

CORE SERVICES MONITORING REPORT

(To be completed by school)

SCHOOL _____

	YES*	NO**	Explanation
EMERGENCY PREPAREDNESS Are all the criteria met? Provide names of staff with current CPR card (minimum 2 names)			
MEDICATION ADMINISTRATION Are all the criteria met? Provide names of staff who are trained to administer medication (minimum 2 names)			
HEALTH ROOM Are all the criteria met?			
HEALTH SCREENING Have the required screenings, based on grade level, been performed or scheduled? Provide names of staff responsible for vision, hearing and BMI screenings (minimum 2 names per screening)			
UNIVERSAL PRECAUTIONS Have all staff members viewed the Bloodborne Pathogens DVD and the Flu CD?			

Person Completing Form _____

Date Completed _____

Reviewed by Principal _____ - Yes _____ - No

* All criteria listed in Attachment A must be met.

** If a criterion is not met, list in the Explanation Section along with the Corrective Action(s) to be implemented to achieve compliance.

Fax completed form to Health Education Services at 754-321-2743 by August 31st of each school year.

Revised 2012