	0	2.9 % (1)	54.3 % (19)	37.1 % (13)	35
12. I have developed an annual report for each school.	9.3 % (3)	34.4 % (11)	0	28 % (9)	28 % (9)	32
13. In my annual report, I outline what difference my services have made.	11.5% (3)	11.5% (3)	3.8% (1)	46 % (12)	27 % (7)	26**
* One respondent said N/A; This could mean the school had no children with special needs, or the nurse did not identify children with needs.						
** If a nurse did not develop an annual report, their response was N/A.						

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SD- Strongly disagree; D=Disagree; NS=Not sure; A= Agree; SA= Strongly agree

A review of individual nurse responses for each assigned school shows:

- Three nurses had variable responses between assigned schools indicating differences in relationships and school composition.
- Three nurses answered the same for each school, raising the question of nurse bias, inability to distinguish differences between schools, or perhaps it represents a school nurse who has been at the same assignment for several years and has established a similar relationship and plan for all schools assigned.
- Six nurses had minimal variability between schools.
- One person had only one school so no comparison with other schools could be made.

A review of individual nurse responses to development of a school emergency plan that included how to handle children with health needs revealed: (Note, in reflection, the question should have been divided into two questions, one asking if the school had a plan and one asking if the plan included handling of children with health needs. Thus, responses do not provide a clear picture of the issue).

- Six nurses indicated each assigned school had an emergency plan.
- Three nurses indicated they were not sure if their assigned schools had an emergency plan.
- One person (assigned two schools) indicated one school had plan, but was unsure about the other school.
- One person (assigned three schools) indicated two out of three assigned schools had a plan - the other school did not.
- One person indicated none of 3 assigned schools had a plan.
- One person did not answer the question.
- Of schools that had an emergency plan, respondents indicated that in 14 out of the 27 schools represented the nurse did not participate in the development of the plan.

General Observations:

- In 25 out of a possible 35 schools, nurses indicated they feel they are viewed as a regular member of the building staff.
- Most feel confident in their ability to articulate school nurse goals and assess population health needs.
- Most have been given authority to make health decisions and feel able to explain how a health issue may impact educational progress.
- Slightly less than half developed an annual report and included what difference school nurse services have made.

Recommendations:

- Nurses should determine if their schools have an emergency plan.
- If a school-wide emergency plan exists, nurses should include how to deal with children with health needs in an emergency.
- Provide direction and support for school nurses to participate in emergency response plan development and review.
- Consider professional development opportunity to provide direction in development of an annual report for each individual school.

CONCLUSION

The Calhoun County School Wellness Program continues to grow and in an effort to establish itself as a model school nurse program has implemented a program evaluation. This entailed completing a program evaluation tool and preparing a day long, program wide presentation, as well as two individual school presentations.

The time and effort of staff to prepare and provide the presentations for the review team is recognized and appreciated. The value placed on quality school nurse supervision is commendable. It is clearly evident that this program, under the health officer's leadership, is making efforts to move this program to a comprehensive school nurse program. This entails the school nurse being responsible for the health concerns of the schools assigned, including development and revision of health related policies and emergency preparedness plans, management of medication administration, coordination of services and care of students with health concerns as well as identifying health concerns of the school community at large. Efforts to address those concerns are admirable.

A program's ongoing evaluation is a key to its success. Recognizing the value of evaluating a program to help identify gaps, determine program goals and professional development needs of staff, strengthens the program to better provide quality services to the community it serves.

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