



*Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, and community efforts.*

## **2020 – 2022 School Health Services Plan**

**for**

**Clay County**

**Due by September 15, 2020**

**E-mail Plan as an Attachment to:**

**[HSF.SH\\_Feedback@flhealth.gov](mailto:HSF.SH_Feedback@flhealth.gov) and County School Health Liaison**

## 2020 - 2022 School Health Services Plan Signature Page

Please ensure that this signature page is signed by the parties below, scanned and sent via email to [hsf.sh\\_feedback@flhealth.gov](mailto:hsf.sh_feedback@flhealth.gov) and your county school health liaison.

My signature below indicates I have reviewed and approved the Clay County 2020 - 2022 School Health Services Plan:

| Position  | Name and Signature   | Date                                |
|---|--|-------------------------------------|
| County Health Department Administrator/Director           | Heather Huffman, MS, RDN, LD/N, IBCLC<br><i>Printed Name</i> | <i>Signature</i><br><br><i>Date</i> |
| County Health Department Nursing Director                 | Cynthia Jackman, MN, RN<br><i>Printed Name</i>               | <i>Signature</i><br><br><i>Date</i> |
| County Health Department School Health Coordinator        | Jacqueline Copeland, BSN, RN<br><i>Printed Name</i>          | <i>Signature</i><br><br><i>Date</i> |
| School Board Chairperson                                  | Carol Studdard<br><i>Printed Name</i>                        | <i>Signature</i><br><br><i>Date</i> |
| School District Superintendent                            | Superintendent David S. Broskie, M.S.<br><i>Printed Name</i> | <i>Signature</i><br><br><i>Date</i> |
| School District School Health Coordinator                 | Kristin Riebe, RN, A.A./A.S.<br><i>Printed Name</i>          | <i>Signature</i><br><br><i>Date</i> |
| School Health Advisory Committee Chairperson              | Tina Baker, M.Ed<br><i>Printed Name</i>                      | <i>Signature</i><br><br><i>Date</i> |
| Public/Private Partner Provider of School Health Services | Donna Wethington, M.Ed, CPP, CIC<br><i>Printed Name</i>      | <i>Signature</i><br><br><i>Date</i> |

### SUMMARY – SCHOOL HEALTH SERVICES PLAN 2020-2022

Statutory Authority: Section 381.0056, Florida Statute (F.S.) requires each local county health department (CHD) to develop, jointly with the school district and school health advisory committee, a School Health Services Plan (referred herein as the "Plan") that outlines the provisions and responsibilities to provide mandated health services in all public schools. Florida Administrative Code Rule 64F-6.002 (F.A.C.) requires the plan to be completed biennially.

**The Plan format is arranged in 3 parts relating to the services provided and funding streams, as follows:**

- Part I: Basic School Health Services - General school health services which are available to all students in Florida's public and participating non-public schools in all 67 school districts.
- Part II: Comprehensive School Health Services – include increased services in section 381.0057, Florida Statutes, for student health management, interventions and classes. These services promote student health; reduce high-risk behaviors and their consequences (substance abuse, unintentional/ intentional injuries, and sexually transmitted diseases); provide pregnancy prevention classes and interventions; and provide support services to promote return to school after giving birth.
- Part III: Health Services for Full Service Schools (FSS) – Includes basic school health services and additional specialized services that integrate education, medical, social and/or human services such as nutrition services, basic medical services, aid to dependent children (temporary assistance for needy families (TANF)), parenting skills, counseling for abused children, counseling for children at high risk for delinquent behavior and their parent/guardian and adult education to meet the needs of the high-risk student population and their families. These services are required of schools as defined in section 402.3026, Florida Statutes.

**The Plan contains 4 columns, as follows:**

- Column 1 –Requirements and References. This column includes Florida Statutes, Florida Administrative Codes and references demonstrating best practices related to school health.
- Column 2 – Program Standards. This column provides specific requirements related to the statutes, administrative code and references listed in Column 1.
- Column 3 – Local Agency(s) Responsible. The local agencies (CHD, Educational Agency (LEA), and School Health Advisory Committee (SHAC)) determine the responsibilities for providing the services described columns 1 and 2.
- Column 4 – Local Implementation Strategy & Activities. This column describes the implementation strategies and activities to fulfill requirements in columns 1 and 2.

**Plan Submission:**

- If the plan signature page has not been signed by all parties on or before September 15, 2020, you may submit the plan at that time and submit the scanned signature page as a PDF file when it is fully signed.

**PART I: BASIC SCHOOL HEALTH SERVICES**

| Requirements/References   | Program Standards  | Local Agency(s) Responsible | Local Implementation Strategy & Activities  |
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| <p><b>1. School Health Services Plan; Basic School Health Services; Comprehensive School Health Services and Full Service Schools:</b><br/>                     School Health Services Act: s. 381.0056, F.S.; Chapter 64F-6.002, F.A.C.; Florida Nurse Practice Act: Chapter 464 Nursing<br/>                     Technical Assistance Guidelines - The Role of the Professional School Nurse in the Delegation of Care in Florida Schools (Rev. 2010); ss. 381.0057, F.S., 402.3026, F.S.</p> | <p>1a. Each local school health services plan shall be completed biennially and approved and signed by, at a minimum, the superintendent of schools, the school board chairperson, and the local CHD medical director/administrator.</p> <p>1b. The local school health services plan shall be reviewed each year for the purpose of updating the plan. Amendments shall be signed by the school district superintendent and the county health department medical director/administrator and forwarded to the School Health Services Program office.</p> | <p>CHD, LEA</p>             | <p>School Health Services Plan is reviewed and completed biennially, at a minimum by the CHD and LEA. All designated parties listed sign, as required.</p> <p>The plan is updated by March 1<sup>st</sup> and reviewed yearly by both parties. It is finalized by August 1<sup>st</sup> and ready for signatures for the following school year. CHD will submit the School Health Services Plan to the School Program Office in Tallahassee by September 15, of the year it is due.</p> |
|   | <p>1c. The local school health services plan shall describe employing or contracting for all health-related staff and the supervision of all school health services personnel regardless of the funding source.</p>  | <p>CHD, LEA</p>             | <p>CHD employs all CHD staff which includes 4 CHD RNs and 1 RN School Health Coordinator. LEA employs all school health staff including School Health Room Nurses (RN or LPN), Health Aides (UAPs), 2 ESE Nurses and District Wide Coordinator of Nursing Services.</p>   |
|   | <p>1d. Each local CHD uses annual Schedule C funding allocation to provide school health services pursuant to the School Health Services Act and the requirements of the Schedule C Scope of Work.</p>   | <p>CHD</p>                  | <p>Schedule C Funds – SCHGR, SCHSP, are used for the provision of basic school health services at all schools, as well as at schools designated as full-service schools and comprehensive schools.</p>  |
|   | <p>1e. The local CHD and local LEA shall each designate one person, RN recommended, to be responsible for the coordination of planning, development, implementation and evaluation of the program. These individuals should collaborate throughout the school year to assure program</p>   | <p>CHD, LEA</p>             | <p>CHD-Jacqueline Copeland, BSN, RN<br/>                     LEA-Kristin Riebe, AA/AS, RN<br/>                     CHD and LEA communicate regularly, by phone and email, as needed. School Health Services Program meetings are scheduled regularly, throughout the year.</p>  |

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|  | <p>compliance and to plan and assess the delivery of program services.</p>   | <p>CHD, LEA</p> | <p>Direct supervision of school district personnel who perform school health services is the principals' responsibility. LEA supervises Clay County School District (CCSD) employees, except in charter schools. LEA has district wide Coordinator of Nursing Services (RN) to supervise the LPN and unlicensed assistive personnel-UAP. LEA RN will also delegate care to the UAP, when appropriate, except in charter schools. LEA will develop care plans and perform child specific training in schools without an RN, except in charter schools. The CHD is responsible for the supervision of all the CHD personnel. The CHD provides program oversight of the school health program and is available for consultative and support services for school district personnel. Support services shall be defined as periodic school visits by CHD nurses monitoring, and assisting school personnel to identify the physical, social, and emotional needs of students. CHD provides oversight of school health services and performs annual School Health Services Program reviews. LEA completes Process Improvement Plan for any deficiencies noted in the reviews. Charter schools will need to provide their own RN for school health services or enter into a contractual agreement with CHD for fee for service.</p> |
|  | <p>1f. Protocols for supervision of school health services personnel shall be described in the local school health services plan to assure that such services are provided in accordance with statutory and regulatory requirements and professional standards and are consistent with the Nurse Practice Act.</p> |                 |  |

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|  | <p>11. Each School Health Advisory Committee (SHAC) should include members representing the eight components of the Centers for Disease Control and Prevention's Coordinated School Health (CSH) model. The SHAC is encouraged to</p>  | <p>CHD, LEA</p> | <p>SHAC redesign was implemented in SY 2017-2018 and members were recruited to include the 10 components of the Whole School, Whole Community, Whole Child (WSCC) model, expanding upon the Coordinated School Health (CSH) model. SHAC was renamed</p>   |
|  | <p>11n. Establish procedures for health services reporting in Health Management System (HMS) and the annual report, to include services provided by all partners.</p>  | <p>CHD, LEA</p> | <p>LEA submits data for reporting into HMS (by the 5<sup>th</sup> of the month), as indicated and mutually agreed upon by CHD and LEA in the Memorandum of Agreement, which is signed yearly. CHD inputs data into HMS, as indicated in Scope of Work, as received from central office.</p>   |
|  | <p>1g. Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the local CHD medical director in conjunction with district school boards, local school health advisory committees, the school district medical consultant if employed or the student's private physician.</p> | <p>CHD, LEA</p> | <p>The CHD provides guidelines in the School Health Services Manual (SHSM) for the delivery of School Health Services Program under the direction of a CHD medical director, Eugenia Ngo-Seidel, MD, MPH. The SHSM is reviewed annually and updated every 2 years. The school board approves the SHSM by July 1<sup>st</sup> for the following school year. District policy related to health is in the Student &amp; Family Handbook and Code of Student Conduct and is approved by the school board. Individual student medical needs are addressed in the Medical Management Plan and is written by the student's own health care provider. LEA updates all required forms for the School Health Services Program, on an annual basis and/or, as needed. The CHD, provides consultative support, as needed. The LEA informs CHD of any changes to the forms, and provides CHD access to the forms, so they can be included in the School Health Services Manual and the CHD website links.</p> |

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|  | <p>address the eight CSH components in the school district's wellness policy.</p>   |                 | <p>School Health Wellness Advisory Council (SHWAC) to include the Wellness component. The LEA is the lead of SHWAC.</p>   |
| <p><b>2. Health Appraisal</b><br/>s. 381.0056(4)(a)(1), F.S.</p>   | <p>2a. Determine the health status of students.</p>   | <p>LEA</p>      | <p>Student records are reviewed by the LEA and students with medical conditions are referred to the nurse for further inquiry and evaluation with the parent and/or healthcare provider. Daily health needs of students are met by (LEA) school health room personnel in the health rooms. Charter schools will need to provide their own RN for school health services or enter into a contractual agreement with CHD for fee for service.</p>   |
| <p><b>3. Records Review</b><br/>s. 381.0056(4)(a)(2), F.S.<br/>s.1003.22(1)(4) F.S.;<br/>Chapters:<br/>64F-6.005(1), F.A.C.,<br/>64F-6.004(1)(a), F.A.C.</p> | <p>3a. Perform initial school entry review of student health records, to include school entry physical, immunization status, cumulative health record, emergency information, school health screenings and student-specific health related documents.</p> | <p>CHD, LEA</p> | <p>Student health records are reviewed by LEA personnel (i.e. administration, registrars and/or nurse) for initial school entry requirements. CHD performs yearly record audits at each school as part of their oversight activities. CHD performs additional audits as schools are visited and, as needed. CHD communicates the school health entry requirements and the outcomes of the reviews with administration and principals.</p>   |
|  | <p>3b. Emergency information card/form for each student shall be updated each year.</p>   | <p>CHD, LEA</p> | <p>Student health records are reviewed by LEA personnel (i.e. administration, registrars and/or nurse) for initial school health entry requirements. LEA obtains an emergency information card for the current school year, on each student, and it is accessible to the health room staff by September 30<sup>th</sup>. CHD performs record audits at each school as part of their oversight activities to ensure each student has an emergency card on file, that is updated yearly. These audits are</p> |

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|   |  |                            | <p>quarterly, at a minimum. CHD may perform additional audits, as needed.</p>   |
| <p><b>4. Nurse Assessment</b><br/> s. 381.0056(4)(a)(3), F.S.;<br/> Chapters:<br/> 64F-6.001(6), F.A.C.,<br/> 6A-6.0253, F.A.C.,<br/> 6A-6.0252, F.A.C.,<br/> 6A-6.0251, F.A.C.</p> | <p>4a. Perform nursing (RN) assessment of student health needs.</p> <p>4b. For day-to-day and emergency care of students with chronic and/or complex health conditions at school, the RN develops an individualized healthcare plan (IHP) and Emergency Care Plan (ECP).</p> | <p>CHD, LEA</p> <p>LEA</p> | <p>LEA completes record reviews for health needs. These reviews are completed by registrar and health room personnel. CHD reviews records during annual School Health Services Program reviews to ensure school health entry requirements are met.</p> <p>Periodic health needs assessed by LEA health room personnel through MMP (Medical Management Plan), students' daily visits and parental input. IHPs and Emergency Action Plans (EAPs) created by LEA RNs or LEA RN Coordinator of Nursing Services in schools staffed by an LPN or UAP. Charter schools will need to provide their own RN for school health services or enter into a contractual agreement with CHD for fee for service.</p>   |
| <p><b>5. Nutrition Assessment</b><br/> s. 381.0056(4)(a)(4), F.S.;<br/> Florida School Health<br/> Administrative Resource<br/> Manual, 2017</p>                                    | <p>5a. Identify students with nutrition related problems and refer to an appropriate healthcare provider.</p>  | <p>CHD, LEA</p>            | <p>Information regarding student nutrition is received by LEA from communication and collaboration with the parents and students. Emergency contact records are reviewed for chronic illnesses involving nutritional management such as diabetes, celiac disease, cystic fibrosis, peanut and/or other food allergies and other conditions. Special dietary health needs are coordinated by the LEA with the districts nutritional services department. Height, weight and BMI screenings are conducted in 1<sup>st</sup>, 3<sup>rd</sup> and 6<sup>th</sup> grades and one additional attempt to contact the parent/guardian is made by the CHD, if the child is assessed as underweight or obese.</p> |



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| <p><b>6. Preventive Dental Program</b><br/>s. 381.0056(4)(a)(5), F.S.</p>  | <p>6a. Provide services such as oral health education, screenings and referrals, dental sealants, fluoride varnish and/or fluoride rinse as appropriate.</p>                               | <p>CHD, LEA</p> | <p>LEA is partnering with DOH--Clay to provide Preventative Dental Sealant Program in all 13 Title-One schools. Services provided by the program include sealants on first and second molars, fluoride varnish, oral hygiene instruction, dental assessments by a dental hygienist. Services will expand to include dental prophylaxis beginning in school year 2020-21. LEA RNs complete dental assessments in Health Rooms, as needed.</p>  |
| <p><b>7. Health Counseling</b><br/>s. 381.0056(4)(a)(10), F.S.</p>   | <p>7a. Provide health counseling as appropriate.</p>   | <p>LEA</p>      | <p>Health counseling is provided by partnering qualified agency, as needed.</p>   |
| <p><b>8. Referral and Follow-up of Suspected and Confirmed Health Problems</b><br/>s. 381.0056(4)(a)(11), F.S.</p> | <p>8a. Provide referral and follow-up for abnormal health screenings, emergency health issues and acute or chronic health problems. Coordinate and link to community health resources.</p> | <p>CHD, LEA</p> | <p>LEA completes a health report card, which is sent home with the mandated health screening results (as per F.S for appropriate grades) including results for students that did not pass, with referral information for the parents/guardian. CHD performs one attempt to contact parents/guardian, by letter, of any students who have been identified to have an abnormal screening, if they have not responded to the initial notification. Letters are returned to the school for distribution. LEA provides CHD with initial and final follow-up list so that 1<sup>st</sup> letter can be distributed, and final outcomes can be recoded into the Health Management Program. HMS. Referral lists are utilized and updated at least twice a year, to assist parents/guardians and nurses in coordinating services. LEA conducts multiple attempts to follow up, until the parents are contacted, for coordinating services for students with chronic health conditions and needs.</p> |

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| <p><b>9. Provisions for Screenings</b><br/> <b>s. 381.0056(4)(a)(6-9), F.S.;</b><br/> <b>Chapter 64F-6.003(1-4), F.A.C.</b></p>   | <p>9a. Provide mandated screenings:<br/>           (1) Vision screening shall be provided, at a minimum, to students in grades kindergarten, 1, 3 and 6 and students entering Florida schools for the first time in grades kindergarten – 5.<br/>           (2) Hearing screening shall be provided, at a minimum, to students in grades kindergarten, 1 and 6; to students entering Florida schools for the first time in grades kindergarten – 5; and optionally to students in grade 3.<br/>           (3) Growth and development screening shall be provided, at a minimum, to students in grades 1, 3 and 6 and optionally to students in grade 9.<br/>           (4) Scoliosis screening shall be provided, at a minimum, to students in grade 6.</p> | <p>CHD, LEA</p>  | <p>LEA conducts vision, hearing, growth and development, and scoliosis screenings for school age children and are coordinated by individual schools. LEA solicit potential volunteers from Health Occupations of America (HOSA) Program, school volunteers and community agencies. CHD assists with screenings, as requested and as available. LEA borrows screening equipment from CHD, as requested and as available. LEA enters screening results and outcome of referrals into the designated school district database. Screening results and referrals are coded into Health Management System (HMS) by CHD. Charter schools will need to provide their own RN for school health services or enter into a contractual agreement with CHD for fee for service.</p> |
| <p>9b. Obtain parent/guardian permission in writing prior to any invasive screening, (e.g. comprehensive eye exam).</p>   | <p>LEA</p>  | <p>Consent would be obtained in writing before comprehensive screenings involving invasive screenings.</p>   |  |
| <p>9c. Refer students with abnormal screening results to service providers for additional evaluation and/or treatment (e.g. state contracted vision service providers).</p> | <p>CHD, LEA</p>   | <p>Local and state contracted vision service providers are utilized for referral services. Providers include: Vision is Priceless, Florida's Vision Quest and Florida Heiken Children's Vision Program. Referral resource lists are utilized by the nurses to refer the families for services. Vision provider information is provided to school nurses at yearly School Health Services Program meeting and/or periodically throughout the year, as needed. This information is available on the CHD website.</p> |  |

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| <p><b>10. Meeting Emergency Health Needs</b><br/> ss. 381.0056(4)(a)(10), F.S., 1006.165, F.S.;<br/> Chapter 64F-6.004(1), F.A.C.;<br/> Emergency Guidelines for Schools, 2019 Florida Edition</p> | <p>10a. Ensure written health emergency policies and protocols are maintained and include minimum provisions. Ensure that student emergency information forms/cards are updated annually and completed for each student listing contact person, family physician, allergies, significant health history and permission for emergency care.</p> <p>10b. Ensure health room staff and two additional staff in each school are currently certified in cardiopulmonary resuscitation (CPR) and first aid and a list is posted in key locations.</p> <p>10c. Assist in the planning and training of staff responsible for emergency situations.</p> | <p>CHD, LEA</p> <p>CHD, LEA</p> <p>CHD, LEA</p> | <p>Health Room policies and procedures are updated yearly by CHD and LEA. Emergency Guidelines for Schools 2019 Florida Edition utilized in the health rooms, as well as the School Health Services Manual. Medical Emergency Plan are created yearly by each school and posted at required locations on each school campus. Clay County School District (CCSD) Safety Plan updated and distributed annually by LEA.</p> <p>LEA requires Health Room Personnel have current CPR and First Aid certification. CPR and First Aid classes are provided yearly and as needed by LEA for school health personnel to maintain current certification. School employees that hold CPR and First Aid instructor certificates offer classes on planning days for school employees. Each school nurse sends out an annual letter to faculty to identify those school employees that hold current CPR and First Aid certifications. Medical Emergency Plan created yearly by each school and posted at required locations on each school campus. CHD audits this measure yearly, during the School Health Services Program reviews, to ensure compliance.</p> <p>First Aid and CPR training is provided annually by LEA for health room personnel. LEA has a pool of American Red Cross certified instructors available, to train school personnel. LEA &amp; CHD provides or coordinates emergency updates at the annual School Health Services Program meeting or at trainings throughout the year, as needed (i.e. Stop the Bleed Training).</p> |
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| <p><b>11. Assist in Health Education Curriculum</b><br/>s. 381.0056(4)(a)(13), F.S.</p> |   |   |  |  |   |
|   | <p>10d. The school nurse shall monitor adequacy and expiration of first aid supplies, emergency equipment and facilities.</p> | <p>10e. The school principal (or designee) shall assure first aid supplies, emergency equipment, and facilities are maintained.</p> | <p>10f. All injuries and episodes of sudden illness referred for emergency health treatment shall be documented and reported immediately to the principal or the person designated by the principal or the acting principal.</p> | <p>10g. It is the responsibility of each school that is a member of the Florida High School Athletic Association to:</p> <ol style="list-style-type: none"> <li>1) have an operational automatic external defibrillator (AED),</li> <li>2) ensure employees expected to use the AED obtain appropriate training, and</li> <li>3) register the AEDs with the county emergency medical services director.</li> </ol> | <p>CHD, LEA</p>   |
|   | <p>11a. Collaborate with schools, health staff and others in health education curriculum development.</p>                     |   |  | <p>LEA</p>   | <p>LEA health room personnel maintain first aid bags with adequate supplies. CHD performs annual School Health Services Program reviews assessing for expiration dates of student emergency medications and locations of Automatic External Defibrillators (AEDs). LEA school nurses perform quarterly maintenance checks on AEDs in the health room.</p>   |
|   |   | <p>CHD, LEA</p>   |  | <p>LEA</p>   | <p>LEA health room personnel maintain first aid bags with adequate supplies. Each school replaces first aid supplies each summer before students arrive for the next school year.</p> <p>Injuries and illness documented in student data system or in Student Health Room Visit Record by health room personnel. Principal notification and accident reporting done by LEA, when indicated.</p> <p>A minimum of 2 AEDs are in each Jr. and Sr. High School, one is in the athletic department and the other is in the health room. Employees are offered training on AEDs annually. Individual school AED Maintenance Logs are completed quarterly by the school district and maintained by CCSD Department of Student Services. Location of AEDs are stated in the Emergency Crisis Plan, a plan that is available to emergency responders such as county emergency medical services director and Clay County Sheriff.</p> <p>CHD and LEA work collaboratively through SHWAC to review and recommend health curriculum. Health resources from CHD available upon request and as available. CHD may</p> |

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|  |  |                 | <p>purchase supplies and educational materials for the School Health Services Program, as funding allows.</p>  |
| <p><b>12. Refer Student to Appropriate Health Treatment</b><br/>s. 381.0056(4)(a)(14), F.S.</p>  | <p>12a. Use community or other available referral resources. Assist in locating referral sources for Medicaid eligible, uninsured and underinsured students.</p> | <p>CHD, LEA</p> | <p>Students and families referred, as needed. LEA Social workers and CHD provide yearly updated list of available community resources. Local provider agency, The Clay SafetyNet Alliance meets monthly to discuss community resources. The LEA and CHD has representation at these meetings to share the resources.</p>   |
| <p><b>13. Consult with parent/guardian regarding student's health issues</b><br/>s. 381.0056(4)(a)(15), F.S.;<br/>Chapter 64F-6.001(1), F.A.C.</p> | <p>13a. Provide consultation with parent/guardian, students, staff and physicians regarding student health issues.</p>   | <p>CHD, LEA</p> | <p>Forms available on CHD website and on LEA website and portal for communication of health needs between physician, parent and school staff. Care Planning meetings held, as needed, by LEA. LEA creates, reviews yearly and updates, as needed, a Clinic Nurse Guide for the health room staff. Charter schools will need to provide their own RN for school health services or enter into a contractual agreement with CHD for fee for service.</p> |
| <p><b>14. Maintain Health-Related Student Records</b><br/>ss. 381.0056(4)(a)(16), F.S.,<br/>1002.22, F.S.;<br/>Chapter 64F-6.005(1)(2), F.A.C.</p> | <p>14a. Maintain a cumulative health record for each student that includes required information.</p>   | <p>CHD, LEA</p> | <p>Files maintained at each school in the students' cumulative record. Daily health room charting is entered in the student data system or on School Health Visit Record by school health room personnel. Records retained as per Record Retention Schedule and school district policy and guidelines. CHD audits yearly during School Health Services Program reviews to ensure compliance.</p>   |

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| <p><b>15. Nonpublic School Participation</b><br/> <b>ss. 381.0056(5)(a)(18), F.S., 381.0056(5)(a)-(g), F.S.</b></p>  | <p>15a. Notification to the local nonpublic schools of the school health services program, allowing the nonpublic school to request participation in the school health services program provided they meet requirements.</p> | <p>CHD</p>      | <p>Private schools notified by letter or email and invited yearly to participate. Private schools contact the CHD for specific needs. CHD invite private schools to request assistance with mandatory health screenings, as needed and Memorandums of Understanding are completed for those requesting the service. Private schools contact the CHD for specific needs.</p>  |
| <p><b>16. Provision of Health Information for Exceptional Student Education (ESE) Program Placement</b><br/> <b>s. 381.0056(4)(a)(17), F.S.;</b><br/> <b>Chapters 6A-6.0331, F.A.C., 64F-6.006, F.A.C.</b></p> | <p>16a. Provide relevant health information for ESE staffing and planning.</p>   | <p>LEA</p>      | <p>LEA RNs present at Individualized Educational Plan (IEP) meetings to address health issues when requested. Information is updated, as needed. Vision and hearing screenings completed by health room staff, upon request. LEA has 2 ESE District RN positions. Charter schools will need to provide their own RN for school health services or enter into a contractual agreement with CHD for fee for service.</p>   |
| <p><b>17. The district school board shall provide in-service health training for school personnel.</b><br/> <b>s. 381.0056(6)(b), F.S.;</b><br/> <b>Chapter 64F-6.002, F.A.C.</b></p>                          | <p>17a. /Ensure that district staff are provided with training to assist with the day-to-day and emergency health needs of students.</p>   | <p>CHD, LEA</p> | <p>CHD provides 4 hours of orientation to all newly hired school health personnel. CHD and LEA coordinate annual School Health Services Program meeting &amp; Training and additional in-service training throughout the year on various health topics. LEA provides yearly CPR, First Aid training to all school health and ESE assistant personnel. Online medication training course or PowerPoint available for all school staff who assist with medication administration and for those ESE assistants that require it as part of their job description. Medication training is followed by a skills checklist, to assess understanding and document return demonstration. Charter schools will need to provide their own RN for school health services or enter into a contractual</p> |

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| <p>18. The district school board shall include health services and health education as part of the comprehensive plan for the school district.</p> <p>s. 381.0056(6)(a), F.S.; Chapter 64F-6.002, F.A.C.</p> | <p>18a. School-based health services and health education are provided to public school children in grades pre-kindergarten through 12.</p> | <p>CHD, LEA</p> | <p>agreement with CHD for fee for service. Child Abuse and Blood Borne Pathogens trainings provided annually to faculty by LEA. Mandatory Health Screening Training is provided to new health room staff by CHD. Community partners are invited to facilitate training needs, as appropriate</p> <p>LEA yearly informs parents and guardians, in writing, that their children who are students in the district schools will receive specified health services as provided for in the district health services plan.</p> <p>LEA is providing child trafficking education in KG-12; curriculums include Child Safety Matters in KG-5, Teen Safety Matters in 6-12.</p> <p>LEA is providing substance use and abuse health education in KG-12; curriculums include Too Good for Drugs &amp; Catch My Breath in KG-6; Catch My Breath, Hanley Foundation and MH Curriculum for 7-8; Catch My Breath, EverFi and MH Curriculum in 9-12; Prescription Drug Safety in 10th; Alcohol Education in 11-12.</p> <p>LEA is providing mental and emotional health education in 6-12; Walk in Our Shoes curriculum in 6<sup>th</sup>; District created modules in 7-12.</p> |
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| <p><b>19. The district school board shall make available adequate physical facilities for health services.</b><br/> <b>s. 381.0056(6)(c), F.S.;</b><br/> <b>State Requirements for Educational facilities, 2014</b><br/> <b>and/or State Requirements for Existing Educational Facilities 2014</b></p> | <p>19a. Health room facilities in each school will meet Florida Department of Education (FDOE) requirements.</p>           | <p>LEA</p>      | <p>Health room facilities available at each school and maintained by LEA.</p>  |
| <p><b>20. The district school board shall, at the beginning of each school year, provide parent/guardian with information concerning ways that they can help their children to be physically active and eat healthy foods.</b><br/> <b>s. 381.0056(6)(d), F.S.</b></p>                                 | <p>20a. List programs and/or resources to be used to help children be physically active and eat healthy foods.</p>         | <p>CHD, LEA</p> | <p>LEA disseminates information to parents through school newsletters, food and nutrition services, Physical Education (PE)/Health curriculum and district website. LEA incorporates Healthy School Teams into school policy to monitor foods on the school campus. Nutrition guidelines are monitored by this team regarding food on campus, classroom parties, food-based fundraisers and after school evening community events. LEA has 20 schools participating in the Community Eligibility Provision. LEA also participates in the National School Lunch and Breakfast Program. LEA sends home a letter at the beginning of the year that states why and how screenings are conducted. This letter also has healthy lifestyle and wellness tips. CHD shares resources and information received through FDOH. CHD collaborates with a primary school, each school year, to assist in the coordination and celebration of a Every Kid Healthy Week event, as part of the Healthiest Weight Florida Initiative.</p> |
| <p><b>21. The district school board shall inform parent/guardian</b></p>   | <p>21a. Provide parent/guardian with list of services provided and the opportunity to request an exemption in writing.</p> | <p>LEA</p>      | <p>Information on the School Health Services Program and screenings is posted on the school district's website</p>   |



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| <p>in writing at the beginning of each school year of the health services provided.<br/> <a href="#">s. 381.0056(6)(e), F.S.</a></p>  |   |                 | <p>and is in the Student &amp; Family Handbook and Code of Student Conduct. LEA also shares information on how to opt-out of school health services through a "welcome letter" that is sent home with each student in the beginning of each school year.</p>  |
| <p>22. The presence of any of the communicable diseases for which immunization is required by the Department of Health in a Florida public or private school shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency.<br/> <a href="#">s. 1003.22(9), F.S.;</a><br/> <a href="#">Chapter 64F-6.002(2)(d), F.A.C.</a></p>                          | <p>22a. The school health plan shall include communicable disease policies. Note: Policies need to provide for interagency coordination during suspected or confirmed disease outbreaks in schools.</p> | <p>CHD, LEA</p> | <p>Communicable Disease Notification in Student &amp; Family Handbook and Code of Student Conduct which is posted on the school district's webpage. Communicable Disease reporting requirements are included in the School Health Services Manual, with appropriate reporting paperwork. Influenza Like Illness (ILI) is indicated on LEA student data system and CHD Disease Prevention and Control Program monitors ILI reporting weekly during flu season. Disease Control and Prevention notified of outbreaks noted by school personnel. CHD provides education to LEA on communicable diseases, as requested.</p> |
| <p>23. Each district school board shall include in its approved school health services plan a procedure to provide training, by a registered nurse, a licensed practical nurse, a physician or a physician assistant (pursuant to chapter 458 or 459), to the school personnel designated by the school principal to assist students in the administration of prescribed medication.<br/> <a href="#">s. 1006.062(1)(a), F.S.</a></p> | <p>23a. Include provisions in the procedure for general and student-specific administration of medication training.</p>   | <p>CHD, LEA</p> | <p>Medication course available for all school staff who assist with medication administration and Exceptional Student Education (ESE) Assistants who have it required in their job description. Medication skills checkoff completed by LEA RN. Child specific training by LEA for unlicensed assistive personnel (UAP), as needed and in schools staffed by a LPN. The CHD provides program oversight. Charter schools will need to provide their own RN for school health services or enter into a contractual agreement with CHD for fee for service.</p>  |

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| <p><b>24. Each district school board shall adopt policies and procedures governing the administration of prescription medication by district school board personnel.</b><br/> <b>s. 1006.062(1)(b), F.S.;</b><br/> <b>Chapter 64B9-14, F.A.C.</b></p>                           | <p>24a. The school district medication policy will address the use of designated school staff for medication administration and be consistent with delegation practices.</p>  | <p>CHD, LEA</p> | <p>School Health Services Manual reviewed annually and updated, as needed, with current medication and health related forms available on school district website, Google Drive and CHD website. School Health Services Manual has provisions for all school health personnel that will assist with medication administration to complete the online medication course or PowerPoint and have a skills checkoff completed by a RN. The school RN may delegate one-on-one child specific medication training for staff required to administer medications in the health room, on field trips or school sponsored events. Charter schools will need to provide their own RN for school health services or enter into a contractual agreement with CHD for fee for service. The CHD provides program oversight.</p> |
| <p><b>25. Each district school board shall adopt a policy and a procedure for allowing a student who is a qualified patient, as defined in s. 381.986, to use marijuana obtained pursuant to that section.</b><br/> <b>ss. 1006.062(8), F.S.;</b><br/> <b>381.986, F.S.</b></p> | <p>25a. Ensure that all school health room/clinic staff and school staff designated by principals have read and have on file the school district policy on medical marijuana. Pursuant to the district policy, develop procedures to follow when parents of students, that are qualified patients under section 381.986, Florida Statutes, request that medical marijuana be administered to their child at school.</p> | <p>LEA</p>      | <p>LEA developed administration of medical marijuana- rules, guidelines and release from liability for the administration of medical marijuana/low THC cannabis. Parent/caregiver is solely responsible for safely administering and transporting medical marijuana to and from school.</p>   |
| <p><b>26. Students with asthma whose parent/guardian and physician provide approval may carry a metered dose inhaler on their person while in school.</b><br/> <b>s. 1002.20(3)(h), F.S.;</b></p>   | <p>26a. Ensure written authorization for use of metered dose inhaler at school is completed and signed by healthcare provider and parent/guardian.</p>  | <p>CHD, LEA</p> | <p>School Health policies and procedures, developed jointly by the CHD and LEA, require that a student who carries medication on their person have a current medication administration form (MAR) with parental signature, Parent Authorization for Administration of Medication (PAAM) and Medical</p>   |

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| <p>National Association of School Nurses (NASN) Position Statement, The Use of Asthma Recue Inhalers in the School Setting</p>   |   |                 | <p>Management Plan (MMP) with physician authorization. Care planning meetings are held, as needed; where individual health care plans and emergency health care plans/action plans are created for those needs. LEA documents child specific training completed on skills checkoff sheets, in IHP, and/or in student data system. The CHD provides program oversight. Charter schools will need to provide their own RN for school health services or enter into a contractual agreement with CHD for fee for service. Schools are encouraged to apply for Asthma Friendly School Recognition. Bannerman Learning Center holds this recognition for SY 2018-2019.</p>  |
| <p>27. A student who is at risk for life-threatening allergic reactions may carry an epinephrine auto-injector and self-administer while en route to and from school, in school, or at school-sponsored activities if written parent/guardian and physician authorization has been provided.<br/>s. 1002.20(3)(i), F.S.;<br/>Chapters 6A-6.0251, F.A.C.,<br/>64F-6.004(4), F.A.C.;<br/>Saving Lives at School<br/>Anaphylaxis and Epinephrine<br/>School Nurse and Handbook for<br/>Connection Cards, NASN;<br/>NASN Position Statement on<br/>Rescue Medications in School;</p> | <p>27a. For students with life threatening allergies, the RN shall develop and update annually IHP that includes an ECP, in cooperation with the student, parent/guardian, physician, and school staff. The IHP shall include child-specific training to protect the safety of all students from the misuse or abuse of auto-injectors. The ECP shall direct that 911 will be called immediately for an anaphylaxis event and have a plan of action for when the student is unable to perform self-administration of the epinephrine auto-injector.</p> | <p>CHD, LEA</p> | <p>School Health policies and procedures, developed jointly by the CHD and LEA, require that a student who carries medication on their person have a current medication administration form (MAR) with parental signature, Parent Authorization for Administration of Medication (PAAM) and Medical Management Plan (MMP) with physician authorization. Care planning meetings are held, as needed where individual health care plans and emergency health care plans are created for those needs. LEA documents child specific training completed on skills checkoff sheets, in IHP, and in student data system. The CHD provides program oversight. Charter schools will need to provide their own RN for school health services or enter into a contractual agreement with CHD for fee for service.</p> |

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| <p>Students with Life-Threatening Allergies, 2017 Updated Guidance</p>  |   |            |            |
| <p>28. A public school may purchase a supply of epinephrine auto-injectors from a wholesaler distributor or manufacturer as defined in s. 499.003, F.S. for the epinephrine auto-injectors at fair-market, free, or reduced prices for use in the event a student has an anaphylactic reaction. The epinephrine auto-injectors must be maintained in a secure location on the public school's premises. The participating school district shall adopt a protocol developed by a licensed physician for the administration by school personnel who are trained to recognize an anaphylactic reaction and to administer an epinephrine auto-injection. s. 1002.20(3)(2), F.S.</p> | <p>28a. If the school district has chosen to maintain supplies of epinephrine auto-injectors, a standing order and written protocol has been developed by a licensed physician and is available at all schools where the epinephrine auto-injectors are stocked.</p>  | <p>N/A</p> | <p>N/A</p> |
| <p>29. Educational training programs required by this section must be conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity or individual</p>   | <p>29a. Ensure that school staff that are designated by the principal (in addition to school health staff in the school clinic) to administer stock epinephrine auto-injectors (not prescribed to an individual student) are trained by a nationally recognized organization experienced in training laypersons in emergency health treatment</p> | <p>N/A</p> | <p>N/A</p> |

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| <p>approved by the department. The curriculum must include at a minimum: (a) Recognition of the symptoms of systemic reactions to food, insect stings, and other allergens; and (b) The proper administration of an epinephrine auto-injector. <b>s. 381.88, F.S.</b></p>   | <p>or an entity approved by the Department of Health.</p>  | <p>CHD, LEA</p> | <p>Clay County School District has no restrictions on which school students with diabetes may attend and currently has students with diabetes at most schools. LEA ensures completion of Medical Management Plan (MMP) with physician authorization and Parental Authorization for Administration of Medication (PAAM) form with parental authorization and physician authorization. Care planning meetings are held, as needed where individual health care plans and emergency action care plans are created for those needs. LEA documents child specific training completed on skills checkoff sheets, in IHP, and/or in student data system. The CHD provides program oversight. Charter schools will need to provide their own RN for school health services or enter into a contractual agreement with CHD for fee for service.</p> |
| <p><b>30. Students with diabetes will have a Diabetes Medical Management Plan (DMMP) from the student's healthcare provider that includes medication orders and orders for routine and emergency care. An Individualized Healthcare Plan (IHP) will be developed from the DMMP by the RN in collaboration with the parent/guardian, student, healthcare providers and school personnel for the management of diabetes while en route to and from school, in school, or at school-sponsored activities. An Emergency Care Plan (ECP) will be developed as a child-specific action plan to facilitate quick and appropriate responses to an individual emergency in the school setting. The ECP may be a component of the IHP. The ECP will summarize signs</b></p> | <p>30a. Maintain a copy of the current physician's diabetes medical management plan and develop and implement an IHP and ECP to ensure safe management of diabetes</p> |                 |  |

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| <p>and symptoms and how to recognize and treat hypoglycemia and hyperglycemia. It shall specify when to call 911. s. 1002.20(3)(j), F.S.; Chapter 6A-6.0253, F.A.C.; NASN position statement, Diabetes Management in the School Setting</p>  |   |                 |  |
| <p>31. Students with diabetes that have physician and parent/guardian approval may carry their diabetic supplies and equipment and self-manage their diabetes while en route to and from school, in school, or at school-sponsored activities. The written authorization shall identify the diabetic supplies, equipment and activities the student can perform without assistance for diabetic self-management, including hypoglycemia and hyperglycemia. s. 1002.20(3)(j), F.S.; Chapter 6A-6.0253, F.A.C.; NASN position statement, Diabetes Management in the School Setting</p> | <p>31a. Maintain a copy of the current physician's diabetes medical management plan and develop and implement an IHP and ECP to ensure safe self-management of diabetes.</p>                              | <p>CHD, LEA</p> | <p>School Health policies and procedures require that a student who carries diabetic supplies on their person have a current Medical Management Plan (MMP) with physician authorization and Parental Authorization for Administration of Medication (PAAW) form with parental authorization and physician authorization. Care planning meetings are held, as needed, where individual health care plans and emergency action care plans are created for those needs. LEA documents child specific training completed on skills checkoff sheets, in IHP, and in student data system. The CHD provides program oversight. Charter schools will need to provide their own RN for school health services or enter into a contractual agreement with CHD for fee for service.</p> |
| <p>32. A student who has experienced or is at risk for pancreatic insufficiency or who has been diagnosed as having cystic fibrosis may</p>  | <p>32a. Develop and implement an IHP and ECP for management of the conditions requiring pancreatic enzyme supplements and to ensure that the student carries and self-administers such supplements as</p> | <p>CHD, LEA</p> | <p>School Health policies and procedures require that a student who carries medication on their person have a current Medical Management Plan (MMP) with physician authorization and</p>   |

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| <p>carry and self-administer a prescribed pancreatic enzyme supplement while en route to and from school, in school, or at school sponsored activities, if the school has been provided with authorization from the student's parent/guardian and prescribing practitioner.<br/> <b>s. 1002.20(3)(l), F.S.;</b><br/> <b>Chapter 6A-6.0252, F.A.C.</b></p>   | <p>prescribed by the physician. Maintain documentation of healthcare provider and parental/guardian authorization to self-carry.</p>   |                 | <p>Parental Authorization for Administration of Medication (PAAM) form with parental authorization and physician authorization. Care planning meetings are held, as needed where individual health care plans and emergency action care plans are created for those needs. The CHD provides program oversight. Charter schools will need to provide their own RN for school health services or enter into a contractual agreement with CHD for fee for service.</p>  |
| <p><b>33. Nonmedical assistive personnel shall be allowed to perform health-related services upon successful completion of child specific training by a registered nurse or advanced registered nurse practitioner, physician, or physician assistant.</b><br/> <b>s. 1006.062(4), F.S.;</b><br/> <b>Chapters:</b><br/> <b>64B9-14.002(3), F.A.C.,</b><br/> <b>64B9-14, F.A.C.;</b><br/> <b>Technical Assistance</b><br/> <b>Guidelines - The Role of the Professional School Nurse in the Delegation of Care in Florida Schools (Rev. 2010).</b></p> | <p>33a. Document health related child-specific training by an RN for delegated staff. The delegation process shall include communication to the UAP which identifies the task or activity, the expected or desired outcome, the limits of authority, the time frame for the delegation, the nature of the supervision required, verification of delegate's understanding of assignment, verification of monitoring and supervision. The documentation of training and competencies should be signed and dated by the RN and the trainee.</p> | <p>CHD, LEA</p> | <p>Documentation of child specific training done on skills checkoff sheets, child specific training sheets, in IHP, and/or in student data system. Child specific training by LEA for unlicensed assistant personnel (UAP), as needed. Child specific training for UAP will be completed by school board RN or appropriate licensed personnel from the child's medical provider for schools without a RN. The CHD provides program oversight. Charter schools will need to provide their own RN for school health services or enter into a contractual agreement with CHD for fee for service.</p> |
| <p><b>34. Pursuant to the provisions of Chapter 435, any person who provides services under a school health services plan pursuant to s. 381.0056, F.S. must meet level 2 screening</b></p>   | <p>31b. Use of nonmedical assistive personnel shall be consistent with delegation practices per requirements.</p> <p>34a. Collaborate with school district to ensure district background screening policies do not result in duplicate or conflicting background screening requirements for staff providing school health services.</p>  | <p>CHD, LEA</p> | <p>LEA RNs follow Technical Assistance Guidelines when delegating tasks and procedures to UAPs. The CHD provides program oversight.</p> <p>All school health employees from LEA, CHD and community agencies undergo Level 2 background screenings prior to employment and repeated every 5 years.</p>  |

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| <p>requirements as described in <b>s. 435.04, F.S.</b> A person may satisfy the requirements of this subsection by submitting proof of compliance with the requirements of level 2 screening conducted within 11 months before the date that person initially provides services under a school health services plan. <b>ss. 381.0059, F.S., 1012.465, F.S.</b></p>                                      |  |            |   |
| <p><b>35. Immediate notification to a student's parent/guardian, or caregiver if the student is removed from school, school transportation, or a school-sponsored activity and taken to a receiving facility for an involuntary examination pursuant to s. 394.463, F.S. including the requirements established pursuant to ss. 1002.20(3)(l), F.S., 1002.33(9), F.S., 381.0056(4)(a)(19), F.S.</b></p> | <p>35a. The school health services plan shall include policies and procedures for implementation of the aforementioned statutory requirements.</p> | <p>LEA</p> | <p>LEA has policies and procedural guidelines in place when a student is removed from school, school transportation or a school-sponsored activity and taken to a facility for an involuntary examination under the Baker Act. These guidelines provide for the immediate notification to a student's parent or guardian if the student is removed from school as stipulated in s.381.0056(4)(a)(19). This information is disseminated through school counselors, mental health therapists, the crisis response manual, code of student conduct, as well as provided on the LEA web page.</p> |



**PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)**

| <b>References/Resources</b>   | <b>Program Standards</b>  | <b>Local Agency(s) Responsible</b>                | <b>Local Implementation Strategy &amp; Activities</b>  |
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| <p>36. The services provided by a comprehensive school health program must focus attention on promoting the health of students, reducing risk-taking behavior, and reducing teen pregnancy. Services provided under this section are additional and are intended to supplement, rather than supplant, basic school health services.<br/>                     ss. 381.0057(6), F.S., 743.065, F.S.</p> | <p>36a. Provide in-depth health management, interventions and follow-up through the increased use of professional school nurse staff.<br/>                     36b. Provide health activities that promote healthy living in each school.</p> | <p>CHD, LEA<br/>                     CHD, LEA</p> | <p>All comprehensive schools have a RN or LPN on-site for the entire school day. The CHD provides program oversight.<br/>                     Health promotion activities provided at each comprehensive school. CHD participates, as available and when requested. A Student Health Expo is provided with community partners each year and LEA/CHD participate. Wilkinson Junior High School is a community partnership school partnering with Children's Home Society of Florida, St. John's River State College, Clay County School District and Baptist Health/Wolfson Children's Hospital.<br/>                     Orange Park High School is a community partnership school collaborating with Children's Home Society of Florida, Orange Park Medical Center, Clay County School District, Palms Medical Group and St. John's River State College. LEA coordinates Hunger Free Campus, and Share Table. LEA provides district wide annual training on child abuse. LEA provided Youth Mental Health First Aid training to the DOH-Clay school nurses and all the LEA</p> |

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|  | 36c. Provide health education classes.  | LEA | staff. LEA and CHD participate in SHWAC with community partners.  |
|  | 36d. Provide or coordinate counseling and referrals to decrease substance abuse.  | LEA | Health promotion classes provided at each comprehensive school with health promotion resources available, upon request. LEA certificated staff provide health education instruction integrated within the core curriculum. This 2019-20 SY, CATCH my Breath-Anti-Vaping Program was trained and implemented in 5 <sup>th</sup> -9 <sup>th</sup> grade physical education. |
|  | 36e. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.  | LEA | Students referred to local substance abuse center for services, as needed. Family Education Program- Too Good for Drugs and Violence provided to students, as needed. Student Assistance Program is provided, as needed.  |
|  | 36f. Provide or coordinate health education classes to reduce the incidence of substance abuse, suicide attempts and other high-risk behaviors. | LEA | Annual training is provided to counselors on identification and referral concerning suicide prevention. LCSW and guidance counselors will provide individual counseling and referral, if needed. Student Assistance Program is provided, as needed.   |
|  | 36g. Identify and provide interventions for students at risk for early parenthood.  | LEA | Student Assistance Program (SAP) is provided, as needed. SAP counselors, school nurse, guidance counselors, school psychologists and social workers work with students to identify needs and resources.   |

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| <p>36h. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.</p>        |  | <p>LEA</p>      | <p>Student Assistance Program is provided, as needed. SAP counselors, school nurse, guidance counselors, school psychologists and social workers work with students to identify needs and resources.</p>  |
| <p>36i. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.</p>                         |  | <p>CHD, LEA</p> | <p>LEA social workers and guidance counselors work with agencies to provide support, education and services. Healthy Start Services available at Bannerman Learning Center. CHD provides Healthy Start referral information to the LEA.</p>   |
| <p>36j. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.</p> |  | <p>CHD, LEA</p> | <p>LEA social workers and guidance counselors work with agencies to provide support, education and services for the transition back into the school setting. Healthy Start Services available at Bannerman Learning Center. CHD provides Healthy Start referral information to the LEA.</p> |
| <p>36k. Refer all pregnant students who become known to staff for prenatal care and Healthy Start services.</p>    |  | <p>CHD, LEA</p> | <p>Healthy Start Services available at Bannerman Learning Center. Referrals are made by social workers and school counselors. CHD provides Healthy Start referral information to the LEA.</p>   |

**PART III: HEALTH SERVICES FOR FULL SERVICE SCHOOLS (FSS)**

| <p>References/Resources</p>  | <p>Program Standards</p>  | <p>Local Agency(s) Responsible</p> | <p>Local Implementation Strategy &amp; Activities</p>  |
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| <p>37. The State Board of Education and the Department of Health shall jointly establish full-service schools (FSS) to serve</p> | <p>37a. Designate full-service schools based on demographic evaluations.<br/>37b. Provide nutritional services.</p> | <p>CHD, LEA<br/><br/>LEA</p>       | <p>Currently 10 full-service schools in the county.<br/>Referrals to local agencies, summer nutrition program at selected school sites. Free lunch provided at all full-service schools.</p> |

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| <p><b>students from schools that have a student population at high risk of needing medical and social services s. 402.3026(1), F.S.</b></p>   | <p>37c. Provide basic medical services.</p>   | <p>CHD, LEA</p>  | <p>CHD coordinates or participates in Back to School Event in the summer with LEA at selected school sites or other community agencies with other community partners. LEA partnering with Health Heroes Inc. to provide Influenza, HPV and Tdap vaccines.</p>             |
|   | <p>37d. Provide referral to dependent children (Temporary Assistance to Needy Families (TANF)).</p> | <p>LEA</p>   | <p>Referrals to local agencies for needed specialized services. Social worker available at all school sites, SAP counselors for at risk students.</p>   |
|   | <p>37e. Provide referrals for abused children.</p>  | <p>CHD, LEA</p>  | <p>LEA provides referrals to local agencies for needed specialized services. Social worker available at all school sites, SAP counselors for at risk students. CHD and LEA provide training and information on how to report child abuse to school health room staff.</p> |
| <p>37f. Provide specialized services as an extension of the educational environment that may include: nutritional services, basic medical services, aid to dependent children, parenting skills, counseling for abused children, counseling for children at high risk for delinquent behavior and their parent/guardian, and adult education.</p> | <p>LEA</p>  | <p>Parenting and GED classes at various sites provided. Referrals to local agencies for needed specialized services. Social worker available at all school sites, SAP counselors for at risk students.</p>   |   |
| <p>37g. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.</p>   | <p>LEA</p>  | <p>Partnerships in place with multiple community agencies for health and social services. Keystone Heights Jr./Sr. High School is a community partnership school partnering with Azalea Health, Children's Home Society, Clay County School District and Santa Fe State College.</p> |   |