Hello everyone,

Please review the following notices and opportunities for school nurses:

NOTICES

WISCONSIN ASSOCIATION OF SCHOOL NURSES' SPRING CONFERENCE

WASN 2016: Stepping Up School Nursing Practice is our theme for the spring conference. School nurses from across Wisconsin will converge in Madison on April 13-15, at the Monona Terrace Convention Center, Madison. We welcome our opening plenary speaker, Dr. Zanie Leroy, from the CDC and our keynote speaker, Beth Mattey, NASN president. The conference will close with a message from Dr. Diana Mason, past editor-in-chief of The American Journal of Nursing. Collaboration to advance child health and learning is a cornerstone of conference presentations.

For the conference brochure click here:
https://higherlogicdownload.s3.amazonaws.com/WISCONSINNURSES/e0aa676c-defd-4e7e-86c0-a4ba91de0820/UploadedImages/Conferences/WASN/WASN%20Spring%20Conference%202016%20Brochure%20FINAL.pdf

Registration is now open: https://www.wisconsinnurses.com/reg_wasn2016.asp
April 13-15, 2016—Madison, WI

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DATA GATHERING:

The year is flying by and hopefully you have continued with your voluntary data collection. As a reminder, it is hoped that you will collect data throughout the year, and then enter that information into Wisconsin's data entry site so that it can be part of the National Association of School Nurses' Step Up be Counted data collection. Please take time to review the requested 2015-16 data now, http://dpi.wi.gov/sspw/pupil-services/school-nurse/data ,so that you will be able to enter information into the data entry site starting in April, 2016. The deadline for entering the information is June 20th, 2016. **Attached please find a pdf file of what the actual data entry site will look like when it is opened in April.**

School Nurse Updates:

Please share this link with others so that they can receive DPI School Nurse Updates. Share within your circles of school nurses who may not be receiving it. It is a voluntary list serve and school nurses must request to receive it. So please share widely. To join the School Nurse Email List and receive school nursing updates click here. (join-schoolnurse@lists.dpi.wi.gov)

Please find all the School Nurse Updates at the following website:
http://dpi.wi.gov/sspw/pupil-services/school-nurse/resources/communications

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JOB OPPORTUNITIES

Wauwatosa School Nurse Position 100%

School Nurse FT (1.0) FTE

Bachelor's Degree in Nursing (BSN)

RN Licensure in WI

Background in Public Health, School Nursing, or Pediatrics is preferable

Core knowledge for competent student and school health, wellness, and safety practices. A desire to work in a school system and work collaboratively with staff, students, families, and the community.

Essential Functions Include:

- Planning and Coordinating Health Services
- Immunization enforcement and compliance
- Management and support of communicable disease
- Assess and identify potential health risks and/or conditions and development appropriate intervention plans
- Facilitate staff development in health care, safety, and emergency procedures
- Coordination of services and resources within the community
- Serve as a liaison to outside medical care providers
- Maintain health records

- Develop and support the implementation of student health care plans and emergency plans including delegation, training, and supervision of student health care.
- Serve as a member of student health and education planning teams
- Ability to become CPR, AED, and First Aid Instructor

TO APPLY: All interested candidates will need to apply via WECAN Certified Staff # 99984 at: https://services.education.wisc.edu/wecan/

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Camp nurse positions for the upcoming summer

CAMP CHI

Overnight Camp Nurses Needed (Summer 2016)
4 OR 8 week positions available!

June 19th – July 15th
July 17th – August 12th

*C*o-ed overnight camp serving 4th–11th grades. 600 wooded acres in the Wisconsin Dells; great facilities and programs.

Registered nurses are needed to provide health care and TLC. Health Center is air-conditioned and staffed with 6-7 nurses who rotate shifts. Responsibilities include ensuring that campers and staff receive appropriate medical attention, organize and dispense medications, provide first aid and communicate with parents. Camp physician is on staff.

Must be a licensed RN. Previous experience as a nurse is preferred, must obtain Wi. Licensure – Camp Chi covers the cost.

Competitive camp salary and great perks, including modern staff housing, free camp for children or childcare for younger children.
Complete the online application found at www.campchi.com

Contact Ron Levin at (847) 763-3555 for further information.

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Whiz Resources

- Over 100 camp nurse positions in various locations including CA, IN, GA, MA, MD, ME, MI, NH, NY, PA and WI. The camp list changes daily.
- Top tier overnight camps working with other nurses and health teams

- Salary, meals and lodging are provided
- Round-trip air transportation for out of state assignments
- Mid-June to Mid-August assignments from 2-9 weeks in length

Candidates may apply at http://www.whizresources.com/medical_staff_form.html and we will call applicants for a phone interview and to discuss the opportunities. They can call me at 214-709-5559 or email me at rick@whizresources.com with any questions. Thanks again for your assistance!

Rick Whisenhunt
WhizResources
214-709-5559
www.whizresources.com

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Camp Lakota is the American Diabetes Association's Camp for children with type 1 diabetes.

This is a full week of residential summer camp experience for the children, and, a fantastic opportunity to help those children manage their diabetes while at Camp. Camp Lakota is looking for medical volunteers. If you would be interested in getting more information about helping, please see the following link or call Susan Hjelsand today:
http://www.diabetes.org/in-my-community/diabetes-camp/camps/lakota-1.html?referrer=https://www.google.com/

Susan Hjelsand
Senior Manager-Mission Delivery
American Diabetes Association
414-778-5500 X6529
262-797-9270
SHjelsand@diabetes.org

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PROFESSIONAL DEVELOPMENT

Managing Care for Students with Chronic Conditions: Shared Use of Electronic Health Records by Health Systems and Schools

Join the webinar on **Thursday, February 18, 2016** at 2:00 PM EST

Register now!
https://attendee.gotowebinar.com/register/4736831704236462593

This webinar highlights the importance of health informatics and how the adoption of electronic health records (EHR) can improve delivery of health care and help meet the needs of children with chronic conditions. It will introduce EHR use in clinical settings serving children and the opportunity to share data with schools in an effort to strengthen care coordination and improve health and education outcomes. Panelists from the states of **Wisconsin** and Delaware and an educational service district in Oregon will describe their approaches to increase the inclusion of school nurses as part of the health care team, with a focus on how they promote school nurse access to view EHR and communicate information to health care providers if feasible through these systems in an effort to more effectively manage care for students. These examples will feature key partnerships and collaborations and additional ingredients for success to assist state health departments and other stakeholders wishing to move forward in this area.

Learning objectives:
• Explain how use of electronic health records (EHR) can improve delivery of health care and meet children's health needs.
• List three key recommendations the state and/or local level examples provide to promote shared use of EHR between health systems and schools.
• Identify at least two actions you can take that apply information and tools/resources from the webinar to improve the management of chronic conditions in schools.

After registering, you will receive a confirmation email containing information about joining the webinar.

View System Requirements

Email Amanda Martinez at amartinez@chronicdisease.org if you have any questions.

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LUNG FORCE Expo

Patients, caregivers and healthcare providers are invited to join the American Lung Association to learn about the latest treatments, resources and research to help those living with lung disease lead healthier, active lives. **Space is limited!**

Patient education program
Fee: $10
A unique venue for COPD, asthma and lung cancer patients and their caregivers to learn more about new research, medications and treatments.

Professional education program
Fee: $75 (until 2/24) | $100 (after 2/24) | Students: $30
A day of education for healthcare professionals to learn more on the latest research, screening and treatments of lung disease.

Continuing education credits have been applied for respiratory therapists and registered nurses.

When: April 6, 2016

Where: Sheraton Milwaukee Brookfield Hotel, Brookfield, WI

Register online or call (262)703-4200

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Community Immunity: Protecting Tweens and Teens

Thursday, April 21, 2016
DePere, WI
See attached brochure on NEWIC's symposium

For questions contact Chrystal Woller at: cwoller@mail.de-pere.org

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SCHOOL NURSE SUMMER INSTITUTE—SAVE THE DATE

Managing Diabetes Safely in the School Setting: A Framework for Collaborative Care
July 14th 2016—Madison, WI
Registration will open in March

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Wisconsin Safe and Healthy Schools Center

The WISH Center has many professional development opportunities. Please visit their website and review the possibilities:

http://www.wishschools.org/

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Wisconsin School Counselor Association
2016 Fall Summit

CESA 4 Conference Center – West Salem

923 Garland St. East | West Salem, WI 54669

Friday, October 21st, 2016 from 9:00 a.m. - 4:00 p.m. (includes lunch)

Mental Health in Schools

Early bird special until September 30th, 2016: WSCA Member $55; Non-member $65

WSCA Member: $65
Non-Member: $75
Grad Student Member: $40

One Graduate Credit will be offered through Viterbo University for $200.00 - Course payment & registration are separate from the workshop registration.

Session Details: Jennifer Muehlenkamp is a national expert on suicidal behavior and non-suicidal self-injury (NSSI) in youth. Participants will learn best practices and interventions to support students with non-suicidal self-injury, depression and anxiety in the school environment.

For questions, contact:
Stacy Eslick
Executive Director
Wisconsin School Counselor Association
www.wscaweb.org
stacye@wscaweb.org

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You Call the Shots!!

This online program from the CDC is an excellent professional development tool to hone your skills and knowledge about immunizations:

http://www.cdc.gov/vaccines/ed/youcalltheshots.htm

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COMMUNITY ACTIONS

Kids in Crisis

Town hall meetings are occurring across the state about kids and mental health that are occurring through the Kids in Crisis media event. We would like to keep the conversation going and hope that you will share these dates with clients, friends and co-workers you think would be interested in participating. For more information on what Kids in Crisis is, please click on the link below:
http://www.htrnews.com/topic/c04d749c-4247-4a52-9d7f-0e9bd981482c/wisconsin-kids-in-crisis/

The Town Hall meetings will run 90 minutes and will begin at 6 or 7 p.m. Click the dates to see Facebook events for each meeting and watch for more details over the coming weeks:

- Monday, Feb. 22 — Manitowoc, 6 p.m., Silver Lake College, Generose Enrichment Center, 2406 South Alverno Rd.
- Tuesday, Feb. 23 — Green Bay, 7 p.m., Brown County Public Library, 515 Pine St.
- Wednesday, Feb. 24 — Marshfield, 6 p.m., Mid-State Technical College, Community Engagement Room 126, 2600 W. Fifth St.
- Thursday, Feb. 25 — Wisconsin Rapids, 6 p.m., McMillan Memorial Library, Fine Arts Center, 490 E. Grand Ave.
- Monday, Feb. 29 — Fond du Lac, 6 p.m., Fond du Lac Public Library, McLane Meeting room, 32 Sheboygan St.
- Wednesday, March 2 — Stevens Point, 6 p.m., Mid-State Technical College, Community Engagement Rooms 634 and 635, 1001 Centerpoint Drive.
- Thursday, March 3 — Oshkosh, 7 p.m., Best Western Premier Waterfront Hotel, Athearn Ballroom, 1 North Main St.
- Tuesday, March 8 — Wausau, 6 p.m., University of Wisconsin-Marathon County Auditorium, 518 S. Seventh Ave.
- Wednesday, March 9 — Sheboygan, 6 p.m., Mead Public Library, Rocca meeting room, 710 N 8th St.

- Thursday, March 10 — Appleton, 7 p.m., Lawrence University, Warch Campus Center Cinema, 711 E. Boldt Way.
- Thursday, May 5 — Madison, Overture Center for the Arts, 201 State St. (Event tentatively scheduled to start at 10 a.m.)

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RESOURCES

Wisconsin Guide to Asthma-Friendly Schools

Wisconsin School Nurses, Administration, and Staff-

On behalf of the Wisconsin Department of Health Services, we are excited to send you the **Wisconsin Asthma Program: Guide to Asthma-Friendly Schools.** The purpose of this document is to provide guidance to Wisconsin schools on ways to help students better manage their asthma. It is meant to assist school staff to better recognize asthma symptoms, reduce asthma triggers, and educate students on asthma self-management through various guides, handouts, and posters. Below is a link to the guide:

https://www.dhs.wisconsin.gov/publications/p01113.pdf

As part of this process, we look forward to receiving your thoughts and opinions of the **Wisconsin Asthma Program: Guide to Asthma-Friendly Schools.** We will be providing you with an opportunity to give feedback and suggestions in March of 2016. We look forward to gaining your perspectives on how this guide may be used to help address asthma as a health issue in Wisconsin schools.

If you have any questions, or comments about this document, please contact Cristine Rameker (Asthma Program Manager) at cristine.rameker@wisconsin.gov or at 608-267-4465. You can also gain more information about the Wisconsin Asthma Program on our website: https://www.dhs.wisconsin.gov/asthma/Index.htm.

Thanks for all that you do to improve asthma care throughout the state!

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Wisconsin Optometric Association's (WOA) 2016 VISION USA – The Wisconsin Project Program

Materials are now ready for the Vision USA Program. Please **see the attached 2016 School Nurse letter and the 2016 VUSA information and forms**. Or follow the link for the most recent informaation: http://www.woa-eyes.org/vision-usa-public

Thank you for your work on behalf of Wisconsin's children and their vision and eye health care. Please contact me, david@woa-eyes.org or 608-824-2200, if you have any questions.

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From the Immunization Program:

VPD Surveillance

Mumps: No new cases were reported, and the date of onset of the last case reported in Wisconsin was 1/11/2016. **See the attached mumps report** for more information.

Pertussis: The 2016 report is available at:
https://www.dhs.wisconsin.gov/immunization/pertussis.htm

Influenza: The weekly report is available at: https://www.dhs.wisconsin.gov/influenza/index.htm

Resources

2016 schedules are now available from CDC.

Childhood schedule:
http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

Here is the synopsis of the changes to the childhood schedule:
http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html#chgs

Adult schedule:
http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf

Here is the synopsis of the changes to the adult schedule:
http://www.cdc.gov/vaccines/schedules/hcp/adult.html

Surveillance of Vaccination Coverage Among Adult Populations — United States, 2014
http://www.cdc.gov/mmwr/volumes/65/ss/pdfs/ss6501.pdf

Contact Stephanie Schauer with questions: Stephanie.schauer@dhs.wisconsin.gov

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Team Nutrition

Mini-books available
http://www.fns.usda.gov/tn/discover-myplate-emergent-reader-mini-books

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Wisconsin School Mental Health Framework

The Department of Public Instruction is excited to announce the *Wisconsin School Mental Health Framework*. This framework provides key elements to implement comprehensive school mental health systems in districts and schools across our state and is designed to integrate mental health and wellness supports into a multilevel system of supports (MLSS). By fully welcoming families in co-planning with us about the needs of their children, by sharing leadership with community mental health providers, and by placing mental health initiatives into the overall school improvement process we keep this work both meaningful and manageable. The framework can be found here: http://dpi.wi.gov/sspw/mental-health

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Children's Mental Health Matters—Poster Contest

Attached is the flyer and the Poster Contest Entry Form for the 2016 Poster Contest sponsored by the Children's Mental Health Matters Coalition.

Each year Disability Rights Wisconsin sponsors a poster contest with the theme, "My Feelings Matter". Posters are accepted from February 1 –March 18. (**see attached document**).

There will be an event on Thursday, May 5 at the Overture Center in Madison to celebrate National Children's Mental Health Awareness Day, with youth performances and prizes for the top three posters in each age category. Posters are judged in five age groups PreK through High School. The Committee chooses top posters and then the winners are chosen through an online voting process. All of the details are on the attached form.

Here is a link to the winners from last year: https://wisconsinknowschildrensmentalhealthmatters.wordpress.com/2015/04/

Phyllis Greenberger
Advocacy Specialist
disability**rights** WISCONSIN
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Madison, Wisconsin 53703
608-267-0214 Voice
888-758-6049 TTY/Textnet
608-267-0368 Fax
phyllis.greenberger@drwi.org
www.disabilityrightswi.org

Project ADAM Wisconsin Heart Safe Schools

The Project Adam program has been working very diligently to update their materials and offerings. The Heart Safe Schools Program is one element of this. Please review the link below or the attached Heart Safe Schools documents

Program Link: http://www.chw.org/childrens-and-the-community/resources-for-schools/cardiac-arrest-project-adam/heart-safe-schools/
School Communication Documents: program description, school email and school intro meeting
Video: https://www.youtube.com/watch?v=CXS_CgcuSPs

Alli Thompson
Project ADAM Administrator
Childrens Hospital of Wisconsin, Herma Heart Center
PO Box 1997, MS B550A
Milwaukee, WI 53201-1997
p: 414.266.1666
f: 414.266.6248
ajthompson@chw.org

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

School Health Report 2015-16 - District Level Reporting

PII-00047-G (New 01-16)
Due Date: June 20, 2016

New Data Collection Tool

Step Up Be Counted! The new Wisconsin School Health Services Report is designed to collect annual school nursing and health services data from each school district in order to develop a cumulative statewide picture of school health services. **This is a voluntary report; however, we are hoping that all district school nurses will want to participate! Only one person from each district should total the 2015-16 data for individual schools in the district and report it as an aggregated total to the Wisconsin Department of Public Instruction by June 20, 2016.** Private or charter schools are welcome to participate if their data is not part of an aggregated district.

Wisconsin will be following the national direction in data collection. The report is based on the National Association of School Nurses and the National Association of State School Nurse Consultants data collection tool project and will allow Wisconsin's aggregated data to be collectively combined to the national data. You will submit the data **by June 20, 2016, by going to the DPI data collection site, just like you have in the past.** You can visit the DPI data information webpage at http://dpi.wi.gov/sspw/pupil-services/school-nurse/data to see additional information. You can also visit the NASN Step Up Be Counted website at http://www.nasn.org/Research/StepUpBeCounted.

Collecting data as part of this national initiative is important--we are starting with a minimum data set that will help to show the effectiveness of school nurses on student health and education. The Wisconsin Association of School Nurses is supporting this initiative, and many of the WASN members have been involved with the development of the tool, both nationally and here in Wisconsin.

The report is divided into three sections: health personnel, chronic conditions, and health office visit dispositions.

Read each question carefully, as well as its definition, as these questions may differ from previous year's data reports. Also note that the administering of medications, (daily, prn, and nursing procedures) face to face with a student is a visit, and therefore should have a disposition (which would normally be to return to the classroom).

It is very exciting to be part of this initiative. It is hoped that with this new reporting tool, more school nurses and districts will participate and Wisconsin will be able to be a leader in data collection.

For Further Information Contact

Wisconsin Department of Public Instruction
Bette Carr, School Nursing and Health Services Consultant
(608) 266-8857
bette.carr@dpi.wi.gov

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WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

School Health Report 2015-16 - District Level Reporting

District Name

Contact Information

Contact Person Name

Email Address

Phone Number *Area Code/No.*

Date Report Submitted mm/dd/yyyy

Contact Information

Name of District or Public, Private, or Charter: Include name of district; or name of the private, charter, or parochial school. This contact information is for the state level collector and will NOT be passed on to the national level.

Contact person: Include contact information in case there are questions regarding report. This contact information is for the state level collector and will NOT be passed on to the national level.

Date: Date report was submitted.

Choose district/school type

- Public
- Private
- 2rCharter
- Parochial

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WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

School Health Report 2015-16 - District Level Reporting

District Level Data

To be completed at the district level for school health staffing in the district, at the end of the school year. Ideally this would be a designated lead nurse. If a lead nurse does not exist, work with district to identify appropriate person. The data will be shared with the districts who participate.

*DO NOT double count any nurse.

*Mark any data points you do not collect as DNC (Do not collect), then report the data you do collect.

School Health Staffing: Direct Services

The purpose of this section is to identify the number of school health staff providing DIRECT SERVICES in the school as well as determine an RN caseload.

A. Number of enrolled students in district	
B. Total number of RN FTEs with an assigned caseload providing direct services (FTE = % of teacher FTE)	
C. Total number of LPN FTEs with an assigned caseload, providing direct services (FTE = % of teacher FTE)	
D. Total number of non-RN, non-LPN health aides FTEs with an assigned caseload, that provide direct health services (e.g. give medication, staff health office, perform specific health procedures) (FTE = % of teacher FTE)	

Direct Services

A. Use the district's official count (third Friday count).

B. RN=Registered Nurse. The FTE is based on a teacher FTE in the district, e.g., a teacher may work 7 hours a day (or 35 hours a week). This would be considered 1 FTE. If an RN works the same hours the RN FTE is 1 FTE. If an RN works 5 hours a day (or 25 hours a week), the FTE would be calculated as 5/7 or .71 FTE. Each state/district may vary in the number of hours a full time teacher works, so it is important to follow your district definition. If school nurses work more hours per day than a teacher, the FTE still equals 1. The number should reflect every RN providing direct services. For example, if the district has 3 RNs and each works .75 FTE, it would be reported as 2.25.

Direct services means responsible for the care of defined group of students in addressing their acute and chronic health conditions. It includes health screenings, health promotion and case management. Direct services also include care provided in a health care team including LPNs or aides.

Inclusion/Exclusion
- Include long term substitute (but not the substitute RN list for short term needs)
- Exclude nurses working with medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5)
- Exclude % of administrative assignment

C. See B. regarding % teacher FTE.

D. See B. regarding % teacher FTE. This number should reflect only those whose main assignment is health related. Exclude secretaries, teachers or principals who only address health issues at times. You may include FTE of secretary or other aides, IF it is included as a specific part of their responsibility (i.e. cover health office regularly).

E. See B. regarding % teacher FTE. Include permanently hired/contracted RNs who provide supplemental or additional direct nursing services or specific procedures. Do not include RNs with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is supplemental to the RNs identified in B. and H.

F. See B. regarding % teacher FTE. Permanently hired/contracted LPNs who provide supplemental/additional direct nursing services or specific procedures. Do not include LPNs with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is in addition to the LPNs identified in C. and I.

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E. Total number of supplemental/float RN FTEs (FTE = % of teacher FTE)

F. Total number of supplemental/float LPN FTEs

G. Total number of supplemental/float health aide (non-RN, non-LPN) FTEs

H. Total number of RN with special assignment FTEs (FTE = % of teacher FTE)

I. Total number of LPN with special assignment FTEs

J. Total number of health aides (non-RN, non-LPN) with special assignment FTEs

K. Total number of RN FTEs providing administrative or supervisory school health services

L. Total number of LPN FTEs providing administrative or supervisory school health services

M. Total number of assistant FTEs providing administrative support services to RNs or LPNs

G. See B. regarding % teacher FTE. Permanently hired/contracted health aides (non-RN, non-LPN) FTE who provide supplemental/additional direct nursing services or specific procedures. Do not include those with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is in addition to the health aides identified in D. and J.

H. See B. regarding % teacher FTE. Include RNs working with a limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5), or child find/EPSDT.

I. See B. regarding % teacher FTE. Include LPNs working with a limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5).

J. See B. regarding % teacher FTE. Include health aides (non-RN, non-LPN) working with a limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5).

K. See B. regarding % teacher FTE. RNs providing management/clinical supervision to RNs, LPNs, or other health extenders, or conducting other administrative health services, e.g. case management.

L. See B. regarding % teacher FTE. LPNs providing management/clinical supervision to LPNs, or other health extenders, or conducting other administrative health services.

M. See B. regarding % teacher FTE. Assistants providing administrative support services to RNs or LPNs, e.g. clerical assistance.

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WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

School Health Report 2015-2016 - District Level Reporting

DATA POINTS

N. Number of schools in district:	
O. Number of schools reporting data:	
P. Number of RN FTEs in district:	
Q. Number of RN FTEs reporting data:	

R.1. Did you collect data for the entire school year?

- Yes
- No

R.2. If you answered "no" to the previous question, please state dates of collection: (month/day/year to month/day/year)

Data Points

N. Number of schools in district: This number should reflect all schools, even if they did not all participate in the data collection.

O. Number of schools reporting data: This number should reflect only those schools that data is collected from, or whose students are included in the data point counts listed on this page.

P. Number of RN FTEs in district: This number should reflect the total number of RN FTEs working in your district.

Q. Number of RN FTEs reporting data: This number should be the number of RN FTEs that reported chronic conditions/dispositions.

R.1-2 Did you collect data for the entire school year: Yes ____ No _____, if no, state dates of collection: month/day/year to month/day/year

CHRONIC CONDITIONS

S. Number of students enrolled in reporting schools	
T. Number of students with an asthma diagnosis	
U. Number of students with Type 1 Diabetes diagnosis	
V. Number of students with Type 2 Diabetes diagnosis	
W. Number students with a seizure disorder diagnosis	
X. Number students with life threatening allergy (anaphylactic reaction) diagnosis	

Chronic Conditions

S. Please use official third Friday count, totaled, for all those schools that are reporting. (If all schools in your district are reporting, this number would be the same as A.)

T. Include only those with a diagnosis of asthma from a health care provider.

U. Include only those with a diagnosis of Type 1 Diabetes from a health care provider.

V. Include only those with a diagnosis of Type 2 Diabetes from a health care provider.

W. Include only those with a diagnosis of seizure disorder from a health care provider.

X. Include only those with a diagnosis of a life threatening allergy from a health care provider.

HEALTH OFFICE VISITS-DISPOSITIONS

All students seen should have a disposition, even those who are seen face to face for medication administration—daily, prn, nursing procedures, etc.

Health Office Visits-Disposition

Y. Include only students who are seen (face to face) by RN (not other health office staff).

Z. Include only students who are seen (face to face) by RN (not other health office staff).

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Y. Number of student encounters/health office visits to RN resulting in the student returning to class or staying in school during the 2015-16 school year	
Z. Number of student encounters/health office visits to the RN resulting in 911 being called or regionally appropriate equivalent during the 2015-16 school year	
AA. Number of student encounters/health office visits to the RN resulting in the student being sent home during the 2015-16 school year	
BB. Number of student encounters/health office visits to LPN resulting in the student returning to class or staying in school during the 2015-2016 school year	
CC. Number of student encounters/health office visits to the LPN resulting in 911 being called or regionally appropriate equivalent during the 2015-2016 school year	
DD. Number of student encounters/health office visits to the LPN resulting in the student being sent home during the 2015-2016 school year	
EE. Number of student encounters/health office visits to health aide/UAP (non-RN, non-LPN) resulting in the student returning to class or staying in school during the 2015-2016 school year	
FF. Number of student encounters/health office visits to the health aide/UAP (non-RN, non-LPN) resulting in 911 being called or regionally appropriate equivalent during the 2015-2016 school year	
GG. Number of student encounters/health office visits to the health aide/UAP (non-RN, non-LPN) resulting in the student being sent home during the 2015-2016 school year	

AA. Include only students who are seen (face to face) by RN (not other health office staff). Includes students sent home with the recommendation/directive to see a health care provider.

BB. Include only students who are seen (face to face) by LPN (not RN or other health office staff)

CC. Include only students who are seen (face to face) by LPN (not RN or other health office staff)

DD. Include only students who are seen (face to face) by LPN (not RN or other health office staff). Includes students sent home with the recommendation/directive to see a health care provider.

EE. Include only students who are seen (face to face) by other health/UAP* staff (non-RN, non-LPN). You may include secretary or others IF it is included as a specific part of their responsibility.

FF. Include only students who are seen (face to face) by health/UAP staff (non-RN, non-LPN). You may include secretaries or others IF it is included as a specific part of their responsibility.

GG. Include only students who are seen (face to face) by health/UAP staff (non-RN, non-LPN). You may include secretaries or others IF it is included as a specific part of their responsibility. Includes students sent home with the recommendation/directive to see a health care provider.

*UAP=Unlicensed Assistive Personnel

**Mark any data points you do not collect as DNC (Do not collect). Please then report the data you do collect.

Page 4 survey template continued from previous page

Previous Page | Submit Report

Community Immunity: Protecting Tweens & Teens!

COME EARLY AND VISIT OUR EXHIBITORS!

Thanks to our exhibitors, we have been able to bring this Immunization Update to you for a nominal fee. Our exhibitors typically include vaccine manufacturers, medical equipment suppliers, immunization registries and professional organizations.

A portion of this Immunization Update was made possible by the HPV grant provided by Wisconsin Division of Public Health.

NEWIC does not endorse or promote any product or manufacturer during presentations.

NEWIC
NORTHEAST WISCONSIN IMMUNIZATION COALITION

Jane Forward shares her personal story

Jane Forward, mother of Julie Forward De May, who was diagnosed with cervical cancer at age 37. Julie kept a blog for the last 7 months of her life. After Julie's death, her family published a compilation of her blog, "Cell War Notebooks." Jane shares her daughter's story and the message that "Julie would want her readers to realize that cervical cancer and other cancers caused by HPV can be eliminated. She thought teens should be educated and vaccinated for the HPV infection. She would advise young women to be vigilant about annual pap tests . Books will be available for purchase for $12.95 (Cash only).

Keynote Speaker:

Dr. Robert Jacobson, M.D.

Doctor Robert M. Jacobson is a practicing general pediatrician who has served as a member of the Mayo Clinic consulting staff for more than 25 years. He is a full Professor of Pediatrics and recently completed a ten-year term as Chair of the Department of Pediatric and Adolescent Medicine. He grew up in Chicago and Indianapolis, and he obtained his medical degree at University of Chicago. He then completed his pediatric residency at Yale University. Following that, as a Robert Wood Johnson Clinical Scholar, he studied quantitative clinical epidemiology under the tutelage of the late Professor Alvan R. Feinstein. Since then, he has worked at Mayo Clinic. He and his wife Renée have lived in Rochester, Minneapolis, since 1989 and raised four children there. In addition to his clinical duties as a primary care pediatrician, he is the Medical Director for the Employee and Community Health Immunization Program at Mayo Clinic as well as the Medical Director for the Southeast Minnesota Region Mayo Clinic Health System Immunization Program. He is also the Medical Director of the Population Health Sciences Program of the Center for the Science of Health Care Delivery at Mayo Clinic. As a part of that, he leads the Employee and Community Health Population Health Science Scholars Program. Beyond Mayo Clinic, he completed his second year as President of the Minnesota Chapter of the American Academy of Pediatrics and is the current chair of the Southeast Minnesota Immunization Connection. He is the associate editor for systematic and narrative reviews for the journal *Academic Pediatrics*. He has written more than 220 peer-reviewed papers and 15 book chapters and currently conducts research in improving vaccination uptake among primary care populations with particular attention to the HPV vaccine.

NEWIC
NORTHEAST WISCONSIN IMMUNIZATION COALITION

NEWimmunizationcoalition.org

2016 Immunization Update

Community Immunity: Protecting Tweens & Teens

Thursday April 21st, 2016

The MARQ
3177 French Road
De Pere, WI 54115
(from HWY 41 exit on 'Cty Rd –S' #157)

Learner Objectives

- Identify the four components to the C.A.S.E. approach.
- Describe how the C.A.S.E. approach works in three common scenarios.
- Relate a new approach to vaccine hesitant parents and adolescents.
- Apply strategies for increasing immunization screening and vaccine administration rates in health systems and local public health departments.

*C.A.S.E.- Corroborate, About me, Science, Explain/Advise. Describes an approach to talking to parents who have concerns about vaccinating their children.

Target Audience:

Physicians, Nurse Practitioners, Nurses, Medical Staff, Nursing Students and Public Health Staff

A Certificate of Attendance will be provided

AGENDA

4:30pm - Doors Open

Registration/View Exhibits

5:00-6:15 pm

Dinner - Buffet Style

View Exhibits

5:45-5:55 pm

Welcome

NEWIC Immunization Champion Award Presentation

5:55-6:15 pm

Opening Remarks

A Personal Journey:

Jane Forward

6:15-7:15 pm

Keynote Speaker

Working with Vaccine Hesitant Parents and Adolescents using the C.A.S.E. Approach

Dr. Robert Jacobson

7:15-7:45 pm

Question and Answer Session

7:45-8:00 pm

Closing

Registration Form

⇒ *Deadline: April 7, 2016*

⇒ *No refunds*

Cost

⇒ *$25.00/participant*

⇒ *$15.00/students*

⇒ *Checks Payable to: NEWIC*

Send Payment to:

Winnebago County Health Department
112 Otter Ave 2nd Floor
PO Box 2808
Oshkosh, WI 54903

Name: _____

Organization: _____

Email: _____

Address: _____
_____

City/Zip: _____

Phone: _____

Amount Paid: _____

Attention All Wisconsin School Nurses!

Clear Vision, Bright Future

Healthy Eyes are the Key to Successful Learning in ALL Children

Over the past 15 years, the Wisconsin Optometric Association (WOA), a statewide professional non-profit association consisting of doctors of optometry, has worked with school nurses in Wisconsin to raise the public's awareness regarding the importance of good vision and eye health in children. In 2001, the WOA worked with state lawmakers to pass a law requiring all Wisconsin Public School Districts to request that each pupil entering Kindergarten have their eyes tested. Working together, Wisconsin doctors of optometry and school nurses like you have helped hundreds of Wisconsin children receive the vision and eye health care they need to be successful in school.

Unfortunately, too many children in Wisconsin still begin a new school term with undetected vision and/or eye health problems. Given the fact 80% of all learning in a child's first twelve years of life is obtained through vision, we can do more to assure children see clearly in school and to maximize their ability to learn.

Attached, you will find the following information:

- **Wisconsin's Children's Vision Law (Chapter 118.135)**: Requires school districts to encourage parents of Kindergarten children to have their child's eyes examined by a doctor of optometry or evaluated by a physician.
- **Letter to Parents (English and Spanish):** Please help distribute this letter to the parents of students.
- **2016 VISION USA Fact Sheet (English and Spanish):** Explains essential details of the VISION USA – The Wisconsin Project program.
- **VISION USA – The Wisconsin Project Patient Application Form (English and Spanish)**
- **Kindergarten Eye Health Examination Report (English and Spanish):** From the State of Wisconsin Department of Safety and Professional Services (DSPS), this form should be used by the examining doctor and returned by the student to the school for the child's records.
- **Teachers' Guide to Vision:** Important information and instruction for teachers on how vision and eye health impacts learning as well as signs that a child may be experiencing difficulties associated with vision problems.

Optometry's Pledge to Students in Need

15 years ago, Wisconsin doctors of optometry made a public pledge to provide vision and eye health care to any child in need who's family cannot afford the cost of care. To fulfill this pledge, the WOA created several benevolent programs to help children who do not qualify for medical assistance or who do not have private insurance. One of these programs is called VISION USA - The Wisconsin Project. This program offers children of low income, working families vision and eye health services at no cost, plus glasses at no or reduced cost if prescribed.

After 15 years, our work continues! Thousands of students attend classes each day with vision and eye health challenges. These children struggle to see the board, read a book, or work on the computer. Wisconsin doctors of optometry believe we should all take responsibility for these children!

The WOA is forwarding this information packet to you and asks that you include it in your school's kindergarten enrollment packets as well as all student information handouts for the 2016 school year. Please make Patient Application Forms available to all students who are eligible for and wish to participate in VISION USA.

As a school nurse, you play a critical role in improving the quality of your students' health and learning experience. By helping Wisconsin doctors of optometry spread this message, you are ensuring that students maximize their academic performance from the beginning of their educational career. To learn more about the program and/or to access application forms, visit http://www.woa-eyes.org/vision-usa-public or contact 877-435-2020.

Warmest regards,

Dr. Callie Enyart
President, Wisconsin Optometric Association

WISCONSIN STATUTE, CHAPTER 118.135

GENERAL SCHOOL OPERATIONS

Chapter 118.135 - Eye examinations and evaluations

(1) Beginning in the 2002−03 school year, each school board and each charter school shall request each pupil entering kindergarten to provide evidence that the pupil has had his or her eyes examined by an optometrist licensed under Chapter 449, or evaluated by a physician licensed under chapter 448.

(2) A pupil who complies with a request under sub. (1) Shall provide evidence of an eye examination or evaluation by December 31, following the pupil's enrollment in kindergarten. The school board or charter school **shall provide pupils with the form distributed by the Department of Safety and Professional Services under s. 440.03 (16) for that purpose.**

(3) To the extent feasible, the medical examining board and the optometry examining board shall encourage physicians and optometrists, for the purpose of this section, to conduct free eye examinations or evaluations of pupils who are in financial need.

Wisconsin's Children's Vision Law
Attention Parents!

80% of all learning during a child's first 12 years of life is obtained through vision.
–Vision Council of America

Vision disorders are the fourth most common disability in the United States and the most prevalent handicapping condition in childhood.
–Preschool Children's Vision Screening Study Group

8 to 12 million school age children are at risk from undetected vision impairments.
–National Eye Institute

Dear Wisconsin Parent,

Your child's ability to see clearly in school will have an enormous impact on their ability to learn. As a parent, you can ensure your child's academic performance is maximized from the beginning of their educational career by scheduling your child for a comprehensive eye health exam by an eye doctor. Please remember that vision screenings, which are offered in many communities and in many schools, are not enough. Although helpful, they DO NOT detect eye diseases or more complicated vision disorders in your children. Wisconsin optometrists believe undiagnosed and untreated vision and eye health problems represent one of the most serious, yet overlooked health issues facing our nation's children.

It is because of these potential threats to our children's vision and eye health and academic futures that the Wisconsin Optometric Association (WOA), a statewide professional, non-profit association consisting of doctors of optometry, has partnered with parents, school district administrators, school nurses, and other health providers to encourage students to receive the eye health and vision care they need. This partnership, known as the "Clear Vision, Bright Future" initiative, provides the opportunity not only to enhance the academic future of your child, but also to provide a strong foundation for those who may be at-risk for learning problems as a result of vision and eye health challenges.

Wisconsin doctors of optometry remind you *not* to assume that your child has healthy eyes and can see clearly in school just because he or she doesn't say anything to you. That assumption could place your child's future eye health and school achievement at risk. Don't wait for signs of struggle to emerge; be proactive and have your child's eyes examined today.

Tips for parents scheduling comprehensive eye exams for their children:

1. Schedule the exam early in the day, and if possible, at least 3-4 months before school starts
2. Let your child know that there won't be any shots or pain involved
3. Make a game of it; practice looking at pictures and making it fun

Wisconsin's Children's Vision Law

Current Wisconsin law (Chapter 118.135) states that all Wisconsin Public School Districts are required to request that parents of Kindergarten children have their child's eyes examined by an optometrist or evaluated by a physician. Each school board or charter school shall provide pupils with the form distributed by the Wisconsin Department of Safety and Professional Services (DSPS), for that purpose.

Financial Assistance for Eye Exams

Many families in Wisconsin do not have insurance coverage for their children's eye exams and cannot afford such care. Members of the WOA provide no-cost eye examinations for children who meet certain financial criteria. **Please contact VISION USA – The Wisconsin Project at (877) 435-2020 for more information. You may access and print applications for submission to the program on the VISION USA page of the WOA website, http://www.woa-eyes.org/vision-usa-public.**

Thank you!

Sincerely,

Dr. Callie Enyart
President, Wisconsin Optometric Association

Ley de Visión de Niños de Wisconsin

¡Atención Padres!

80%de todo el aprendizaje durante los primeros 12 años de vida de un niño es obtenido por medio de la visión.
–Visión Council of América

Los trastornos de visión son la cuarta discapacidad más común en los Estados Unidos y la condición de discapacidad más prevalente en la niñez.
–Preschool Children's Visión Screening Study Group

De 8 a 12 millones de niños de edad escolar están a riesgo de discapacidades no detectadas de la visión.
–National Eye Institute

Estimado Padre de Wisconsin,

La habilidad de su hijo ver claramente en la escuela tendrá un impacto enorme en su habilidad de aprender. Como padre, usted puede asegurar que el rendimiento académico de su hijo es maximizado desde el comienzo de su carrera educativa al programar una cita para un examen comprensivo de salud visual por un doctor de ojos. Favor de recordar que los exámenes de visión, los cuales son ofrecidos en muchas comunidades y escuelas, no son suficientes. Aunque ayudan, NO detectan en sus hijos enfermedades de los ojos o trastornos de visión más complicados. Los oculistas de Wisconsin creen que problemas de visión y salud de los ojos no diagnosticados y tratados representan uno de los más problemas serios, pero muchas veces ignorados, enfrentando a nuestros niños de la nación.

Debido a estas amenazas potenciales a la visión y salud de ojos de nuestros hijos y de sus futuros académicos la Asociación de Oculistas de Wisconsin (En inglés, Wisconsin Optometric Association, WOA), una asociación estatal profesional y sin fines de lucros que consiste de doctores oculistas, se han unido a padres, administradores de distritos escolares, enfermeras escolares y otros proveedores de salud para animar a los estudiantes a recibir el cuidado de salud de los ojos y visión que necesiten. Esta colaboración, conocida como la iniciativa de "Visión Clara, Futuro Brillante (En inglés, Clear Visión, Bright Future)", proporciona la oportunidad para no solamente mejorar el futuro académico de su hijo, sino que también para proporcionar una base fuerte para quienes tal vez estén a riesgo de problemas de aprendizaje como resultado de desafíos de visión y salud de los ojos.

Los doctores de optometría de Wisconsin les recuerdan que *no* suponga que su hijo tiene ojos saludables y puede ver claramente en la escuela, simplemente porque él/ella no le dicen nada. Esta suposición puede poner la salud futura de los ojos y el rendimiento académico e su hijo a riesgo. No espere para que salgan señales de dificultad; sea proactivo y lleve a examinar los ojos de su hijo hoy mismo.

Consejos para padres programando exámenes compresivos de los ojos de sus hijos:

1. Programe el examen temprano en el día si le es posible y por lo menos 3-4 meses antes de que comience la escuela.
2. Déjele saber a su hijo que no habrá ninguna vacuna o dolor involucrado
3. Haga un juego de esto, practique viendo dibujos y haciéndolo divertido

Ley de Visión de Niños de Wisconsin

La ley actual de Wisconsin (Capitulo 118.135) dicta que todos los Distritos de Escuelas Públicas de Wisconsin son requeridas pedir que padres de niños de Kindergarten lleven a que un oculista examine los ojos de su hijo o sea evaluado por un médico. Cada consejo escolar o escuela autónoma debe proporcionarle a los alumnos con el formulario distribuido por el Departamento de Seguridad y Servicios Profesionales de Wisconsin (En inglés, Wisconsin Department of Safety and Professional Services, DSPS) para este propósito.

Ayuda Financiera para Exámenes de los Ojos

Muchas familias en Wisconsin no tienen cobertura de seguro para el examen de ojos de su hijo y no pueden permitirse tal cuidado. Los miembros de WOA proporcionan exámenes sin ningún costo a niños que cumplen con cierto criterio financiero. Para más información, favor de contactar a VISION USA – The Wisconsin Project al (877) 435-2020. Usted puede acceder e imprimir aplicaciones del programa en la página de VISION USA de WOA, **http://www.woa-eyes.org/vision-usa-public.**

¡Gracias!

VISION USA – The Wisconsin Project
2016 Fact Sheet

WHAT IS VISION USA – The Wisconsin Project?

VISION USA – The Wisconsin Project offers eye care services at no cost to children age 18 and under from low-income, working families in our state. Participating eye doctors and optical labs have agreed to provide their services and products so that children may continue to live and **learn** without suffering from common vision or eye health problems. This program is coordinated through the **Wisconsin Optometric Association (WOA)** and is independent from any other like programs, including those run by the American Optometric Association (AOA). The WOA is a non-profit association consisting of doctors of optometry and is not affiliated with any state or governmental entity. Note: *The WOA does not provide services for adult patients through this benevolent program.*

WHO IS ELIGIBLE FOR VISION USA – The Wisconsin Project?

Eligible applicants must be age 18 or younger and enrolled in school, have NO medical insurance which covers vision and eye health care, and have not had eye exam by an eye doctor in the last 12 months. Additionally, the applicant's family income must fall below an established level based upon the U.S. Federal Poverty Guidelines calculated to 200%, as set by the VISION USA Board of Directors according to household size. Parents/guardians of applicants to the program should be working at least part-time.

WHEN TO APPLY FOR VISION USA

Applications are accepted year-round. WOA strongly recommends that students receive a comprehensive eye exam from a licensed eye doctor before heading back-to-school.

HOW TO SUBMIT AN APPLICATION TO THE PROGRAM

Applications in both English and Spanish can be found on the WOA website, www.woa-eyes.org, under Children's Programs and then VISION USA. The following link will send users directly to the VISION USA page: http://www.woa-eyes.org/vision-usa-public. On the VISION USA page, parents/guardians will find the program requirements and can access application forms to print and submit to the WOA for consideration.

If parents do not have internet access, they can request an application by contacting the WOA office at:

VISION USA – THE WISCONSIN PROJECT
6510 Grand Teton Plaza, Suite 312
Madison, WI 53719
Phone: 1-877-435-2020

If approved for the program, the applicant will be sent information to contact a specific, local participating eye doctor in order to schedule an eye exam. Each eligible child will receive a comprehensive eye exam at no cost to the patient. Whenever possible, the Wisconsin Optometric Association will work with local eye doctors and local labs to provide basic lenses, if needed.

THE NEED FOR VISION USA – The Wisconsin Project

Many low-income, working families in this country cannot afford vision and eye health care for their children. Because these families earn an income, they often fall between the cracks of government aid and private health care assistance. This is where VISION USA – The Wisconsin Project steps in and provides vision and eye care to children free of charge.

WOA believes the number of children who go without proper vision and eye health care in our country is unacceptable and will continue to encourage parents to have their children's eyes tested before they enter school. The members of the Wisconsin Optometric Association are proud to provide these benevolent services to the children of our state.

VISION USA – The Wisconsin Project
Hoja de Hechos

¿QUÉ ES VISION USA – The Wisconsin Project?

VISION USA – The Wisconsin Project ofrece servicios de cuidado de ojos sin ningún costo a niños menores de 18 años de familias trabajadoras de bajos ingresos de nuestro estado. Doctores de la visión y laboratorios ópticos participantes se han puesto de acuerdo para proveer sus servicios y productos para que los niños puedan continuar viviendo y **aprendiendo** sin sufrir de problemas comunes de visión o salud de los ojos. Este programa es coordinado por medio de la **Asociación Optométrica de Wisconsin** (En inglés, Wisconsin Optometric Association, WOA) y es independiente de cualquier otro programa como este, incluyendo los que son operados por medio de la Asociación Optométrica Americana (En inglés, American Optometric Association, AOA). WOA es una asociación sin fines de lucro consistiendo de doctores de optometría y no es afiliado con cualquier entidad estatal o gubernamental. Nota: *WOA no proporciona servicios para pacientes adultos por medio de este programa voluntario.*

¿QUIÉN ES ELEGIBLE PARA VISION USA – The Wisconsin Project?

Solicitantes elegibles deben de ser menores de 18 años y estar matriculados en la escuela, NO tener seguro médico que cubra visión y el cuidado de la salud de ojos y no haber tenido un examen de ojos por un doctor de ojos en los últimos 12 meses. Adicionalmente, los ingresos de la familia del solicitante deben de ser menos de los niveles establecidos por las Pautas Federales de Pobreza de los Estados Unidos calculadas al 200%, como establecidos por la Junta de Directores de VISION USA de acuerdo del tamaño del hogar. Los padres/tutores del solicitante al programa deben de trabajar por lo menos tiempo parcial.

¿CUÁNDO PUEDE APLICAR A VISION USA?

Las solicitudes se aceptan todo el año. WOA fuertemente recomienda que los estudiantes reciban un examen comprensivo de los ojos de un doctor de ojos con licencia antes del regreso a clases.

¿CÓMO SOMETER UNA SOLICITUD AL PROGRAMA?

Solicitudes en español e inglés pueden ser encontradas en el sitio web de WOA, www.woa-eyes.org, bajo Children's Programs y después VISION USA. El siguiente enlace envía a usuarios directamente a la página de VISION USA: http://www.woa-eyes.org/vision-usa-public. En la página de VISION USA, los padres/tutores encontrarán los requisitos del programa y tendrán acceso a la solicitud para imprimirla y someterla a WOA para consideración.

Si los padres no tienen acceso al internet, pueden pedir una solicitud al contactar la oficina de WOA al:

VISION USA – THE WISCONSIN PROJECT
6510 Gran Teton Plaza, Suite 312
Madison, WI 53719
Teléfono: 1-877-435-2020

Si es aprobado para el programa, el solicitante será enviado información para contactar un doctor de ojos participante específico y local, con fin de programar un examen de los ojos. Cada niño elegible recibirá un examen comprensivo de ojos sin ningún costo al paciente. Cuando sea posible, la Asociación Optométrica de Wisconsin trabajará con doctores de ojos y laboratorios locales para proporcionar lentes básicos si son necesarios.

LA NECESIDAD PARA VISION USA – The Wisconsin Project

Muchas familias trabajadoras y de bajos ingresos en este país no pueden pagar por el cuidado de visión y salud de ojos para sus hijos. Debido a que estas familias ganan un ingreso, frecuentemente caen entre las grietas de la ayuda del gobierno y asistencia privada de cuidado de salud. Aquí es donde VISION USA – The Wisconsin Project toma acción y proporciona cuidado de visión y salud de ojos para niños sin ningún costo.

WOA cree que el número de niños que viven sin cuidado adecuado de visión y salud de ojos en nuestro país no es aceptable y continuara animando a padres para que lleven a examinar los ojos de sus hijos antes de que entren a la escuela. Los miembros de la Asociación Optométrica de Wisconsin están orgullosos en proporcionar estos servicios voluntarios a niños en nuestro estado.

VISION USA – The Wisconsin Project
Patient Application Form

VISION USA – The Wisconsin Project is an independent program run by the Wisconsin Optometric Association (WOA), a non-profit association consisting of doctors of optometry that practice in Wisconsin. The program offers comprehensive eye care services to children age 18 and under who are from low income, working families and have no insurance which covers vision and eye health care. Applications will be accepted year-round, and if approved, the applicant will be sent information in order to contact a local doctor to set up an eye exam. It is the parent/guardian's responsibility to contact the doctor and make the appointment. Each eligible child will receive a free comprehensive eye examination. **Note: WOA volunteer doctors provide these services, and a participating doctor may or may not be available in your area.**

Eligibility requirements are as follows. Please read them carefully, to make sure your child qualifies:

1. Patients must be age 18 or under and enrolled in K-12 school in Wisconsin.

2. Patients must have NO insurance which covers eye care (this includes vision and eye health coverage through Medicaid, Blue Cross/Blue Shield, and BadgerCare). **If the patient has insurance that covers eye care, he or she will be denied an exam through VISION USA – The Wisconsin Project.**

3. Patients must NOT have had an eye exam provided *by an eye doctor* within the last 12 months of applying for the program. **If the patient has had an eye exam by an eye doctor within the 12 months of application, he or she will be denied an exam through VISION USA – The Wisconsin Project.**

4. Family income must be within an established level according to household size; this is based upon the U.S. Federal Poverty Guidelines. ****Parents or guardians must enclose either a copy of their most recent tax return, or a verification letter from the child's school stating that the child qualifies for free/reduced lunch. If proper income verification is not included with the application, the application will be returned to the parent/guardian.**

5. Parent or guardian of the child must be currently working at least part-time.

The applicant must meet ALL requirements to qualify for the program.

More than one person in each family may apply for a VISION USA exam, if eligibility requirements are met. Please submit one application per child. **For more information or to obtain an application in Spanish, please visit the VISION USA page on the WOA website, www.woa-eyes.org/vision-usa-public, or call 1-877-435-2020. Please note: WOA staff does not speak Spanish.**

Send this completed form, with requested information, to the WOA office at the following address:

VISION USA – The Wisconsin Project
6510 Grand Teton Plaza, Suite 312
Madison, WI 53719
Fax: 608-824-2205

Clear Vision, Bright Future!

VISION USA – The Wisconsin Project
Patient Application Form

VISION USA - The Wisconsin Project offers comprehensive eye care services at no cost to children age 18 and under, enrolled in school, who are from low income, working families and have no insurance which covers vision and eye health care. Services are donated by volunteer optometrists and may be limited in some areas. VISION USA – The Wisconsin Project is an independent program run by the Wisconsin Optometric Association, a non-profit association consisting of doctors of optometry that practice in Wisconsin. **Eligibility requirements must be met in order to qualify.**

You must answer ALL information and questions. **Incomplete applications will be returned or discarded.** Please complete one form for each child applying. PLEASE PRINT LEGIBLY.

Child's First Name: _____ Child's Last Name: _____

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ Zip: _____

Daytime Phone Number: (_____) _____

Child's Date of Birth: _____ Child's Social Security Number (***required for U.S. citizens**): _____

Child's Gender (circle one): Male Female Date child will/did enter kindergarten: _____

Please Answer All Questions Below (circle either "yes" or "no" for each question):

1. Is the applicant age 18 or under? (**required for approval**) YES NO
2. *Is the applicant a U.S. citizen? (**not required for approval**) YES NO
3. Does applicant have eye care coverage by any type of government or private health care insurance (ex. Medicaid, Medicare, Blue Cross/Blue Shield, BadgerCare)? (**If yes, applicant will be denied an exam through VISION USA – The Wisconsin Project**). YES NO
4. Has applicant had an eye examination at an *eye doctor's* office within the last 12 months? (**If yes, applicant will be denied an exam through VISION USA – The Wisconsin Project**). YES NO
5. What is the total number of people living in your household, including applicant? (**response required**) _____
6. What was your household's adjusted gross income last year? (**response required**) ** _____**
7. Is a parent or guardian of the above child currently working at least part-time? (**response required)** YES NO
8. Who referred you to this program? _____

****Please include a copy of your most recent federal tax return or school verification of the child's free/reduced lunch. This application will be returned, if income verification is not included. If it is discovered that applicant is ineligible for the program after the exam has taken place, the cost incurred will be the responsibility of the parent/guardian of that child.**

Your completed application form will be reviewed to determine your child's eligibility. If he or she qualifies for the program, you will receive a letter with information in order to contact a participating doctor in your area. If your child does not qualify, you will be notified in writing within two to four weeks of receipt of your application. **Please return the completed application to: VISION USA – The Wisconsin Project, 6510 Grand Teton Plaza, Suite 312, Madison, WI 53719.**

VISIÓN USA – The Wisconsin Project
El Formulario de Solicitud del Paciente

VISIÓN USA – The Wisconsin Project les ofrece los servicios básicos del cuidado de ojo a los niños de las edades de 18 y abajo, de las familias de ingresos bajos que trabajan actualmente, pero cuyos niños no tienen seguros médicos que cubren el cuidado de ojo. Las aplicaciones se aceptarán todo el año y si esté aprobado, el solicitante recibirá por correo la información para contactar a un doctor local a establecer un examen de ojo. Es la responsabilidad del padre/guardián para ponerse en contacto con el doctor y hacer la cita. Cada niño elegible recibirá un examen comprensivo gratuito de los ojos. La Asociación Optométrica de Wisconsin siempre tratará de trabajar con doctores de ojos locales y organizaciones de servicio tales como el Club de Leones, Rotatorio, etc. para proporcionar lentes básicos si es necesario. Una nota: doctores voluntarios proporcionan estos servicios y a un doctor que participe pueden o no pueden estar disponible en su área.

Los requisitos de la elegibilidad son los siguientes. Léalos con cuidado, por favor, para estar seguro que califica.

1. **El padre o el guardián de niño debe estar trabajando actualmente por lo menos a tiempo parcial (media jornada o "part time").**

2. **El paciente debe de tener 18 años o menos.**

3. **El paciente no debe tener un seguro médico que cubre cuidado de los ojos (Medicaid, Blue Cross / Blue Shield, BadgerCare). Si se descubre que el niño está cubierto por un seguro que cubre el cuidado de los ojos, y han recibido servicios a través del programa, la familia del niño o el tutor tendrá la responsabilidad financiera por el costo de los servicios de optometría.**

4. **El paciente no debe haber recibido un examen de ojo por un optometrista dentro de los últimos 12 meses.**

5. **Los ingresos de la familia deben estar debajo de un nivel establecido según el tamaño de la casa. **Padre o guardián debe de incluir, con la aplicación completada, una copia de su declaración de impuestos más reciente, o incluir comprobante de la escuela que el niño califica para almuerzo gratuito/reducido con la aplicación completada. Se devuelve la aplicación si uno de estas formas de comprobación de ingresos no está incluida.**

**El solicitante debe cumplir todos los primeros tres requisitos, a pesar del nivel de ingresos. Si ellos no encuentran estos tres requisitos, ellos no califican para el programa.

Más que una persona en cada familia puede solicitar un examen, si los requisitos de la elegibilidad se cumplen. Sométase por favor una aplicación separada para cada niño. Para más información, llame al 1-877-435-2020 (se habla inglés sólo). Mande esta forma completada con información solicitada a:

VISION USA – The Wisconsin Project
6510 Grand Teton Plaza Suite 312
Madison, WI 53719
1-877-435-2020 (Se Habla Ingles. Favor de llamar con un interprete)

Clear Vision, Bright Future!

VISION USA – The Wisconsin Project

El Formulario de solicitud paciente

VISION USA – The Wisconsin Project les proporciona los exámenes gratuitos de ojo a los niños de 18 años y menos que son de familias de ingresos bajos que trabajan. Los servicios son donados por optometristas voluntarios y pueden ser limitados en algunas áreas. Los requisitos de la elegibilidad se encuentran al lado anterior de esta aplicación.

Usted debe contestar TODA de la información y preguntas; las aplicaciones incompletas se desecharán. Complete una forma para cada niño que aplica. POR FAVOR ESCRIBE LEGIBLEMENTE.

Primer Nombre del Niño:_____ Apellido: _____

El Nombre de Padre/guardián: _____

Dirección: _____

La ciudad: _____Estado: _____ Código postal: _____

Número de teléfono: ( ) _____

La Fecha de Nacimiento de niño: _____ Número de seguro social (si tenga): _____

Sexo: (rodea uno) Femenino Masculino Fecha que entró el kinder: _____

Conteste por favor todas las preguntas abajo.

		YES	NO
1.	**¿Es el padres o tutor trabaja por lo menos a tiempo parcial?**	☐	☐
2.	**¿Es ciudadano americano el niño (No afecta su aprovacion para este programa**	☐	☐
3.	**¿Es el niño de 18 años o más jóvenes?**	☐	☐
4.	**¿ El niño tiene seguro médico (Medicaid, Medicare, Blue Cross/ Blue Shield, Badger care) que cubra cuidado de los ojos?**	☐	☐
5.	**¿Ha tenido el niño un examen de la vista por un optometrista/ oftalmólogo en lose últimos 12 meses?**	☐	☐
6.	**¿Cuantas personas viven en la casa/ familia incluso en niño?** _____		
7.	**¿Approximadamente cuanto fue su ingreso familiar el año pasado?** _____		
8.	**¿Quien lo refirió a este programa?**		

****Incluye por favor una copia mas reciente de sus ingresos, o una copia de la escuealde comprobante que el nino califica para el almuerzo gratuito/reducido. Esta aplicación se desechará si comprobación de ingresos no se incluye. Si se descubre que ese solicitante es inelegible para el programa después que el examen ha sucedido ya, el costo**

La forma completada se revisará para determinar su elegibilidad. Si usted califica, recibirá una carta con información a contactar a un doctor que participa en su área. Si usted no califica, usted será notificado por escrito dentro de 2-4 semanas de recibo de su aplicación. Por favor regrese la aplicación completa a: **VISION USA – The Wisconsin Project; 6510 Grand Teton Plaza Ste 312, Madison, WI 53719**

State of Wisconsin
Department of Regulation and Licensing

KINDERGARTEN EYE HEALTH EXAMINATION REPORT

Student's Name _____ Birth Date _____ Sex _____

Parent or Guardian _____ Phone _____

Address _____ County_____

School/Kindergarten _____ City _____

Date entering Kindergarten _____

The State of Wisconsin encourages parents of Kindergartners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below. (By checking the box, the examining doctor is indicating that the element checked was performed.)

- ❒ Brief history (general health and eye health) of the child, including family history
- ❒ General external observation of the child's eyes and surrounding structures
- ❒ Ophthalmoscopic examination through an undilated pupil
- ❒ Gross measurement of peripheral vision
- ❒ Evaluation of eye coordination and function (alignment and motility)
- ❒ Visual acuity for each eye (separately)

Findings:

As a result of this examination, follow-up care for the child is recommended: ❒ Yes ❒ No

Date of examination:

_____

Doctor/Physician Signature:

_____

Print or stamp:
Doctor/Physician Name
Address
Phone

IMPORTANT NOTICE TO PARENTS

This examination is not required by law. Disclosure of the information noted above is necessary to comply with the statutory purpose as outlined in s. 118.135, Wis. Stats.

Disclosure of this information is voluntary and there is no penalty for non-compliance.

You are encouraged to provide a copy of this form to the school and keep a copy for your record.

Consent of parent or guardian: I agree to release the above information on my child to appropriate school authorities and consent to my child obtaining an eye examination.

Signature _____

Date _____

#2540 (2/02)
s. 118.135, Stats.

State of Wisconsin
Department of Regulation and Licensing

INFORME DEL EXAMEN DE SALUD DE LOS OJOS PARA KINDERGARTEN
(KINDERGARTEN EYE HEALTH EXAMINATION REPORT)

Nombre del Alumno_____ Fecha de Nacimiento_____ Sexo _____

Padre/Madre o Guardián _____Numero de Teléfono _____

Dirección _____

Ciudad_____Condado_____

Escuela/Kindergarten _____Fecha de Ingreso_____

==========

To be completed by the examining doctor

The State of Wisconsin encourages parents of Kindergartners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below. (By checking the box, the examining doctor is indicating that the element checked was performed.)

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- ❒ Gross measurement of peripheral vision
- ❒ Evaluation of eye coordination and function (alignment and motility)
- ❒ Visual acuity for each eye (separately)

Findings:

As a result of this examination, follow-up care for the child is recommended: ❒ Yes ❒ No

Date of examination:

_____

Doctor/Physician Signature:

_____

Print or stamp:
Doctor/Physician Name
Address
Phone

AVISO IMPORTANTE A LOS PADRES DE FAMILIA

Este examen no es requerido por ley. La información anotada abajo es necesaria para cumplir con los requisitos establecidos en la sección 118.135 de los estatutos del Estado de Wisconsin.

El proporcionar esta información es voluntario y no hay niguna sanción si usted no la proporciona. Le sugerimos que entregue una copia de esta forma a la escuela y que usted se quede con otra copia.

Consentimento de padre/madre o guardián:
Estoy de acuerdo en proporcionar la información sobre mi hijo/a a las autoridades apropiadas de la escuela y estoy de acuerdo que mi hijo/a reciba el examen de los ojos.

Firma_____

Fecha_____

A Teacher's Guide to Vision

What Every Teacher Should Know About Their Students' Vision & Eye Health

- 80 percent of all learning during a child's first 12 years of life is obtained through vision.
- Per the American Optometric Association (AOA), approximately 60 percent of students identified as "problem learners" have undetected vision problems.
- Children with vision problems may not recognize they have difficulty seeing because they have "always seen this way," or, changes in their vision are so gradual that they go unnoticed.
- A school vision screening or a pediatrician's test is not a substitute for a comprehensive eye examination from an eye doctor.
- According to the AOA, vision screenings are not diagnostic, and therefore, typically identify only a small portion of the vision problems in children.

Signs that a child may be experiencing vision difficulties:

- Trouble finishing written assignments
- Often loses place or skips words when reading
- Makes errors when copying from the board
- Holds reading material close to the face
- Rubs eyes
- Does not perform to potential
- Uses finger to hold their place
- Avoids close work
- Complains of frequent headaches
- Adjusts head to use one eye
- Reverses letters or words while reading or writing
- Omits or confuses small words while reading

If you think a child in your classroom may have a vision problem, please alert parents

- Most vision screenings check only to determine how well a person can see at a distance. Vision exams, however, are much more thorough.
- A comprehensive eye exam includes tests to determine nearsightedness, farsightedness, astigmatism, eye coordination and eye muscle function, eye focusing abilities.
- If vision problems are missed during crucial times in development, a child's eye health, development, and learning performance may be negatively affected.
- The Wisconsin Optometric Association (WOA) provides care at no cost to qualifying children who cannot afford exams or glasses. Please see enclosures regarding the VISION USA – The Wisconsin Project program.

As an educator, you play an important role in the future success of the students you teach. Oftentimes, you are the first one to notice vision/learning problems in the classroom. Vision has a direct effect on how well a child learns. If left untreated, vision problems can result in serious learning difficulties and behavioral issues.

BASIC VISION SKILLS NEEDED FOR SUCCESS IN SCHOOL

Near Vision	The ability to see clearly and comfortably at 10-13 inches
Distance Vision	The ability to see clearly and comfortably beyond arm's reach
Binocular Coordination	The ability to use both eyes together
Eye Movement Skills	The ability to aim the eyes accurately, move them smoothly over a page, and shift them quickly and accurately from one object to another
Focusing Skills	The ability to keep both eyes accurately focused at the proper distance to see clearly and to change focus quickly
Peripheral Awareness	The ability to be aware of things located to the side while looking straight ahead
Eye/Hand Coordination	The ability to use the eyes and hands together

A Lesson in Vision and Reading

Important Terms and Definitions

Visual Acuity. Visual acuity is the ability to see objects clearly. It is usually the only skill assessed in a school vision screening. The typical school eye chart is designed to be seen at 20 feet and measures how well or poorly the child sees at that distance. If a problem is discovered in the screening, the child should be referred for a thorough optometric examination.

Visual Fixation. Fixation is the skill utilized to aim the eyes accurately. Static fixation is the ability to focus on a stationary object when reading a word or working a math problem. Saccadic fixation is the ability to move the eyes quickly and accurately across a page to read a line of print. Pursuit fixation is the ability to follow a moving object with the eyes. These complex operations require split-second timing for the brain to process the information received and to track the path of the moving object**.**

Accommodation. Accommodation is the ability to adjust the focus of the eyes, as the distance between the individual and the object changes. Children frequently use this vision skill in the classroom as they shift their attention (and focus) between their books, the chalkboard, and computer for sustained periods of time. Being able to maintain focus for sustained periods of time is important for reading, writing, and taking tests.

Binocular Fusion*.* Binocular fusion refers to the brain's ability to gather information received from each eye separately and form a single, unified image. A child's eyes must be precisely aligned or blurred; otherwise, double vision, discomfort, confusion, or avoidance may result. If that occurs, the brain often subconsciously suppresses or inhibits the vision in one eye to avoid confusion. That eye may then develop poorer visual acuity (known as amblyopia, or 'lazy eye').

Convergence*.* Convergence is the ability to turn the two eyes toward each other to look at a close object. School desk work is one instance in which a child depends on this vision skill.

Field of Vision*.* Field of vision is the wide area over which vision is possible. It is important that a child be aware of objects in the periphery (left and right sides, up and down) as well as in the center of the field of vision. Near central or para-central vision is important for reading ability.

Perception. Visual perception is the total process responsible for the reception and understanding of what is seen. Good visual perception is necessary for successful school achievement. Form perception is the ability to organize and recognize visual images as specific shapes. The shapes the child encounters are remembered, defined, and recalled when development of reading skills begins. Regular optometric care can help assure that a child will have the visual skills necessary for successful classroom performance.

Treating Reading-Related Vision Problems. The optometrist examines these vision skills and determines how well the child is using them together. When a vision problem is diagnosed, the optometrist can prescribe glasses, vision therapy, or both. Vision therapy has proved quite effective in treating reading-related vision problems. It involves an individualized program of training procedures designed to help a child acquire or sharpen vision skills that are necessary for reading.

Treating Reading Problems. Because reading problems usually have multiple causes, treatment must often be multidisciplinary. Educators, psychologists, optometrists, and other professionals must confer and work together to meet each child's needs. The optometrist's role is to help the child overcome the vision problems interfering with the ability to read. Once this is accomplished, the child is then more capable of responding to special education efforts aimed at treating the reading problem itself.

Introduce Your Students to Eye Care. What could be a better learning tool than having an optometrist visit your classroom for a guest lecture about vision? Or perhaps, a field trip to the local eye doctor's office?

Give your class some firsthand knowledge about proper eye care, safety, and eye exam procedures. An eye doctor can make students aware of the problems that come with poor vision, such as headaches, dizziness, blurred vision, squinting, etc., and tell them how to protect their precious eyesight from injuries related to sports, sun, and everyday life!

The Wisconsin Optometric Association can help you connect with an optometrist in your area. Please call 877-435-2020 for a recommendation.

The Wisconsin Optometric Association (WOA) and Wisconsin Foundation for Vision Awareness (WFVA) recommend that every child receive a comprehensive eye examination before starting school and afterwards on a schedule recommended by an eye doctor. ***The WOA and WFVA are dedicated to working with Wisconsin schools to ensure that all children receive regular eye exams. For more information on children's vision and free eye exams for children who cannot afford care, call 1-877-435-2020.***

Wisconsin
Department of Health Services

Mumps- Wisconsin 2016

Updated 2/5/2016

Cases by Year (Confirmed)

Year	2006	2007	2008	2009	2010	2011	2012	2013	2014[1]	2015	2016
Number of cases	842	54	6	8	4	4	8	0	53	45	1

2015 Cases
2 sporadic cases reported with onsets between Jan. 1- Aug. 30, 2015
43 cases associated with the outbreak occurred in 2015.

Outbreak Period (Since Sept. 18, 2015): 44 cases
10/44 (23%) of the cases have reported close contact with an individual with laboratory confirmed mumps prior to onset.
No new cases have been reported for the past two weeks.

Affected counties:

Grant county	Dane county
Walworth county	Milwaukee county
Rock county	Lafayette county
Jefferson county	Watertown

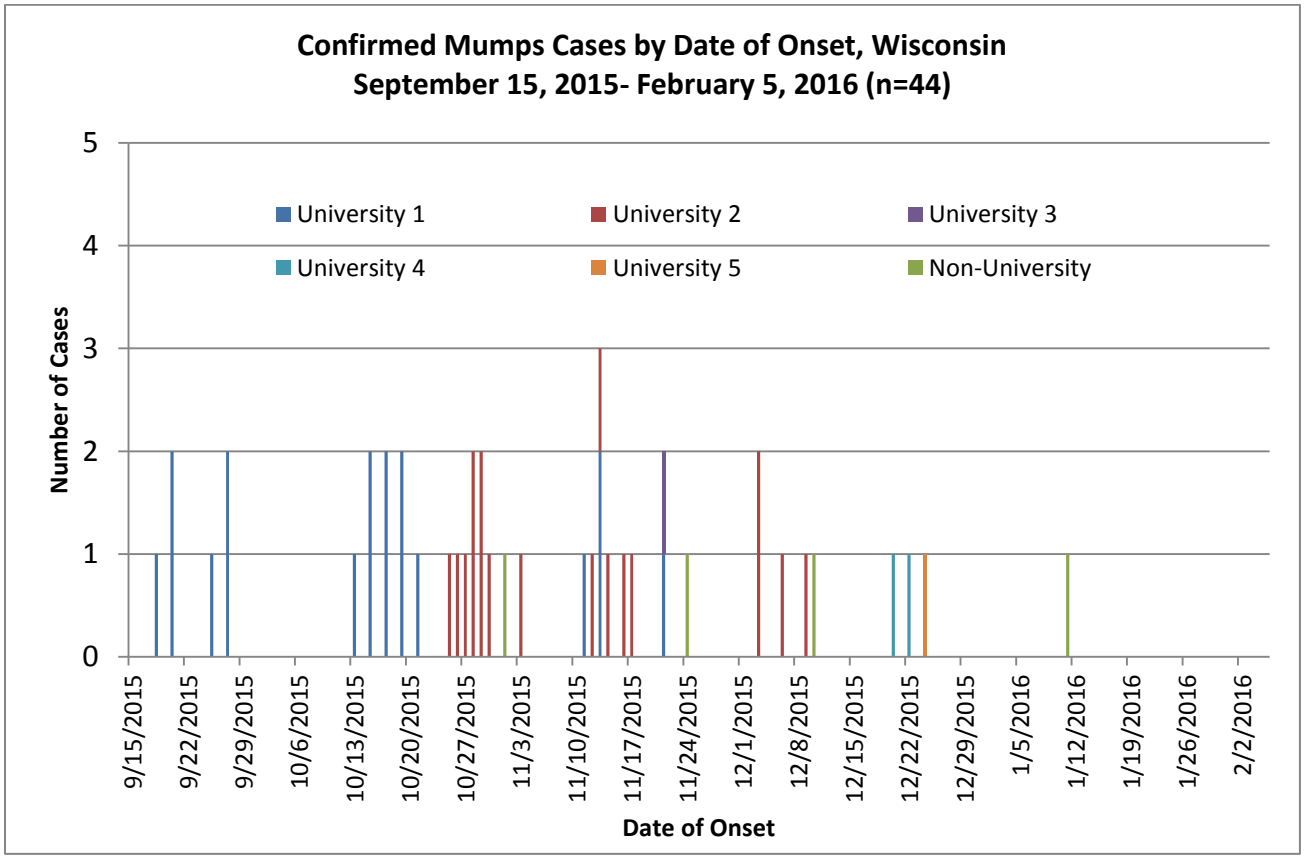
Affected Universities: UW Whitewater, UW Platteville, UW Milwaukee, UW Madison and Madison College.

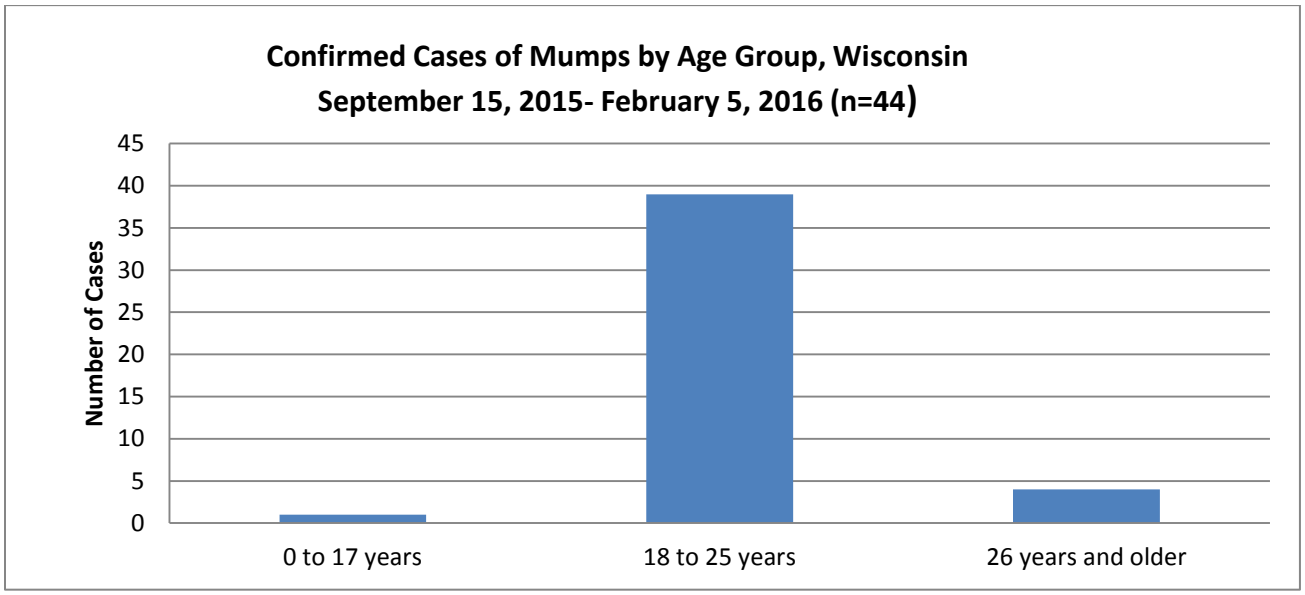
Complications: 3 hospitalizations and 2 with orchitis
Average time from onset of parotitis to specimen collection: 1.5 days (range 0-5)

Vaccination Status:

≥2 Doses of MMR	29 (66%)
1 Dose of MMR	4 (9%)
0 Doses of MMR	3 (7%)
Unknown/Under Investigation	8 (18%)

Wisconsin
Department of Health Services





Wisconsin
Department of Health Services

What test should be done if mumps is suspected?

PCR is the preferred diagnostic test for mumps. Buccal swabs for PCR testing should be collected as soon as possible after symptom onset (ideally within 3 days of the onset of parotitis onset, but not more than 9 days after onset). Information on proper technique for collecting a buccal swab can be found on the CDC website: http://www.cdc.gov/mumps/lab/detection-mumps.html

The Wisconsin Division of Public Health requests that all samples collected from suspect cases of mumps be sent to the Wisconsin State Lab of Hygiene (WSLH) for testing. Specific guidance for the submission of the samples to the WSLH can be found at: http://www.slh.wisc.edu/mumps-testing-guidance/ The WSLH Customer Service phone number is 800-862-1013.

In addition, the WSLH is requesting that two swabs are collected from individuals suspected of having mumps: a buccal swab for mumps testing and a nasopharyngeal swab for influenza and respiratory testing (see the following memo for more information**:** https://www.dhs.wisconsin.gov/influenza/testing-parotitis.pdf)

Q: Some people who have had both doses of the recommended MMR vaccine are still getting mumps. Why is this happening if the mumps vaccine is effective[2]?

A: During mumps outbreaks in highly vaccinated communities, the proportion of cases that occur among people who have been vaccinated may be high (see example below). This should not be interpreted as meaning that the vaccine is ineffective. The way to assess the effectiveness of the vaccine is by comparing the attack rate in people who are vaccinated with the attack rate in those who have not been vaccinated. In outbreaks in highly vaccinated populations, the relatively few people who have not been vaccinated against mumps usually have a much greater mumps attack rate than those who have been fully vaccinated. During the outbreak in 2006, most of the mumps cases occurred in those who had received 2 doses of the MMR vaccine because most of the affected population had received 2 vaccine doses. However, the attack rate was much higher in the unvaccinated people, and 2 doses of the vaccine were estimated to be 88% (range: 66-95%) effective in preventing mumps.

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[1]The case definition changed as of 2014; counts only include cases confirmed by PCR.
[2]Excerpt from the Centers for Disease Control and Prevention website located at: **http://www.cdc.gov/mumps/outbreaks/outbreak-providers-qa.html**

My Feelings Matter Poster Contest

The Children's Mental Health Matters Coalition, a group of parents and professionals dedicated to promoting children's mental health, is teaming up with community partners throughout Wisconsin for a youth poster contest.

Creating artwork is one way to support the development of children's social emotional health. The theme of the poster contest is ***My Feelings Matter.*** The contest commemorates National Children's Mental Health Awareness week in May and highlights its importance all year round.

Teachers, parents and caregivers may use this activity as a way to encourage youth to create art about their feelings and to conduct age-appropriate conversations about the importance of mental health.

For more information and resources on how to promote positive mental health for all children, check out the community toolkit: http://wisconsinknowschildrensmentalhealthmatters.wordpress.com/promote-social-emotional-well-being-2

Entry age groups eligible to participate:

- Preschoolers
- K-2nd grade
- 3rd grade-5th grade
- 6th grade-8th grade
- High school

A prize will be awarded to a winner in each category and winning posters will be displayed at conferences and events. Prizes will not be awarded to participants in consecutive years.

Questions? Contact Kathie Snitker-Magin ksnitker-magin@wiaimh.org or Phyllis Greenberger PhyllisG@drwi.org

All posters must meet the following standards:

- ☐ Posters will be accepted from February 1, 2016 and March 18, 2016 (must be postmarked by 3/18/16)
- ☐ All posters must express the theme: ***My Feelings Matter***
- ☐ Paper size **MUST BE**: 11 inches X 17 inches.
- ☐ Posters must be original artwork, and may contain multi-media components.
- ☐ Posters must be created by one individual (no group posters will be accepted).
- ☐ Clear and readable text may be included. Text may be written by the youth or dictated to an adult.
- ☐ Using celebrities, cartoons, video games, characters, or other copyrighted images is not allowed.
- ☐ DO NOT sign the front of the poster.
- ☐ A **FULLY COMPLETED & LEGIBLE** registration form must be taped (not glued) to the back of each poster.
- ☐ Only one (1) entry per youth will be accepted.
- ☐ Posters will not be returned and may be used for future promotional purposes.
- ☐ Parents and teachers may submit an entry on a youth's behalf.
- ☐ Any photographs included on the poster must be the property of the artist.

*****Posters that do not meet these standards will not be considered*****

Original posters must be mailed to:

Wisconsin Alliance for Infant Mental Health
133 South Butler Street
Suite 340
Madison, WI 53703

My Feelings Matter
Poster Contest

The Children's Mental Health Matters Coalition will determine the finalists in each category. Finalists will be posted at http://wisconsinknowschildrensmentalhealthmatters.wordpress.com/ Winners will be selected by a popular vote through the blog.

Notification of Winners:
The prize winners will be notified by email on April 18, 2016, and will be celebrated at an event in Madison on May 5, 2016. Winning posters will be used to promote Children's Mental Health Awareness Week (May 2-May 5, 2016) and its importance year-round.

Contest Entry Form

Form must be completed in order to be considered

Student Name	
Grade Level and Age	
School or Organization (if applicable)	
County/Tribe	
Where did you hear about this contest?	
Parent/Guardian Name	
Parent/Guardian Address	
Parent/Guardian Telephone	**( ) -- _____ -- _____**
Parent/Guardian Email	
Parent/Guardian Signature*	**X**

How does your poster fit the theme?

Please describe your work of art in 100 words or less (optional):

I give my permission for this entry to be used in promotional materials _____ (*parent initials*)

**By entering the Children's Mental Health Matters Coalition ("Coalition") Poster Contest, entrants and their parents or legal guardians agree to:*

1. Abide by the standards listed on page 1.
2. Provide all information requested on entry form. Incomplete applications will not be considered.
3. Be bound by the decisions of the judges and/or the Coalition, which are final and binding on all matters relating to the contest.
4. All entry materials become the sole property of the Coalition upon submission. Entries will not be returned. The Coalition will own and have unrestricted use of entries, including but not limited to free and unlimited rights of the Coalition, its agents, and partners to use, modify, reproduce, publish, publically distribute, use in fundraising efforts, and publically display the entrant's artwork.
5. Accept all risk and consequences of entry and participation in the contest and agree to release and hold harmless the Coalition, its agents, and partners from any and all liability, losses, damages, and costs and expenses arising from or related to this contest.
6. Allow the use of the contestant's name, information, and photograph in connection with advertising and promotional materials and activities for this contest without further permission and without compensation of any kind.
7. Acknowledge that the Coalition reserves the right to suspend or cancel the contest, in its sole discretion, at any time.

Children's Hospital of Wisconsin
Herma Heart Center

Project ADAM®
SAVES LIVES

Project ADAM Wisconsin Heart Safe Schools

Project Background:

After Adam Lemel lost his life on the basketball court on January 22nd 1999, the Lemel Family and Children's Hospital of Wisconsin teamed up and decided we were not going to lose more lives in schools and communities. The day Adam died, he had a *Sudden Cardiac Arrest* and his heart went into ventricular fibrillation, meaning he had an irregular heartbeat. The chain or survival was not in place that day as an AED was not available when he collapsed on the basketball court.

Since inception of our program in 1999 we have provided schools with Project ADAM PAD (Public Access Defibrillation) manuals to aid in building school CPR-AED programs, provided grant funding totaling over $425,000 to support CPR-AED training in Wisconsin schools and placed over 350 AEDs in partnership with the Wisconsin Masonic Medical Foundation. Project ADAM has also built partnerships with various organizations and school districts throughout Wisconsin and was instrumental in the implementation of our affiliate MPS Heart Safe Schools program which is nationally recognized for its comprehensive efforts to place AEDs and maintain CPR-AED trained staff in all buildings. There is a desired need by the Project ADAM Wisconsin Advisory Board to develop a tangible program we can re engage Wisconsin schools in.

Based on assessment by the Project ADAM Administrator through attendance at state conferences, communication with school contacts and nurses, most Wisconsin high schools and many elementary schools have AEDs within their school buildings; however there are not accurate numbers to report on the current state of AED existence in schools in Wisconsin, a future assessment can be conducted. An identified area of improvement for cardiac emergency preparedness to couple with continued AED placement is ensuring schools have an established cardiac emergency response team (at least 5-10 CPR-AED trained individuals), a written cardiac emergency response plan and practiced cardiac emergency response drills. The Heart Safe Schools program and toolkit will provide a streamlined communication system between schools and Project ADAM as well as provide uniform cardiac emergency preparedness resources for all Wisconsin schools.

Project Description:

Project ADAM Wisconsin Heart Safe Schools is a **recognition** and **awareness** program available for any Wisconsin school to participate in. The recognition portion of the program includes completion of a comprehensive school CPR-AED program checklist to track school readiness to respond to a cardiac emergency. Schools completing this form will be recognized in the form of a framed certificate and listing on our website. The awareness portion of our program will build awareness around sudden cardiac arrest signs and symptoms and how to properly respond in the school setting. Project ADAM CPR-AED and Sudden Cardiac Arrest awareness trainings will be available to spread school all staff awareness.