



Public Schools of North Carolina
State Board of Education
Department of Public Instruction

Report to the Joint Legislative Education Oversight Committee

Diabetes Care Plans (Implementation)
SL 2002-103, sec.3 G.S. 115C-47
(SB911)

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Overview of SB 911-G.S. 115C-47

Overview

G.S. 115C-47 was amended by adding a new subdivision which states that the State Board of Education shall adopt guidelines for the development and implementation of individual diabetes care plans. Thus, Session Law 2002-103, Senate Bill 911-G.S. 115-47-Care for School Children with Diabetes, was signed into law September 2002. These guidelines were to be developed with consultation from the North Carolina Diabetes Advisory Council and local school administrative unit employees who have been designated as responsible for coordination and compliance under Section 504. When writing these guidelines, the State Board was to refer to the American Diabetes Association for the management of children with diabetes in the school and day care setting and include the following:

- Procedures for the development of an individual diabetes care plan at the written request of the student's parent/guardian;
- Procedures for the regular review of an individual care plan;
- Information to be included in a diabetes care plan, including the responsibilities and appropriate staff development for teachers and other school personnel, and emergency care plan, the identification of allowable actions to be taken, the extent to which the student is able to participate in the student's diabetes care and management, and other information necessary for teachers and other school personnel in order to offer appropriate assistance and support to the student;
- Information and staff development to be made available to teachers and other school personnel in order to appropriately support and assist students with diabetes.

As required, the State Board of Education adopted the guidelines under Section 1 on January 9, 2003. These guidelines require that implementation in the LEAs begin with the 2003-2004 school year.

Development of the Guidelines

A committee of twenty members was formed consisting of school nurses, counselors (504 coordinators), diabetes educators, Department of Public Instruction staff, Department of Health and Human Services staff, parents, and a community representative (see Appendix 11). This committee was divided into three sub-committees: 1) parental involvement, 2) care plan development, 3) staff development. Three meetings were held to establish the guidelines that were recommended for State Board Adoption.

Implementation Overview

Parent/Guardian Responsibilities Forms were designed for parents to request the development and implementation of an individual diabetes care plan and to identify parent/guardian responsibilities. The parental request form stipulates that it is the parent's responsibility to provide a diabetes care plan reviewed by a health care provider to the school prior to the student receiving any medical services other than self care, parent care, and Emergency Medical Services (911) at school. The Parent/Guardian Responsibilities form identifies all of the necessary information and supplies that will need to be provided by the parent for optimal care of the student. These forms will be distributed with the Diabetes Care Plan template, Quick Reference Plan, and School Responsibilities Form in a packet that will be distributed to all students prior to enrollment, all students who are known to have diabetes at the close of each school year, diabetes educators, pediatric offices and local health departments. This information will also be available on websites of The Department of Public Instruction, North Carolina Healthy Schools, and the Department of Health and Human Services, Diabetes Branch.

Care Plan The Individual Diabetes Care Plan Template was designed by referencing and adapting different components from multiple plans that other states, local school districts, and the American Diabetes Association have used. The Individual Diabetes Care Plan includes student information, parent/guardian contact information, emergency contact and health care provider contact information. The Care Plan outlines general symptoms and behaviors specific to the student, which are signs of diabetes emergencies. The Care Plan identifies precise instructions for treatment during each type (hyperglycemia-high blood sugar levels and hypoglycemia-low blood sugar levels) of emergency. Instructions for blood sugar monitoring, insulin administration, food and exercise specifications are also identified in the Care Plan. The plan must be signed by the parent/guardian, reviewed and signed by the health care provider and approved by the school.

A Quick Reference Plan was also recommended which includes background information on diabetes and allows a quick outline of the student's symptoms of an emergency and how to manage each type of emergency. It was proposed that this plan be readily available to all of the student's teachers, substitute teachers, bus drivers, coaches, chaperones on a field trip, and leaders of after school activities in which the student with diabetes is involved.

School Responsibilities

Responsibilities of each school that serves children with diabetes include:

- Implementation of the Individual Diabetes Care Plan;
 - General Training (recognizing the symptoms for diabetes emergencies) for all school personnel who provide education or care for the student;
 - Intensive Training for at least two staff members which will include testing of blood sugar levels, administration of glucose and glycogen in an emergency, testing urine or blood for ketones;
 - Knowledge of the student's snack and meal schedule and making accommodations as needed;
 - Provide immediate access to diabetes supplies and assistance of trained staff members;
 - Provide an appropriate location as requested by the student or parent for necessary procedures in self care and management;
 - Provide the student with permission to seek medical help, eat a snack and access water, test blood sugar levels, miss school without consequences, as outlined by LEA policy (with a note from the health care provider), and use the restroom when necessary.
-

Training and Implementation

Staff training and development were deemed as crucial to the initial and ongoing implementation of SB 911. The following steps were taken to insure implementation in all LEAs and Charter Schools.

- Six regional Master Trainer sessions were held in May 2003 to help prepare the Charter School Representative and the LEAs' 504 Coordinator and Registered Nurse or other Health Professional to implement the training plan for at least two school staff members in intensive training and all school staff members in general training. The Blue Cross and Blue Shield Foundation of North Carolina supported the master training, titled Diabetes Awareness, Training, and Action (DATA) Program, with a gift of seventy-five thousand dollars.
- Forms to facilitate implementation of the law were distributed to known students with diabetes and other parents/guardians were notified of the required information related to SB 911.
- Charter School Master Trainer or LEA 504 Coordinator Master Trainer were charged with conducting general training for 504 contacts from all schools sites where children with diabetes are enrolled who then became responsible for conducting general training to all staff in his/her school (using a train the trainer format).
- Charter School Master Trainer or LEA RN Master Trainer or Certified Diabetes Educator were charged with conducting Intensive Training for at least two Diabetes Care Managers (DCM) from each school for providing emergency care at school sites where children with diabetes are enrolled.
- School 504 Contacts or other person conducts general training for all school personnel within the specific schools.
- A collaboration between the North Carolina Department of Public Instruction, North Carolina Department of Health and Human Service, Wake Forest University Medical Center, and Wake AHEC guided the training materials development, workshop design, curriculum duplication and distribution, as well as technical assistance on implementation of the law.
- Each school in North Carolina received a CD-ROM of the Diabetes Awareness Training and Action (DATA) program materials.

All General Training and Intensive Training sessions must be completed before the 2003-2004 school year starts.

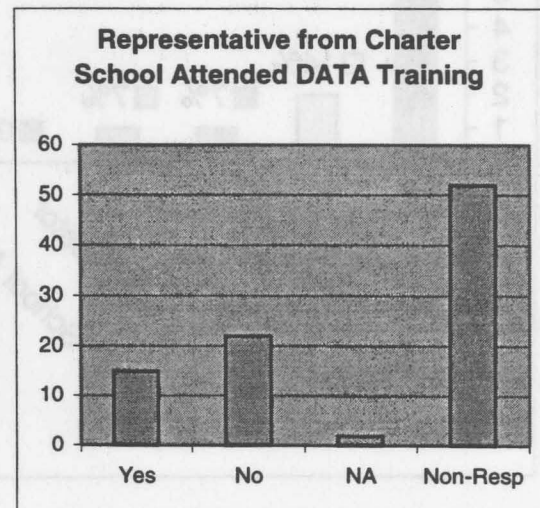
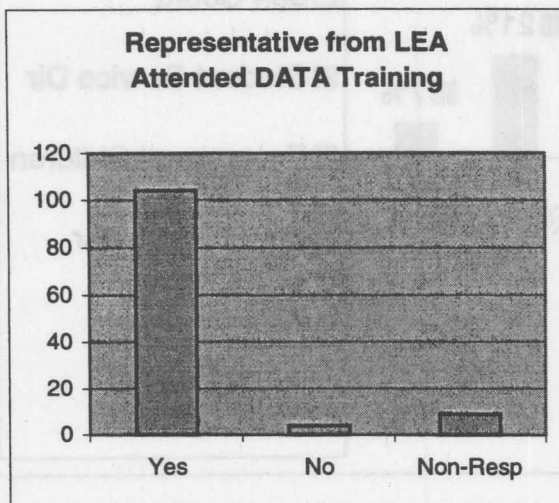
Survey Responses from Local School Districts

Overview

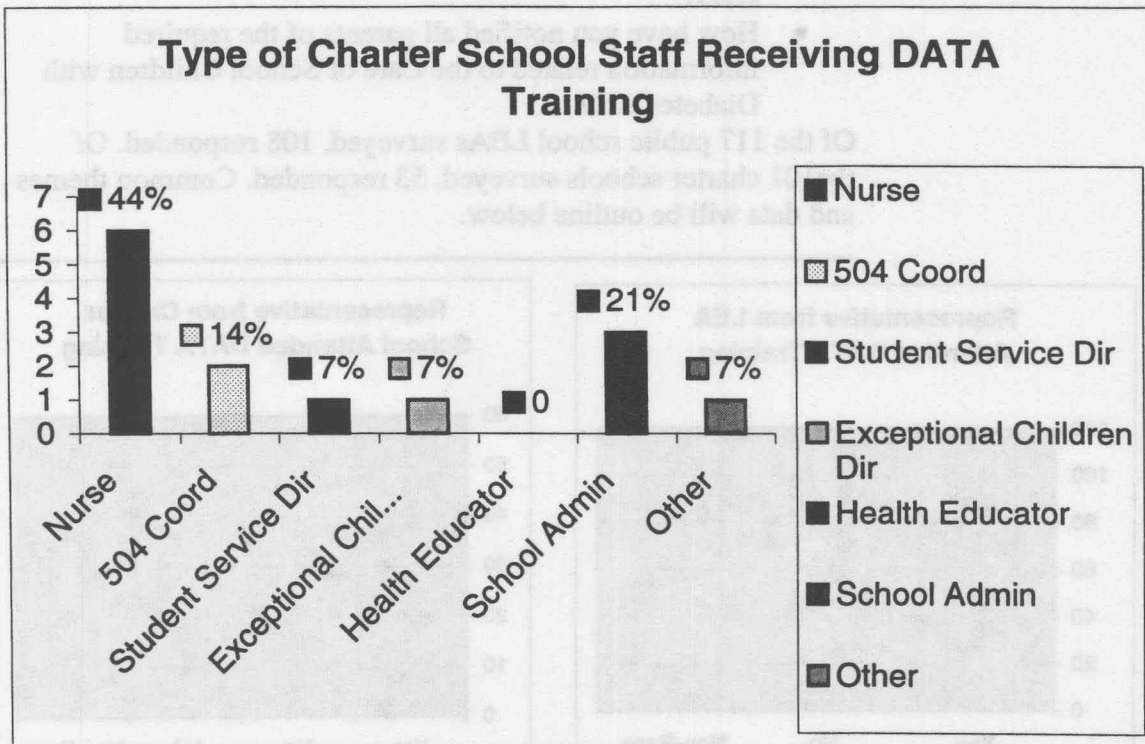
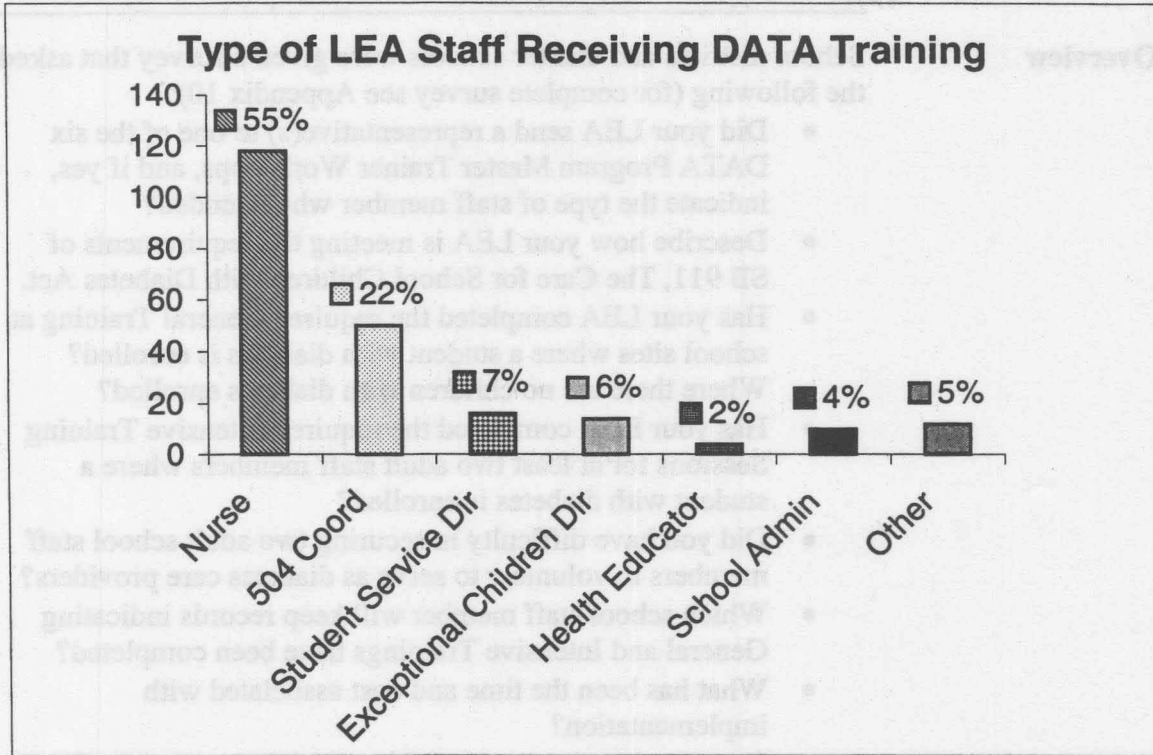
School districts and charter schools were given a survey that asked the following (for complete survey see Appendix 10):

- Did your LEA send a representative(s) to one of the six DATA Program Master Trainer Workshops, and if yes, indicate the type of staff member who attended?
- Describe how your LEA is meeting the requirements of SB 911, The Care for School Children with Diabetes Act.
- Has your LEA completed the required General Training at school sites where a student with diabetes is enrolled? Where there are no children with diabetes enrolled?
- Has your LEA completed the required Intensive Training Sessions for at least two adult staff members where a student with diabetes is enrolled?
- Did you have difficulty in securing two adult school staff members to volunteer to serve as diabetes care providers?
- Which school staff member will keep records indicating General and Intensive Trainings have been completed?
- What has been the time and cost associated with implementation?
- How would you rate the diabetes training materials (DATA notebook, CD-ROM and School CD) provided to your LEA?
- How have you notified all parents of the required information related to the Care of School Children with Diabetes Act?

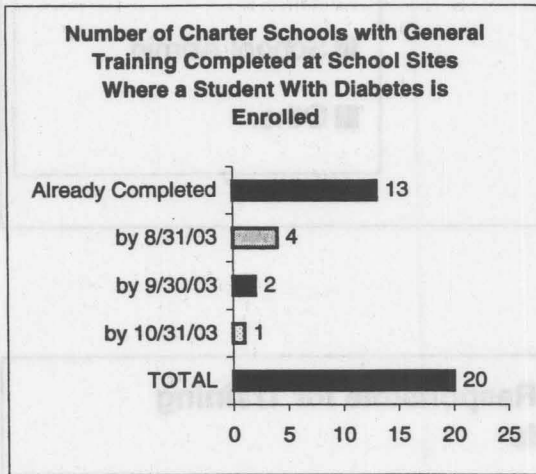
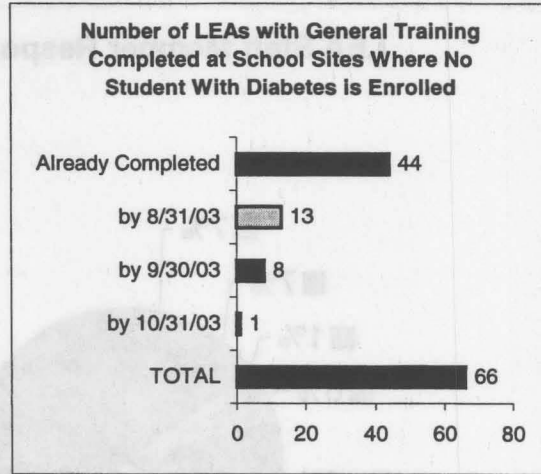
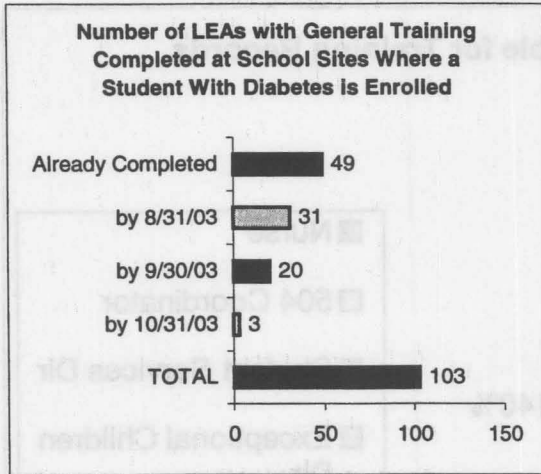
Of the 117 public school LEAs surveyed, 108 responded. Of the 101 charter schools surveyed, 53 responded. Common themes and data will be outline below.



Type of LEA and Charter School Staff Attending DATA

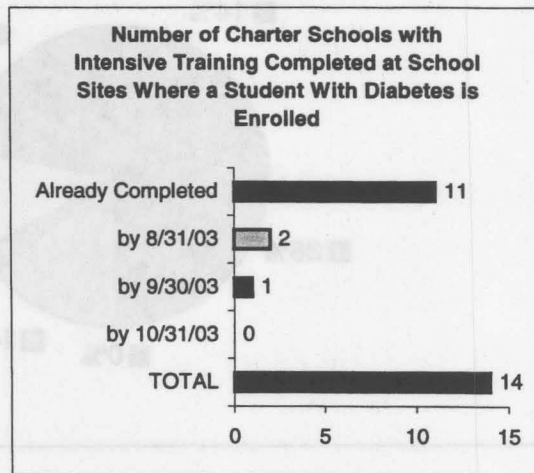
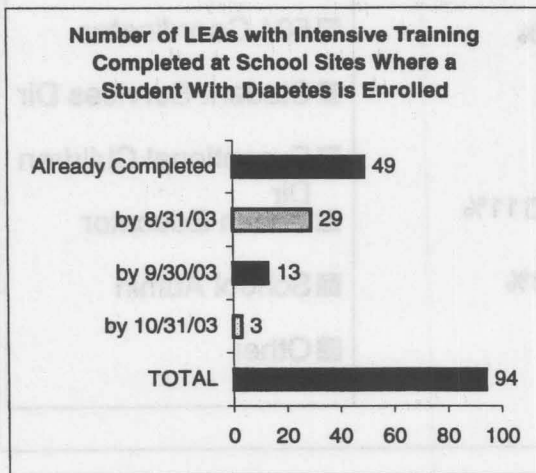


General Training Reported at LEAs and Charter Schools

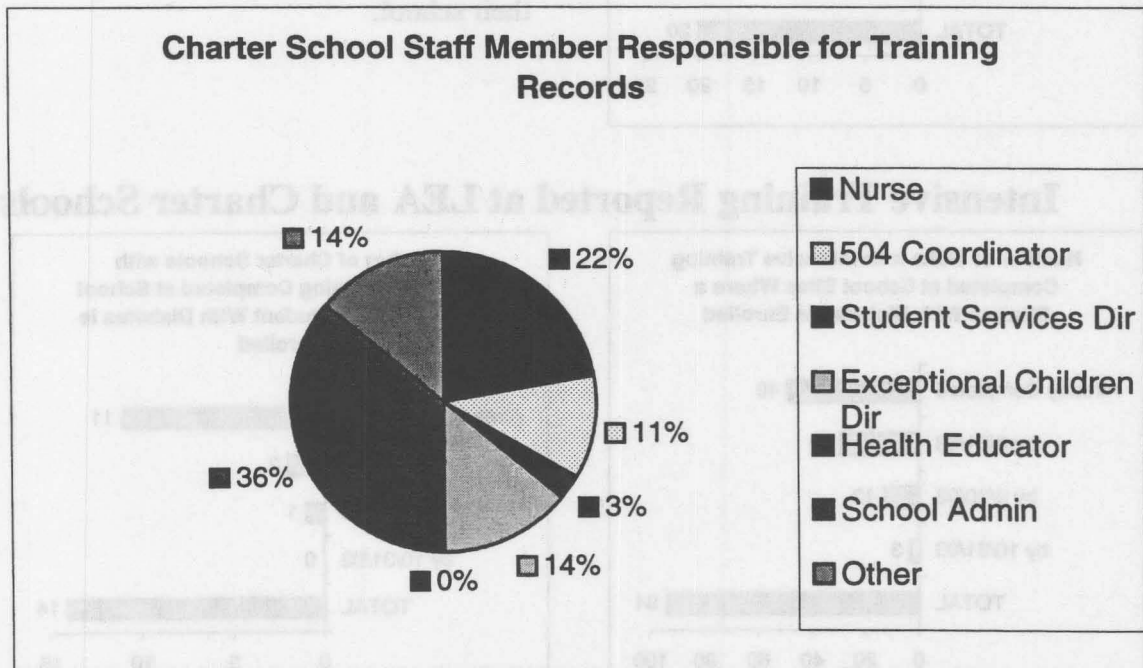
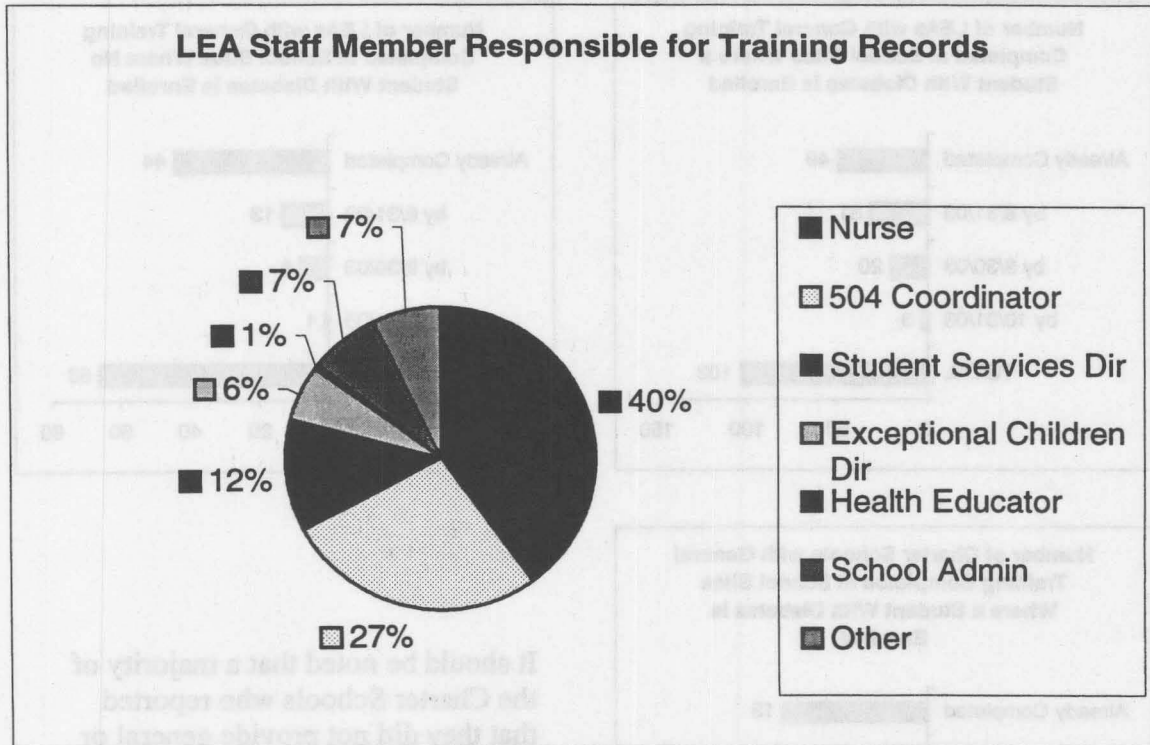


It should be noted that a majority of the Charter Schools who reported that they did not provide general or intensive training to their staff also indicated that they had no known students with diabetes enrolled in their school.

Intensive Training Reported at LEA and Charter Schools



Staff Member Responsible for Keeping Training Records



Benefits

School personnel identified the following benefits and positive aspects of SB 911:

- The training is a positive part of the law. It raised the awareness levels regarding students with diabetes.
- Implementation as far as the training aspect was surprisingly uncomplicated. Most LEAs and Charter Schools rated training materials as good or excellent.
- Interest in the Intensive Training was high at school sites. Only 12 LEAs and 3 Charter Schools reported having difficulty in securing volunteers to serve as emergency diabetes care providers.
- Community support from hospital staff and regional diabetes consultants served as valuable resources.
- Efforts were positively received in many schools and there was good cooperation and coordination among staff.

Cost/Time

School personnel reported the following regarding cost and time spent implementing SB 911.

- LEAs reported spending 23,291 hours meeting the requirements of SB 911. Charter schools reported 268 hours spent in meeting SB 911 requirements.
- LEAs reported spending \$276,317.15 in cost associated with implementing SB 911. The cost to charter schools was reported as \$4120.00. In many cases, this does not include the cost of personnel time.
- A wide disparity in cost associated with implementing the law was seen as some LEAs reported spending \$0.00 while one LEA reported a cost of \$135,000.

Obstacles

The following challenges were identified:

- Concern that labor-intensive paperwork may be overwhelming to some parents.
- School nurses reported difficulty in obtaining proper paperwork from parents and doctors.
- Teachers have concerns performing medical tasks while continuing teaching responsibilities for an entire classroom.
- Volunteers concerned with liability issues.
- If RNs are to be required to help write DCPs and IHPs then funding should be made available for all LEAs to hire a school nurse.
- Lack of funds to implement mandate.
- Law seems redundant since schools already have a 504 plan for these students.
- Short timeline made training difficult to implement prior to the start of the 2003-2004 school year.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001 SESSION LAW 2002-103
SENATE BILL 911

AN ACT TO REQUIRE THE STATE BOARD OF EDUCATION TO ADOPT AND DISSEMINATE GUIDELINES FOR THE DEVELOPMENT AND IMPLEMENTATION OF INDIVIDUAL DIABETES CARE PLANS AND TO REQUIRE LOCAL BOARDS OF EDUCATION TO IMPLEMENT THESE GUIDELINES.

The General Assembly of North Carolina enacts: **SECTION 1.** G.S. 115C-47 is amended by adding a new subdivision to read: "(31) To Adopt Guidelines for Individual Diabetes Care Plans. - The State Board shall adopt guidelines for the development and implementation of individual diabetes care plans. The State Board shall consult with the North Carolina Diabetes Advisory Council established by the Department of Health and Human Services in the development of these guidelines. The State Board also shall consult with local school administrative unit employees who have been designated as responsible for coordinating their individual unit's efforts to comply with federal regulations adopted under Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794. In its development of these guidelines, the State Board shall refer to the guidelines recommended by the American Diabetes Association for the management of children with diabetes in the school and day care setting and shall consider recent resolutions by the United States Department of Education's Office of Civil Rights of investigations into complaints alleging discrimination against students with diabetes. The guidelines adopted by the State Board shall include: a. Procedures for the development of an individual diabetes care plan at the written request of the student's parent or guardian, and involving the parent or guardian, the student's health care provider, the student's classroom teacher, the student if appropriate, the school nurse if available, and other appropriate school personnel. b. Procedures for regular review of an individual care plan. c. Information to be included in a diabetes care plan, including the responsibilities and appropriate staff development for teachers and other school personnel, an emergency care plan, the identification of allowable actions to be taken, the extent to which the student is able to participate in the student's diabetes care and management, and other information necessary for teachers and other school personnel in order to offer appropriate assistance and support to the student. The State Board shall ensure that the information and allowable actions included in a diabetes care plan as required in this subdivision meet or exceed the American Diabetes Association's recommendations for the management of children with diabetes in the school and day care setting. d. Information and staff development to be made available to teachers and other school personnel in order to appropriately support and assist students with diabetes. The State Board shall ensure that these guidelines are updated as necessary and shall ensure that the guidelines and any subsequent changes are published and disseminated to local school administrative units."

SECTION 2. G.S. 115C-47 is amended by adding a new subdivision to read: "(42) To Implement Guidelines to Support and Assist Students With Diabetes. - Local boards of education shall ensure that the guidelines adopted by the State Board of Education under G.S. 115C-12(31) are implemented in schools in which students with diabetes are enrolled. In particular, the boards shall require the implementation of the procedures set forth in those guidelines for the

development and implementation of individual diabetes care plans. Local boards also shall make available necessary information and staff development to teachers and school personnel in order to appropriately support and assist students with diabetes in accordance with their individual diabetes care plans."

SECTION 3. The State Board of Education shall report no later than September 1, 2003, to the Joint Legislative Education Oversight Committee on the Board's progress regarding the adoption, dissemination, and implementation of the guidelines under Sections 1 and 2 of this act.

SECTION 4. This act is effective when it becomes law. The guidelines under Section 1 of this act shall be adopted no later than January 15, 2003, and shall be implemented under Section 2 of this act beginning with the 2003-2004 school year.

In the General Assembly read three times and ratified this the 29th day of August, 2002.

s/ Marc Basnight President Pro Tempore of the Senate

s/ James B. Black Speaker of the House of Representatives

s/ Michael F. Easley Governor

Approved 11:50 a.m. this 5th day of September, 2002

PARENTAL REQUEST
For
Individual Diabetes Care Plan
 _____(school)

Student: _____ Grade: _____ Birthdate: _____

Parent/Guardian: _____

Address: _____

Telephone: H () _____ W () _____

I hereby request that an Individual Diabetes Care Plan be developed and implemented for my child. I authorize the institution listed above to secure any related health care information from the health care provider listed below. I understand that I must provide a Diabetes Care Plan reviewed by a health care provider and appropriately trained staff will need to be in place prior to my child receiving medical services, other than self care, parent care, and Emergency Medical Services (911) at school. This plan will require annual review and updates, as medical care needs change.

 Signature of Parent or Guardian

 Date

Health Care Provider Information

Current Physician or Health Care Provider: _____

Address: _____

Telephone: () _____

Dear _____ : **Date: _____**

Your request for the development and implementation of an Individual Diabetes Care Plan for _____ (student name) has been received. If you have questions please contact _____ (staff member) at _____. Thank you for your request.

Student's Name _____ ID # _____ Date of Birth _____
 School _____ Grade _____ Homeroom Teacher _____
 Effective Dates for Plan: ___/___/___ to ___/___/___ Bus # / Transportation _____

Diabetes Care Plan

Parent/Guardian Responsibilities

Instructions: Give to parent/guardian to read and sign. One signed copy to be kept by parent and one kept with student's diabetes care plan.

The parent/guardian will provide the school with a written request for a Diabetes Care Plan and will work with student's health care provider and school personnel in preparing the Diabetes Care Plan. The parent/guardian will provide the school with the following materials, equipment, and information needed for student's diabetes care:

- 1. Diabetes Care Plan**
 - Provide a written request for a diabetes care plan for your child. (Using the "Diabetes Care Plan Request" form available from your child's school will speed up the implementation of the diabetes care plan.)
 - Obtain a blank "Diabetes Care Plan" and work with health care provider and school personnel to complete the form with the information needed to take care of your child's diabetes at school. A new plan must be filed each school year.
 - Obtain signatures needed for the diabetes care plan.
 - Obtain "Medication Authorization" and "Authorization for Self-Medication by Students" forms from school for completion by student's health care provider
 - Return the completed plan and medication authorizations as soon as possible. Without these documents, school personnel will be limited in the help that they can provide. The student, parent/guardian, or 911 responders (in the event of an emergency) may have to assume responsibility for diabetes care until these documents are signed and returned to the school and the diabetes care plan can be implemented.
 - Provide school with diabetes supplies and snacks needed for student's care.
- 2. Emergency phone numbers for the parent/guardian and student's diabetes care team**
 - Provide school staff with names and phone numbers of appropriate individuals to contact for routine care and emergencies.
- 3. Blood sugar testing supplies**
 - Parent/guardian is responsible for the maintenance of the blood sugar testing equipment (i.e., cleaning and performing controlled testing per the manufacturer's instructions).
 - Provide written instructions about student's blood sugar testing schedule and assistance needed.
- 4. Insulin administration supplies and back-up supplies for insulin pump users, if needed**
 - Provide written instructions about student's insulin requirements and assistance needed.
- 5. Ketone testing supplies to check blood or urine, if needed**
 - Provide written instructions about when to check for ketones.
 - Provide written instructions about measures to take if ketones are present.
- 6. Supplies and instructions about treating low blood sugar (hypoglycemia) and high blood sugar (hyperglycemia)**
 - Provide written instructions about how to manage student's low or high blood sugar levels.
 - Provide snacks, a source of fast sugar, and a glucagon emergency kit, if ordered by health care provider.
 - Provide recent photo of student for emergency identification purposes.
 - Provide student with medic alert identification and encourage student to wear medic alert I.D. at school.
- 7. A logbook to be kept at school**
 - Provide a logbook to be kept with diabetes supplies for the recording of test results. Blood sugar values provided to the parent/guardian for review as often as requested.
- 8. A container or other appropriate means to ensure proper disposal of used diabetes supplies**

Student's Name _____ *Parent/Guardian Responsibilities / Diabetes Care Plan / Page2*

9. Information about the student's meal/snack schedule

- o Work with the school to coordinate this schedule with that of other students to the safest extent possible.
- o Provide instructions for food during school parties and other activities.
- o Provide snacks that can be used to prevent or correct low blood sugars.
- o Provide information about preferred foods and foods to avoid.

8. Quick Reference Plan for Student with Diabetes

- o Obtain a "Quick Reference Plan" from school and complete.
- o Return the completed plan to teacher/school administrator.
- o The completed "Quick Reference Plan" will be provided to bus driver, substitute teachers, field trip chaperones, and other adults involved in the care or education of student.

9. Information about diabetes and the performance of diabetes-related tasks

- o Provide general diabetes information, as well as information specific to the student.

10. Replacement supplies needed for diabetes care

- o Check diabetes supplies and snacks on hand at school on a regular basis.
- o Provide additional supplies before existing ones run out.

11. Information about changes in student's health status or medical management

- o Provide school staff with updates involving student's condition or diabetes care as soon as possible.
- o A new diabetes care plan may have to be completed and filed, depending on changes.
- o A new diabetes care plan *must* be completed and filed before the start of each new school year to ensure that student receives appropriate diabetes care at school.

12. Note signed by student's health care provider to obtain an excused absence for health care appointments

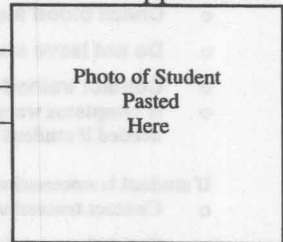
- o Follow up with teacher(s) to obtain make-up assignments for excused absences.
- o Make sure that student completes missed work within the time frame allowed by school policy or that has been negotiated with teacher.

Parent /Guardian (Signed)	Date	School Nurse, Teacher, or Administrator	Date Received
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One copy to be kept by parent/guardian

One copy to be kept with student's diabetes care plan

Student's Name _____ Student ID # _____ Date of Birth _____
 School _____ Grade _____ Homeroom Teacher _____
 Bus # / Transportation _____ Date of Diabetes Diagnosis _____
 Effective Dates for Plan: ___/___/___ to ___/___/___ Type _____ Diabetes



DIABETES CARE PLAN

Parent/Guardian: Complete this plan with the assistance of your child's health care provider and the school nurse/administrator. The diabetes care plan requires the signature of the student's parent/guardian and health care provider. Return the completed, signed plan to the school. Attach other instructions/forms if needed.
Health Care Provider: Review this diabetes care plan and make any necessary changes or additions. Sign and return the plan to parent/guardian or school.

Parent/Guardian

1: _____ **Address** _____
 Telephone (Home #) _____ (Work #) _____ (Cell #) _____

Parent/Guardian

#2: _____ **Address** _____
 Telephone (Home #) _____ (Work #) _____ (Cell #) _____

Physician Treating Student for Diabetes: _____ Telephone _____
 Other Physician: _____ Telephone _____
 Nurse or Diabetes Educator: _____ Telephone _____

Other Emergency Contact: _____
 Relationship _____ Telephone (Home) _____ (Work) _____ (Cell #) _____

Trained School Diabetes Care Providers: _____

 Where are student's diabetes supplies kept? _____ Does the student wear a medic alert? **YES NO**
 Notify parents in the following situations: _____

EMERGENCY ACTION PLAN

LOW BLOOD SUGAR (Hypoglycemia)

SYMPTOMS

Hunger, sweating, trembling, pale appearance, inability to concentrate, confusion, irritability, sleepiness, headache, dizziness, crying, slurred speech, poor coordination, personality change, complains of feeling "low," blood sugar below _____ mg/dl.
 Call parent/guardian and health care provider if blood sugar below _____ mg/dl.
 Symptoms of low blood sugar for this student: _____
 Times student is most likely to experience a low blood sugar: _____
 Where are glucose tablets and snacks kept? _____
 Has health care provider authorized use of glucagon? **YES NO** Where is glucagon kept? _____

Name(s) of school diabetes care provider trained to administer glucagon: How to locate trained school diabetes care provider (s):

TREATMENT FOR LOW BLOOD SUGAR (Hypoglycemia)

If student is conscious, cooperative, and able to swallow:
 Give fast sugar immediately, such as glucose tablets, fruit juice, regular soda, glucose gel, or _____
 Amount of fast sugar to be given: _____
 If symptoms do not improve in _____ minutes, give fast sugar again.
 When symptoms improve, provide an additional snack of _____

- Check blood sugar level every _____ minutes until it is above _____.
- Do not leave student alone or allow him/her to leave the classroom alone. Remain with student until fully recovered.
- Contact trained school diabetes care provider or school nurse as soon as possible. Notify parents of low blood sugar episode.
- If symptoms worsen, call 911, parent/guardian, and health care provider. Glucagon, if authorized by student's health care provider, may be needed if student becomes unconscious, has a seizure, or is unable to swallow.

If student is unconscious, experiencing a seizure, or unable to swallow:

- Contact trained school diabetes care provider or school nurse immediately to inject emergency glucagon, if authorized for student.
- Call 911, parent/guardian, and health care provider. Glucagon dosage (if authorized): _____
- Turn student on side and keep airway clear. Do not insert objects into student's mouth or between teeth.
- Student may vomit. Keep student on side to prevent choking on vomit. Keep airway clear.

Other instructions for treating low blood sugar: _____

HIGH BLOOD SUGAR (Hyperglycemia)

Student's Name _____ (Diabetes Care Plan/Page 2)

SYMPTOMS

Frequent urination, excessive thirst, nausea, vomiting, dehydration, sleepiness, confusion, blurred vision, inability to concentrate, irritability, blood sugar above _____ mg/dl.

Call parent/guardian and health care provider if blood sugar is over _____ mg/dl.

Symptoms of high blood sugar for this student: _____

Where are insulin and ketone testing supplies kept? _____

TREATMENT FOR HIGH BLOOD SUGAR (Hyperglycemia)

- Contact trained school diabetes care provider who will provide insulin administration, insulin pump care, and ketone testing.
- To correct high blood sugar, give insulin: _____ units for every _____ mg/dl over _____
- Check for ketones if blood sugar is above _____. Check blood sugar again in _____ and at _____ intervals.
- Allow free and unlimited use of bathroom. Encourage student to drink water or other sugar-free liquid.
- If moderate or higher ketones are present, call health care provider and parent/guardian immediately.
- If symptoms worsen or the student begins vomiting, call health care provider and parent/guardian immediately.
- Other instructions for treating high blood sugar: _____

BLOOD SUGAR MONITORING

Target range of blood sugar: _____ to _____ Type of Meter: _____ Logbook kept at school? YES NO

What help will student need with blood sugar testing? _____

Usual times for student to test blood sugar: _____

Other times when blood sugar testing may be needed: _____

Other instructions: _____

INSULIN AND ORAL MEDICATIONS

TIME (For insulin at school) TYPE OF INSULIN INSULIN DOSAGE

TIME (For insulin at school)	TYPE OF INSULIN	INSULIN DOSAGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSULIN INJECTIONS	
Does student know how to:	
Give own injections?	YES NO
Determine correct insulin dose?	YES NO
Draw up correct insulin dose?	YES NO
Handle and dispose of needles safely?	YES NO

Will student need insulin at school? YES NO Where is insulin kept at school? _____

What help will student need with insulin injections? _____

Insulin/carbohydrate ratio for meals/snacks: _____ units for every _____

High blood sugar correction ratio: _____ units for every _____ mg/dl over _____

FOR STUDENTS ON INSULIN PUMPS:

Type of pump: _____ Type of insulin used in pump: _____

Insulin/carbohydrate ratio for meals/snacks: _____ units for every _____

High blood sugar correction ratio: _____ units for every _____ mg/dl over _____

Back-up means of insulin administration? _____

INSULIN PUMPS	
Does student know how to:	
Operate the pump without assistance?	YES NO
Change infusion site?	YES NO
Change tubing?	YES NO
Change batteries?	YES NO
Change insulin cartridge?	YES NO
Determine bolus amount?	YES NO
Give bolus?	YES NO
Adjust basal rates?	YES NO

What help will student need with pump? _____

ORAL MEDICATIONS: _____

FOOD AND EXERCISE

MEAL/SNACK	TIME	FOOD CONTENT / AMOUNT
Breakfast	_____	_____
Mid-Morning	_____	_____
Lunch	_____	_____
Mid-Afternoon	_____	_____
Before Exercise	_____	_____
After Exercise	_____	_____
Other	_____	_____

PREFERRED SNACKS:

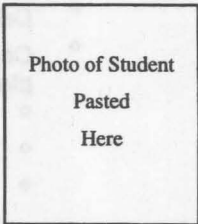
FOODS TO AVOID:

Student should not exercise if blood sugar is below _____ mg/dl OR above _____ mg/dl.

Other exercise/activity instructions: _____

Parent/Guardian (Signed)	Date	Health Care Provider (Reviewed and signed)	Telephone Number	Date	School Nurse/Administrator Date Received
-----------------------------	------	---	------------------	------	---

Student's Name _____ Student ID # _____ Date of Birth _____
 School _____ Grade _____ Homeroom Teacher _____
 _____s # / Transportation _____ Date of Diabetes Diagnosis _____
 Effective Dates for Plan: ___/___/___ to ___/___/___ Type _____ Diabetes



Quick Reference Plan for Student with Diabetes

Parent/Guardian: Complete and sign this Quick Reference Plan. Give a copy to your child's teacher and/or school administrator.
Teacher: Keep a copy for your reference and provide a copy to field trip chaperones, bus drivers, substitute teachers, and other school personnel as needed.

- o This student has Type ____ diabetes. Diabetes is a serious, chronic disease that can result in: a) low blood sugar (hypoglycemia), which is an acute emergency condition; or, b) high blood sugar (hyperglycemia), which can lead to serious medical complications and life threatening diabetic coma.
- o Low blood sugar can create a true emergency and can be life threatening if not treated promptly.
- o Low blood sugar is characterized by shakiness, headache, sleepiness, pale appearance, irritability, hunger, and other symptoms.
- o If a student has a change in behavior or level of consciousness, becomes lethargic, combative, or unconscious, or has a seizure or convulsion, then it must be presumed to be due to low blood sugar and should be treated as a low blood sugar emergency.

IMPORTANT: A student with low blood sugar should never be left alone. Treat a low blood sugar immediately.

1. Emergency Contacts:

Parent/Guardian _____
 Health Care Provider _____
 Trained School Diabetes Care Providers (names and how to locate) _____

2. Diabetes supplies located in _____

3. Symptoms of Low Blood Sugar (Hypoglycemia)

Student complains of feeling "low" or says he/she is having an "insulin reaction." Student may experience one or more of the following symptoms:

tiredness	headache	weakness	irritability	slurred speech
shakiness	trembling	sleepiness	pale appearance	
poor coordination	dizziness	sweating	clamminess	combative behavior
blood sugar below _____		confusion	hunger	inability to concentrate

Other symptoms: _____

A low blood sugar would most likely, but not always, occur mid-morning, right before lunch, during or after physical activity/exercise, or _____. If in doubt, always treat for low blood sugar.

4. Treatment of Low Blood Sugar (Hypoglycemia)

If student is conscious, cooperative, and able to swallow:

- o Give fast sugar such as glucose tablets, glucose gel, fruit juice, regular soda, or _____
- o Follow with a snack of _____
- o Check blood sugar again in _____ minutes and at _____ intervals.
- o Contact trained school diabetes care provider as soon as possible for further assistance and instructions.
- o Do not leave student alone or allow him/her to leave the classroom alone.
- o Notify parent/guardian of low blood sugar episode.

If student is unconscious, experiencing a seizure, or unable to swallow:

- o Contact trained school diabetes care provider immediately to administer emergency glucagon injection, if authorized by health care provider in the student's individual diabetes care plan.
 - o Turn student on side and keep airway clear. Do not insert objects into student's mouth or between teeth.
 - o Student may vomit. Keep student on side to prevent choking on vomit. Keep airway clear.
 - o Call 911, parent/guardian, and health care provider.
- Other instructions for treating low blood sugar _____

5. Symptoms of High Blood Sugar (Hyperglycemia)

Student may experience one or more of the following symptoms:

frequent urination	excessive thirst	nausea	vomiting
dehydration	inability to concentrate	sleepiness	confusion
blood sugar above _____		blurred vision	irritability

Other symptoms _____

Student's Name: _____

6. Treatment of High Blood Sugar (Hyperglycemia)

- o Call parent/guardian and health care provider if blood sugar is over _____ mg/dl.
- o Contact trained school diabetes care provider who will provide treatment according to student's individual diabetes care plan, which may include the following actions:
 - o Test urine for ketones if blood sugar is over _____.
 - o Give insulin according to student's individual diabetes care plan.
 - o If student uses an insulin pump, check pump functioning, including batteries, insulin supply, tubing, and infusion site and take necessary corrective action.
- o Check blood sugar again in _____ minutes and at _____ intervals.
- o Allow free and unrestricted use of bathroom.
- o Encourage student to drink water or other sugar-free liquid.
- o If symptoms worsen or the student begins vomiting, call parent/guardian and health care provider immediately.
- o Other instructions for treating high blood sugar: _____

7. Snack Time(s): _____ Meal Time(s): _____

- o Snacks and meals must be eaten on time. If snack or meals are eaten late, low blood sugar can occur.
- o Extra time to eat snack or meal may be needed. Do not rush student through snack or meal. Allow student to finish eating.
- o If student does not eat most of snack or lunch, notify trained school diabetes care provider, school nurse, or parent/guardian.
- o Student may need insulin for food eaten. Contact trained school diabetes care provider for assistance.
- o Other food/insulin instructions _____

8. Routine Blood Sugar Testing Times: _____ Other Times: _____

- o A student with diabetes is allowed to carry diabetes supplies at school, test blood sugar levels wherever and whenever needed, and take immediate corrective action, all in accordance with his/her individual diabetes care plan. Diabetes supplies should be kept wherever the student is located.
- o Assistance, if any, student needs with blood sugar testing _____
- o Target blood sugar range: _____
- o Notify the trained school diabetes care provider, school nurse, or parent/guardian if blood sugar results are out of range.
- o Take appropriate steps to treat blood sugar (hypoglycemia) or high blood sugar (hyperglycemia).
- o Other blood sugar testing instructions _____

9. Exercise/Physical Education

- o Exercise and physical activity generally lowers blood sugar. If exercise is more strenuous or longer than usual, it can result in a low blood sugar reaction that needs immediate treatment.
- o The blood sugar lowering effects of exercise can begin shortly into the activity and can persist in the hours following the activity.
- o Extra snacks may be needed before, during, and/or after exercise. Instructions for snacks/exercise _____
- o Exercise is generally encouraged and students with diabetes should participate, except when blood sugar is below _____ or above _____ at the time of exercise.
- o Blood sugar level should be checked before and after exercise. Level should be checked during exercise if low blood sugar symptoms appear or if _____
- o Keep a fast-acting source of sugar available at all times during exercise, in case a low blood sugar occurs.
- o Fast sugar includes glucose tablets, glucose gel, a juice box, a regular soda, or a tube of cake frosting.
- o Other instructions for exercise/activity _____

Parent/Guardian (Signed)	Date	Teacher, School Nurse, or Administrator	Date Received
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Student's Name _____ ID # _____ Date of Birth _____
 School _____ Grade _____ Homeroom Teacher _____
 Effective Dates for Plan: ___/___/___ to ___/___/___ Bus # / Transportation _____

Diabetes Care Plan

School Responsibilities

Instructions: Give to parent/guardian to read and sign. One signed copy to be kept by parent and one kept with student's diabetes care plan.

The school will inform the parent/guardian of each identified student with diabetes about the availability and nature of an individualized care plan to manage the student's diabetes at school. At the written request of the parent/guardian, the school will develop, implement, and maintain an individualized care plan for the student with diabetes.

1. The Diabetes Care Plan will:

- Be developed prior to the student's enrollment in school or as soon as the need for a plan is identified.
- Be developed by the parent/guardian, the student, the student's health care provider, the school nurse, where available and appropriate school personnel using the Diabetes Care Plan form and appropriate care attachments.
- Be reviewed annually, with a new plan developed for each school year.
- Be reviewed whenever changes occur in the student's health status or medical treatment, with a new plan developed if necessary.
- Contain provisions for both routine and emergency diabetes care.
- Provide a separate "Quick Reference Plan" for bus drivers, substitute teachers, field trip chaperones, and other school personnel involved in the student's care or education.
- Specify the extent of the student's ability to participate in his/her diabetes care.
- Specify the roles and expectations of the parent/guardian, the student, and school personnel in providing assistance to the student during school and extracurricular activities and any special arrangements that be necessary.

2. The school will provide training to all school personnel who provide education or care for the student about:

- Information about diabetes
- Symptoms and treatment of low blood sugar (hypoglycemia)
- Symptoms and treatment high blood sugar (hyperglycemia)
- Information about emergency procedures.

3. The school will provide training to two or more staff members trained in the following procedures, conducted in accordance with the student's individualized diabetes care plan, to ensure that at least one trained adult is present to perform these procedures in a timely manner while the student is at school, on field trips, and during extracurricular activities or other school-sponsored events:

- Perform or supervise finger-stick blood sugar monitoring and record the results in student's logbook.
- Perform or supervise insulin administration.
- Give fast sugar for low blood sugar (hypoglycemia) or glucagon for severe low blood sugar reactions.
- Assist with insulin pump operation and insulin administration.
- Take appropriate actions for blood sugar levels outside of the target ranges according to student's diabetes care plan.
- Test the urine or blood for ketones when necessary and respond to the results of this test.
- Contact parent/guardian and health provider as indicated in student's diabetes care plan.

4. The school will provide two or more staff members responsible for knowing the schedule of the student's meals and snacks. These staff members will:

- Work with the parent/ guardian to coordinate this schedule with that of other students as closely as possible.
- Notify the parent/guardian in advance of any expected changes in the school schedule that affect the student's meal time or exercise routine.
- Remind young children of snack times, including designated snack times or those in conjunction with physical activity.

Student's Name: _____

(School Responsibilities / Diabetes Care Plan / Page 2)

5. **The school will ensure that the student has immediate access to supplies and the assistance of a staff member trained in the treatment of low blood sugar (hypoglycemia). The school will also:**
- o Make treatment for low blood sugar (hypoglycemia) available as close as possible to student's location, including the classroom, indoor and outdoor physical education activities, school evacuations for fire drills, bomb threats or other emergencies, and other school-related events or activities. Students must have immediate access to their supplies at all times.
 - o Supervise student until appropriate treatment has been administered. Student should not be left unattended or sent through school hallways alone with a low blood sugar.
 - o Provide student with emotional support and positive regard to help prevent student from experiencing embarrassment, criticism, ridicule, or undue attention because of his/her diabetes.
6. **The school will provide an appropriate location in the school to provide privacy and/or convenience, as requested by student or parent/guardian, for:**
- o Blood sugar testing
 - o Ketone testing
 - o Insulin administration
 - o Insulin and glucagon storage
 - o Insulin pump care or infusion site change
 - o Treatment for hypoglycemia (low blood sugar)
 - o Treatment for hyperglycemia (high blood sugar)
7. **The school will give permission for the student to:**
- o See school medical personnel upon request.
 - o Eat a snack anywhere, including the classroom or the school bus, to prevent or treat low blood sugar).
 - o Test blood sugar levels wherever and whenever necessary and to take immediate corrective actions if student is able to demonstrate:
 - o Accurate finger-stick technique
 - o Appropriate infection control
 - o Appropriate disposal of sharps
 - o Ability to interpret blood sugar results
 - o Ability to administer appropriate corrective measures if necessary
 - o Test and treat blood sugar levels during school testing to ensure optimal academic performance.
 - o Miss school without consequences for required medical appointments to monitor the student's diabetes management. This should be an excused absence with a doctor's note.
 - o Use the restroom and have access to fluids (i.e., water) as necessary.
 - o Have immediate access to diabetes supplies at all times, with supervision as needed. Immediate access includes permission for student to carry his/her supplies in book bag or on person.
8. **As needed, the school will incorporate the following attachments into the student's Diabetes Care Plan and will make them available to parent/guardian and appropriate school personnel:**
- o Request for diabetes care plan
 - o Medication authorization
 - o Authorization for self-medication by students
 - o Student health history
 - o Release of medical information
 - o An individualized "Quick Reference Plan for Student with Diabetes"
 - o Information sheet "What School Personnel Should Know About the Student with Diabetes"
 - o Symptoms and treatment of low blood sugar (hypoglycemia)
 - o Symptoms and treatment of high blood sugar (hyperglycemia)
 - o Request for modified diet
 - o Log sheets to record blood sugar levels and insulin given
 - o Insulin pump information
 - o Other instructions or information necessary for student's diabetes care

Parent /Guardian (signed)	Date	School Nurse, Teacher, or Administrator	Date Received
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One copy to be kept by parent/guardian

One copy to be kept with student's diabetes care pla

LEA Report on DATA and General Training

County Unit	Attended DATA	General Training At Schools with Students w/Diabetes	Number Of Schools	General Training At Schools with No Students w/Diabetes
Alamance-Burlington	Y	Y	33	Y
Alexander	Y	N (by 8/30)	10	N (by 8/30)
Alleghany	Y	Y	1 of 2	N
Anson	Y	Y	3	Y
Ashe	Y	N (w/in 1st mo.)		N
Avery	Y	Y	6	Y
Beaufort	Y	N (by 8/29)		N (by 8/29)
Bertie – NonRsp				
Bladen	Y	N (@ beg of sch)	14	N
Brunswick	Y	Y	16	N
Buncombe	Y	N (by 8/26)		N (in Sept)
Asheville City	Y	N (by 8/8)		N (by 8/8)
Burke	Y	N (by 8/31)		Y
Cabarrus	Y	N (by mid Sept)		N
Kannapolis City	Y	N (by 8/6)	7	N
Caldwell	Y	N (by Sept)		N
Camden	No	N (by 8/20)	3	N
Carteret	Y	N (by 10/14)		N (by 10/14)
Caswell	Y	N (by 8/31)	2	N
Catawba	Y	Y	14	N
Hickory City	Y	Y		Y
Newton-Conover City	Y	Y		Y
Chatham	Y	N (by 8/11)	15	N (by 8/11)
Cherokee – NonRsp				
Edenton/Chowan	Y	Y	3	Y
Clay	Y	Y		Y
Cleveland	Y	N (by 9/30)		N
Kings Mountain District	Y	N (by end of 1st mo)	3	N
Shelby City	Y	N (by late Sept)	7	N (by late Sept)
Columbus	Y	N (by 8/13)		N (by 8/13)
Whiteville City	Y	Y		Y
Craven	Y	Y	14	Y
Cumberland	Y	Y	84	Y
Currituck	Y	Y		Y

Y=yes N=no

(projected completion date)

NonRsp – did not respond to the survey

LEA Report on DATA and General Training

County Unit	Attended DATA	General Training At Schools with Students w/Diabetes	Number Of Schools	General Training At Schools with No Students w/Diabetes	Number Of Schools
Dare	Y	N(by 9/5)		N	
Davidson	Y	N (by 11/30)		N (by 11/30)	
Lexington City	N	N (by 8/13)		N	
Thomasville City	Y	N (by 9/4)	4		
Davie	Y	N (by 8/21)	6	N (by 8/21)	3
Duplin	Y	Y	8		
Durham	Y	N (by 9/30)		N (by 9/30)	
Edgecombe	Y	N (by 10/31)		N	
Winston-Salem/Forsyth	Y	Y	39	Y	
Franklin	Y	N (by 9/15)	15	Y	
Gaston	Y	N (by 8/15)	30	Y	
Gates	Y	Y	3	Y	2
Graham	Y	Y	1	Y	2
Granville	Y	No		N	
Greene	Y	Y		Y	
Guilford	Y	N (by 10/31)		N	
Halifax	Y	N (w/in 2 wks)	5	Y	1
Roanoke Rapids City	Y	Y	4	Y	1
Weldon City – NonRsp					
Harnette	Y	N (by 9/30)	13	N (by 9/30)	12
Haywood	Y	Y	9	Y	6
Henderson	Y	Y	14	Y	7
Hertford	Y	Y	1	Y	5
Hoke	Y	N (by 8/31)		N	
Hyde	Y	N		N	
Iredell-Statesville – NonRsp					
Mooresville City	Y	N (w/in few wks)		N	
Jackson	Y	N (by 9/30)	2	N	
Johnston	Y	N (w/in 1 st mo.)		N	
Jones	Y	Y	1	Y	5
Lee	Y	Y		N	
Lenoir	Y	N (by 9/30)		N (by 9/30)	
Lincoln	Y	Y	16	Y	3
Macon	Y	Y	3	N	7

Y=yes N=no

(projected completion date)

NonRsp – did not respond to the survey

LEA Report on DATA and General Training

County Unit	Attended DATA	General Training At Schools with Students w/Diabetes	Number Of Schools	General Training At Schools with No Students w/Diabetes	Number Of Schools
Madison - NonRsp					
Martin	Y	N (by 8/31)	5	N	
McDowell	Y	Y			
Charlotte-Mecklenburg	Y	No		N	
Mitchell	Y	N (by 8/15)	7	N (in progress)	1
Montgomery	Y	No		N	
Moore - NonRsp					
Nash-Rocky Mount	Y	N (w/in 1st 10 days)		N (by 8/9)	
New Hanover	Y	Y	22	Y	15
Northampton	Y	N (after 8/20)		N (after 8/20)	
Onslow	Y	Y	19	Y	15
Orange	Y	N (by 8/8)		N	
Chapel Hill-Carrboro City	Y	N (by 8/18)		N	
Pamlico	Y	Y	3	Y	1
Elizabeth City/Pasquotank	Y	N (w/in 2 mos)		N	
Pender	Y	Y	15	Y	15
Perquimans	Y	Y	3	Y	1
Person	Y	N (by 8/29)	5	N	
Pitt	Y	N (w/in 3 wks)		N (w/in 3 wks)	
Polk	Y	N (w/in 1 mo.)	6		
Randolph	Y	Y	20	N (by Fall 03)	
Asheboro City	Y	Y	3	Y	5
Richmond	Y	Y	7	Y	11
Robeson	Y	Y	41	Y	20
Rockingham	Y	Y	25	Y	25
Rowan-Salisbury	Y	N (by 8/15)	13	N (by 8/15)	
Rutherford	Y	Y	20	Y	20
Sampson	Y	Y	8	Y	9
Clinton City	Y	Y	3	Y	1
Scotland	Y	N (by 9/5)		N (by 9/5)	
Stanly	N	N (by 8/29)		N (by 8/29)	
Stokes	Y	N (by 8/30)		N	
Surry	Y	N (by 9/17)	16	N (by 9/17)	16
Elkin City	Y	Y	2	Y	2

Y=yes N=no

(projected completion date)

NonRsp – did not respond to the survey

LEA Report on DATA and General Training

County Unit	Attended DATA	General Training At Schools with Students w/Diabetes	Number Of Schools	General Training At Schools with No Students w/Diabetes	Number Of Schools
Mount Airy City	Y	N (by 8/15)		N	
Swain	Y	Y	4	Y	
Transylvania	Y	Y	3	Y	6
Tyrrell	Y	Y		Y	
Union	Y	N (by 9/3)	23	N (by 9/3)	11
Vance - NonRsp					
Wake	Y	N (by 8/29)	127	N (by 8/29)	127
Warren	Y	N (by 8/6)		N (by 8/6)	
Washington	Y	N (by 8/29)		Y	2
Watauga	Y	N (by 8/31)		N	
Wayne - NonRsp					
Wilkes	Y	Y		Y	
Wilson	Y	Y	14	Y (3) N (6)	
Yadkin	Y	Y	5	N	
Yancey	Y	Y		Y	6
8 NonResp					
TOTAL		49 Yes		44 Yes	
TOTAL		31 more by 8/31		13 more by 8/31	
TOTAL	4 No	20 more by 9/30		8 more by 9/30	
TOTAL	104 Yes	3 more by 10/31		1 more by 10/31	
Total Trained by 10/31/03	104	103	827	66	479

Y=yes N=no
 (projected completion date)
 NonRsp - did not respond to the survey

LEA Report on Intensive Training

County Unit	Intensive Training At Schools with Students w/Diabetes	Number Of Schools
Alamance-Burlington	Y	33
Alexander	Y	
Alleghany	N	
Anson	Y	
Ashe	Y	7
Avery	Y	6
Beaufort	N (by 8/30)	
Bertie		
Bladen		14
Brunswick	N (by 8/20)	
Buncombe	N (by 8/21)	
Asheville City	N (on 8/11)	
Burke	N	(25 of 27)
Cabarrus	In process	
Kannapolis City	Y	7
Caldwell	Y	14
Camden	N	
Carteret	N (by 10/14)	
Caswell	Y	6
Catawba	Y	
Hickory City	Y	
Newton-Conover City	Y	
Chatham	N (by 8/6)	15
Cherokee		
Edenton/Chowan	N (by 8/31)	
Clay	N (by 8/9)	
Cleveland	N (by 9/11)	
Kings Mountain District	N (on 9/11)	
Shelby City	N (by 9/30)	
Columbus	N (by 8/13)	
Whiteville City	N (by 8/25)	5
Craven	Y (3N)	11
Cumberland	Y	84
Currituck	Y	

Y=yes N=no
 (projected completion date)
 NonRsp – did not respond to the survey

LEA Report on Intensive Training

County Unit	Intensive Training At Schools with Students w/Diabetes	Number Of Schools
Dare	N (by 9/5)	
Davidson	N (by 9/4)	
Lexington City	N (by 8/13)	
Thomasville City	N (by 9/4)	
Davie	N (by 8/21)	10
Duplin	N (beg. 8/5)	8
Durham	N (by 9/9)	29
Edgecombe	N (by 10/31)	
Winston-Salem/Forsyth	Y	69
Franklin	Y	15
Gaston	Y	13
Gates	N	
Graham	Y	1
Granville	Y	4
Greene	Y	
Guilford		
Halifax	N (w/in 2 wk)	
Roanoke Rapids City	Y	4
Weldon City		
Harnette	Y	13
Haywood	Y	9
Henderson	Y	21
Hertford	Y	
Hoke	N (by 8/31)	
Hyde	N	
Iredell-Statesville		
Mooresville City	N (in progres)	
Jackson	N (fall 03)	
Johnston	Y	35
Jones	Y	1
Lee	Y	
Lenoir	N (by 9/30)	
Lincoln	N	19
Macon	N (byJan/04)	10

Y=yes N=no

(projected completion date)

NonRsp – did not respond to the survey

LEA Report on Intensive Training

County Unit	Intensive Training At Schools with Students w/Diabetes	Number Of Schools
Madison		
Martin	N (by 8/31)	5
McDowell	Y	
Charlotte-Mecklenburg	N (by 9/29)	
Mitchell	N (by 8/15)	7
Montgomery	N (by 8/12)	
Moore		
Nash-Rocky Mount	N (by 8/7)	
New Hanover		22
Northampton	N (by 8/13)	
Onslow	Y	34
Orange	N (by 8/8)	
Chapel Hill-Carrboro City	N (by 8/18)	
Pamlico	N (by 9/30)	
Elizabeth City/Pasquotank	N (w/in 2 mo)	
Pender	Y	15
Perquimans	Y	3
Person	N	5
Pitt	N	
Polk	Y	6
Randolph	N (by 8/28)	28
Asheboro City	Y	8
Richmond	Y	
Robeson	Y	41
Rockingham	Y	25
Rowan-Salisbury	N (by 8/15)	
Rutherford	Y	20
Sampson	N	
Clinton City	Y	3
Scotland	N (by 8/30)	
Stanly	N (by 8/29)	
Stokes	Y	18
Surry	N (by 8/31)	16
Elkin City	N (soon)	

Y=yes N=no
 (projected completion date)
 NonRsp – did not respond to the survey

LEA Report on Intensive Training

County Unit	Intensive Training At Schools with Students w/Diabetes	Number Of Schools
Mount Airy City	N (by 8/4)	
Swain	N	
Transylvania	Y	9
Tyrrell	N	
Union	Y	34
Vance		
Wake	N (by 9/1)	72
Warren	Y	
Washington	N (by 9/19)	
Watauga	Y	
Wayne		
Wilkes	N (by 9/2)	
Wilson	Y	14
Yadkin	N (by 8/29)	
Yancey	Y	9
TOTAL	49 Yes	
TOTAL	29 by 8/31	
TOTAL	13 by 9/30	
TOTAL	3 by 10/31	
Total Trained by 10/31/03	TOTAL: 94	857

Y=yes N=no
 (projected completion date)
 NonRsp – did not respond to the survey

Charter School Report on DATA, General and Intensive Training

County Unit and Charter School	Attended DATA	General Training At Schools with Students w/Diabetes	General Training At Schools with No Students w/Diabetes	Intensive Training Complete
ALAMANCE COUNTY				
Lakeside School -NonRsp				
River Mill Academy	Y	Y	N	N
Clover Garden	Y	Y	NA	N
AVERY COUNTY				
Grandfather Academy	Y	Y	Y	Y
Crossnore Academy	Y	N (by 8/8)	NA	Y
BEAUFORT COUNTY				
Washington Montessori -NonRsp				
BRUNSWICK COUNTY				
Charter Day School -NonRsp				
BUNCOMBE COUNTY				
Evergreen Community Charter	Y	N (by 9/5)	N	N by (9/30)
The ArtSpace Charter - NonRsp				
F. Delany New School - NonRsp				
BURKE COUNTY				
New Dimensions School -NonRsp				
CARTERET COUNTY				
Cape Lookout Marine Sci. High	No	N	N	N
Tiller School	No	Y	Y	Y
CATAWBA COUNTY				
Engelmann School of Art & Sci	Y	Y	N	Y
CHATHAM COUNTY				
Chatham Charter -	N	NA	N	N
Woods Charter - NonRsp				
CHEROKEE COUNTY				
The Learning Center - NonRsp				
CUMBERLAND COUNTY				
Alpha Academy	N	NA		
DURHAM COUNTY				
Maureen Joy Charter	No	N	N	N
Healthy Start Academy - NonRsp				
Carter Community Charter	No	N	N	N
Kestrel Heights School - NonRsp				
Turning Point Academy - NonRsp				
Omuteko Gwamaziima - NonRsp				
Research Triangle Charter - NonRsp				
Success Academy - NonRsp				

Y=yes N=no NA = not applicable
 (projected completion date)
 NonRsp – did not respond to the survey

Charter School Report on DATA, General and Intensive Training

County Unit and Charter School	Attended DATA	General Training At Schools with Students w/Diabetes	General Training At Schools with No Students w/Diabetes	Intensive Training Complete
FORSYTH COUNTY				
Quality Education Academ NonRsp				
Downtown Middle -NonRsp				
CG Woodson Sch of Challenge - NonRsp				
East Winston Primary - NonRsp				
Forsyth Academies - NonRsp				
FRANKLIN COUNTY				
A Child's Garden School	N	N	N	N
GASTON COUNTY				
Highland Charter - NonRsp				
Piedmont Community Charter	Y		N	
GUILFORD COUNTY				
Imani Institute Charter	N	N	N	N
Greensboro Academy - NonRsp				
Guilford-Sabis Charter	N	N	N	N
Phoenix Academy Inc. - NonRsp				
HARNETT COUNTY				
Harnett Early Childhood - NonRsp				
HENDERSON COUNTY				
The Mountain Community Sch	N	N	N	N
IREDELL COUNTY				
American Renaissance Charter	Y	Y		N
American Renaissance Middle	Y	Y	NA	Y
Developmental Day School - NonRsp				
Success Institute Charter	N	N	N	N
JACKSON COUNTY				
Summit Charter	N	N	N	N
LEE COUNTY				
Provisions Academy - NonRsp				
LENIOR COUNTY				
Children's Village Academy - NonRsp				
LINCOLN COUNTY				
Lincoln Charter - NonRsp				
MECKLENBURG COUNTY				
Community Charter School	Y	Y	NA	Y
Sugar Creek Charter - NonRsp				
Kennedy Charter	No		N	N
Lake Norman Charter	No	Y	Y	Y
Metrolina Reg Scholars Acad	Y	Y	NA	Y
Crossroads Charter High - NonRsp				

Y=yes N=no NA = not applicable
 (projected completion date)
 NonRsp – did not respond to the survey

Charter School Report on DATA, General and Intensive Training

County Unit and Charter School	Attended DATA	General Training At Schools with Students w/Diabetes	General Training At Schools with No Students w/Diabetes	Intensive Training Complete
MOORE COUNTY				
MAST School Inc	N	NA	N	NA
Sandhills Theatre Arts Ren. NonRsp				
NASH COUNTY				
Rocky Mounity Charter	N	Y	Y	Y
NEW HANOVER COUNTY				
Cape Fear Center for Inquiry	Y	NA	N	NA
NORTHAMPTON COUNTY				
Gaston College Preparatory NonRsp				
ORANGE COUNTY				
Orange County Charter NonRsp				
New Century High School	N	N	N	N
Village Charter NonRsp				
PAMLICO COUNTY				
Arapaho Charter School	Y	N (by 9/30)	N	N by (8/31)
PERSON COUNTY				
Bethel Hill Charter NonRsp				
ROBESON COUNTY				
CIS Academy	N	Y	N	N
ROCKINGHAM COUNTY				
Bethany Community Middle	N	N (by 7/27)	N	Y
ROWAN COUNTY				
Rowan Academy	N	N	N	N
RUTHERFORD COUNTY				
Thomas Jefferson Class Acad NonRsp				
SCOTLAND COUNTY				
Laurinburg Charter	N	NA	N	N
Laurinburg Homework Ctr. NonRsp				
STANLY COUNTY				
Stanly Cmt Outreach Charter NonRsp				
SURRY COUNTY				
Millennium Charter Academy	Y	N (by 8/14)	N	Y
TRANSYLVANIA COUNTY				
Brevard Academy - NonRsp				
UNION COUNTY				
Union Academy - NonRsp				
VANCE COUNTY				
Vance Charter School	Y	Y	NA	N (by 8/22)

Y=yes N=no NA = not applicable
 (projected completion date)
 NonRsp – did not respond to the survey

Charter School Report on DATA, General and Intensive Training

County Unit and Charter School	Attended DATA	General Training At Schools with Students w/Diabetes	General Training At Schools with No Students w/Diabetes	Intensive Training Complete
WAKE COUNTY				
Exploris -NonRsp				
Baker Charter High	N	N	N	N
Magellan Charter	Y	N (by 8/7)	N	Y
Sterling Montessori Academy	N	N	N	N
Franklin Academy	N			
East Wake Academy	N			
SPARC Academy - NonRsp				
Raleigh Charter High	N	N (by 10/31)	N	N
NE Raleigh Charter Academy-NonRsp				
PreEminent Charter - NonRsp				
Quest Academy	N			
Comm. Partners Charter HS	N	NA	NA	NA
Hope Elementary - NonRsp				
WARREN COUNTY				
Haliwa-Saponi Tribal School	N	NA	N	N
WAYNE COUNTY				
Dillard Academy - NonRsp				
Wayne Technical Academy - NonRsp				
WILKES COUNTY				
Bridges Charter School	N	Y		
WILSON COUNTY				
Sallie B Howard School -NonRsp				
TOTAL	15 Yes	13 Yes	4 Yes	11 Yes
TOTAL	24 No	4 more by 8/31		2 by 8/31
TOTAL		2 more by 9/30		1 by 9/30
TOTAL	52 NonRsp	1 more by 10/31		
Total Trained by 10/31/03		20	4	14
TOTAL		12 No	25 No	19 No
TOTAL		4 NA	6 NA	2 NA

Y=yes N=no NA=not applicable
 (projected completion date)
 NonRsp – did not respond to the survey

SURVEY
The Care for School Children with Diabetes Act – G.S.-115C-47
Senate Bill 911

LEA/Charter School _____

1. Did your LEA send a representative(s) to one of the six Diabetes Awareness, Training and Action (DATA) Program Master Trainer Workshops?

_____ Yes _____ No

2. If yes, please indicate the type of staff member(s) who attended the Master Trainer DATA Workshop.

_____ School Nurse _____ 504 Coordinator
_____ Student Services Director _____ Exceptional Children Director
_____ Health Educator _____
_____ School Administrator _____ (please specify)
_____ Other _____ (please specify)

3. Describe how your LEA is meeting the training requirements of SB 911, The Care of School Children with Diabetes Act.

4. Has your LEA completed the required General Trainings at all school sites where a student(s) with diabetes is enrolled?

_____ Yes _____ # of schools _____ No

If no, please describe training plans/timeline.

Has your LEA conducted General Trainings at school sites where there are **no** children with diabetes enrolled?

_____ Yes _____ # of schools _____ No

5. Has your LEA completed the required Intensive Training Sessions for at least two adult school staff members who have volunteered to serve in this capacity at each school where a student(s) with diabetes is enrolled?

_____ Yes _____ # of schools _____ No

If no, please describe how your LEA is meeting the intensive training requirements of SB 911, The Care of School Children with Diabetes Act.

6. Did you have difficulty in securing two adult school staff members to volunteer to serve as diabetes care providers and to be ready to execute the child's emergency action plan at school?

_____ Yes _____ No

If so, please describe why.

7. Which staff member will keep the records indicating that the general and intensive trainings have been completed in schools where a child(ren) with diabetes is enrolled?

_____ School Nurse _____ 504 Coordinator
 _____ Student Services Director _____ Exceptional Children Director
 _____ Health Educator
 _____ School Administrator _____ (please specify)
 _____ Other _____ (please specify)

8. How much time has your LEA spent in meeting the requirements of SB 911?

_____ (Hours) What has been the cost associated with the implementation? _____

 _____ (dollars)

9. How would you rate the diabetes training materials (Master Trainer Notebook, CD-Rom and School CD) provided for your LEA at the DATA Train the Trainer Workshops held in May, 2003?

_____ Excellent _____ Good _____ Fair _____ Poor

10. How have you notified all parents of the required information related to "The Care of School Children with Diabetes Act"?

Please make any other comments you might have regarding the implementation of SB 911 in your LEA.

Survey completed by:

 Title Date Phone Number

This survey information will be compiled and reported to the State Board of Education and to the Education Oversight Committee by September 1, 2003. Thank you for your input!

Please return by August 8, 2003 to: Paula Hudson Collins, Sr. Advisor for Healthy Schools
 6349 Mail Service Center
 Raleigh, NC 27699-6349
 Fax # 919-807-3516

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