



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

2022 – 2024 School Health Services Plan

for

Clay County

E-mail Plan as an Attachment to:

HSF.SH_Feedback@flhealth.gov and County School Health Liaison

2022 - 2024 School Health Services Plan Signature Page

My signature below indicates that I have reviewed and approved the 2022 - 2024 School Health Services Plan and its local implementation strategies, activities, and designations of local agency responsibility as herein described:

Position	Name and Signature	Date
Local Department of Health Administrator / Director	Heather Huffman, MS, RDN, LD/N, IBCLC	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
Local Department of Health Nursing Director	Cynthia Jackman, MN, RN	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
Local Department of Health School Health Coordinator	Jacqueline Copeland, BSN, RN, NCSN	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Board Chair Person	Mary Bolla, MALS, MEd	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School District Superintendent	Superintendent David S. Broskie, MS	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School District School Health Coordinator	Kristin Riebe, BAS, RN, LNC	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Health Advisory Committee Chairperson	Annie A. Wallau, MNM	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Health Services Public / Private Partner	Monique Johnson	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>

SUMMARY – SCHOOL HEALTH SERVICES PLAN 2022-2024

Statutory Authority: Section (s.) 381.0056, Florida Statutes (F.S.) requires each 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. Rule 64F-6.002, Florida Administrative Code (F.A.C.) requires the plan to be completed biennially. Please note that items that are colorized blue are internet links that enable you to directly view the relevant reference material.

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 - Includes 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, 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 – Statute and/or Rule References. This column includes Florida Statutes, administrative rules and references demonstrating best practices related to school health.
- Column 2 – Program Standard/Requirement. This column provides specific requirements related to the statutes, administrative rules and references listed in column 1.
- Column 3 – Local Agency(s) Responsible. The local agencies (CHD, Local 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, 2022, you may submit the plan at that time and submit the scanned signature page as a PDF file when it is fully signed.

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategies and Activities
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PART I: BASIC SCHOOL HEALTH SERVICES

<p>1. School Health Services Plan; Basic School Health Services; Comprehensive School Health Services and Full-Service Schools: School Health Services Act: s. 381.0056, F.S.; Chapter 64F-6.002, F.A.C.; Florida Nurse Practice Act: Chapter 464 Nursing 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 county health department (CHD) administrator/director/health officer.</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>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 CHD administrator/director/health officer and forwarded to the School Health Services Program office.</p>	<p>CHD, LEA</p>	<p>The plan is updated by March 1st and reviewed yearly by both parties. It is finalized by August 1st 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, 1 Senior Clerk 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 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 CHD and LEA shall each designate one person, RN recommended, to be responsible for the coordination of planning, development, implementation and</p>	<p>CHD, LEA</p>	<p>CHD-Jacqueline Copeland, BSN, RN, NCSN LEA-Kristin Riebe, BAS, RN</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	<p>evaluation of the program. These individuals should collaborate throughout the school year to assure program compliance and to plan and assess the delivery of program services.</p>		<p>CHD and LEA communicate regularly, by phone and email, as needed. School Health Services Program meetings are scheduled regularly, throughout the year.</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>	<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</p>

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			<p>Health Services Program reviews in all the schools. Primary schools receive another review in the spring to review mass health screening performance measures. 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>1g. Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the 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. The SHSM is reviewed annually and updated every 2 years. The school board approves the SHSM by July 1st for the following school year. District policy related to health is in the Student & 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 the CHD of any changes</p>

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	1h. Establish procedures for health services reporting in Health Management System (HMS) and the annual report, to include services provided by all partners.	CHD, LEA	to the forms. Forms should only have the CCDS logo. LEA submits data for reporting into HMS (by the 5 th 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.
	1i. Each 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 address the eight CSH components in the school district's wellness policy.	CHD, LEA	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 School Health Wellness Advisory Council (SHWAC) to include the Wellness component. The LEA is the lead of SHWAC. Bylaws were created by the Council.
2. Health Appraisal s. 381.0056(4)(a)(1), F.S.	2a. Determine the health status of students.	LEA	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

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			contractual agreement with CHD for fee for service.
<p>3. Records Review s. 381.0056(4)(a)(2), F.S.; s.1003.22(1)(4) F.S.; Rules 64F-6.005(1), F.A.C.; 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. CHD completes weekly immunization audits during the first few weeks of school and in preparation for FTE week and as needed, to ensure compliance.</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 30th. 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 quarterly, at a minimum. CHD may perform additional in-person or virtual audits, as needed.</p>

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<p>4. Nurse Assessment s. 381.0056(4)(a)(3), F.S.; Rules: 64F-6.001(6), F.A.C.; 6A-6.0253, F.A.C.; 6A-6.0252, F.A.C.; 6A-6.0251, F.A.C.</p>	<p>4a. Perform nursing (RN) assessment of student health needs.</p>	<p>CHD, 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>4b. For day-to-day and emergency care of students with chronic and/or complex health conditions at school, the RN develops an individualized health care plan (IHP) and Emergency Care Plan (ECP).</p>	<p>CHD (Charter schools), LEA</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, ESE 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>5. Nutrition Assessment s. 381.0056(4)(a)(4), F.S.; Florida School Health Administrative Resource Manual, 2017</p>	<p>5a. Identify students with nutrition related problems and refer to an appropriate health care 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 by LEA 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</p>

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			1 st , 3 rd and 6 th grades by LEA. CHD assists with BMI screenings, as requested. LEA distributes the results of the BMI screenings to the parents with a letter (1 st notification letter). CHD creates a letter (follow up letter, 2 nd attempt to contact) to reach the parents/guardian of the students who did not pass the BMI screening, did not respond to initial letter and are assessed as underweight or obese. LEA distributes these letters to the parent/guardian.
6. Preventive Dental Program s. 381.0056(4)(a)(5), F.S.	6a. Provide services such as oral health education, screenings and referrals, dental sealants, fluoride varnish and/or fluoride rinse as appropriate.	CHD, LEA	LEA is partnering with DOH-BAKER to provide Preventative Dental Care in the schools, with an expansion into more schools for the SY2022-2023.
7. Health Counseling s. 381.0056(4)(a)(10), F.S.	7a. Provide health counseling as appropriate.	LEA	Health counseling is provided by partnering qualified agency, as needed.
8. Referral and Follow-up of Suspected and Confirmed Health Problems s. 381.0056(4)(a)(11), F.S.	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.	CHD, LEA	LEA completes a letter (1 st notification), 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 creating a letter, of any students who have been identified to have an abnormal screening, if the parents/guardians have not responded to the 1st notification

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			<p>letter. The letters (follow up letters, 2nd attempt to contact) are returned to the school for distribution. LEA provides CHD with initial and final follow-up list so that the letter (follow up letter / 2nd attempt to contact) can be created, and final outcomes can be recoded into the Health Management Program / HMS. Referral lists are utilized and updated at least yearly, 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>
<p>9. Provisions for Screenings s. 381.0056(4)(a)(6-9),(e) F.S.; Rule 64F-6.003(1-4), F.A.C.</p>	<p>9a. Provide mandated screenings unless the parent requests in writing an exemption: (1) Vision screening shall be provided, at a minimum, to non-exempted students in grades kindergarten, 1, 3 and 6 and students entering Florida schools for the first time in grades kindergarten – 5. (2) Hearing screening shall be provided, at a minimum, to non-exempted 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. (3) Growth and development screening shall be provided, at a minimum, to non-exempted students in grades 1, 3 and 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 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</p>

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	and optionally to students in grade 9. (4) Scoliosis screening shall be provided, at a minimum, to non-exempted students in grade 6.		or enter into a contractual agreement with CHD for fee for service.
	9b. Provide screening services to all specified students pursuant to s. 381.0056(4)(a) unless a parent/guardian requests exemption from the screening services in writing.	LEA	Opt-out forms will be sent home to parents and LEA will ensure consent for care is on file prior to screening.
	9c. The School shall obtain parent/guardian permission in writing prior to any invasive screening, (e.g. comprehensive eye exam, Covid testing).	LEA	Consent would be obtained in writing before comprehensive screenings involving invasive screenings.
	9d. Refer students with abnormal screening results to service providers for additional evaluation and/or treatment (e.g. state contracted vision service providers).	CHD, LEA	Local and state contracted vision service providers are utilized for referral services. Providers include: Vision is Priceless, 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.
10. Meeting Emergency Health Needs ss. 381.0056(4)(a)(10), F.S.; s. 1006.165, F.S.; Rule 64F-6.004(1), F.A.C.; Emergency Guidelines for Schools, 2019 Florida Edition	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.	CHD, LEA	Health Room policies, guidelines and procedures are updated yearly by CHD and LEA. Emergency Guidelines for Schools, 2019 Florida Edition is utilized in the health rooms, as well as the School Health Services Manual for local guidelines. LEA and CHD will follow evidence-

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			<p>based practices, as outlined in, "School Nursing A Comprehensive Text," (2020) except as noted in local guidelines, procedures or policy. Medical Emergency Plans 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. LEA and CHD comply and utilize the School Health Administrative Resource Manual, (2021) for the administration of the School Health Services Program.</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>CHD, 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>

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	10c. Assist in the planning and training of staff responsible for emergency situations.	CHD, LEA	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 & 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 provided SY 2022-2023, Naloxone Training 2022-2023).
	10d. The school nurse shall monitor adequacy and expiration of first aid supplies, emergency equipment and facilities.	CHD, LEA	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.
	10e. The school principal (or designee) shall assure first aid supplies, emergency equipment and facilities are maintained.	LEA	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.
	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.	LEA	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.

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	<p>10g. It is the responsibility of each school that is a member of the Florida High School Athletic Association to:</p> <ul style="list-style-type: none"> (1) Have an operational automatic external defibrillator (AED); (2) Ensure employees expected to use the AED obtain appropriate training; and (3) Register the AEDs with the county emergency medical services director. 	LEA	<p>A minimum of 2 AEDs is 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>11. Assist in Health Education Curriculum s. 381.0056(4)(a)(13), F.S.</p>	<p>11a. Collaborate with schools, health staff and others in health education curriculum development.</p>	CHD, LEA	<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 purchase supplies and educational materials for the School Health Services Program, as funding allows.</p>
<p>12. Refer Student to Appropriate Health Treatment 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>	CHD, LEA	<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>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p>13. Consult with Parent/Guardian Regarding Student's Health Issues s. 381.0056(4)(a)(15), F.S.; Rule 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>14. Maintain Health-Related Student Records s. 381.0056(4)(a)(16), F.S.; s. 1002.22, F.S.; Rule 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 school health entry records yearly, during School Health Services Program reviews, to ensure compliance.</p>
<p>15. Nonpublic School Participation s. 381.0056(5)(a)(18), F.S.; s. 381.0056(5)(a)-(g), F.S.</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.</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p>16. Provision of Health Information for Exceptional Student Education (ESE) Program Placement s. 381.0056(4)(a)(17), F.S.; Rules 6A-6.0331, F.A.C.; 64F-6.006, F.A.C.</p>	<p>16a. The District School Board will ensure that relevant health information for ESE staffing and planning is provided.</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 LEA 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>17. Provide In-service Health Training for School Personnel s. 381.0056(6)(b), F.S.; Rule 64F-6.002, F.A.C.</p>	<p>17a. The District School Board will 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 School Health Services Program Orientation to all newly hired school health personnel that can take up to 4 hours. CHD and LEA coordinate annual School Health Services Program meeting & 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. The LEA provides and 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 completed by a LEA RN, to assess understanding and document return demonstration. Charter schools will need to provide their own RN</p>

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			for school health services or enter into a contractual 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>18. Health Services and Health Education as Part of the Comprehensive Plan for the School District.</p> <p>s. 381.0056(6)(a), F.S.; Rule 64F-6.002, F.A.C.</p>	<p>18a. The District School Board will ensure that school-based health services and health education are provided to public school children in grades pre-kindergarten - 12.</p>	<p>CHD, LEA</p>	<p>LEA yearly informs parents / guardians, in writing, through social media and on school web pages, 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 instruction in mental health which includes child / human trafficking, substance use and healthy relationship education in KG-12; curriculums include Too Good for Drugs & Catch My Breath in 4-12, Hanley Foundation. The Hanley Foundation program was used on limited basis due to COVID and the closed campuses. Schools accessed by the virtual format when scheduling permitted.</p> <p>The LEA has currently adopted Suite 360. It is a comprehensive video-based program that provides instruction in all the new accountability areas K-12.</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p>19. Physical Facilities for Health Services s. 381.0056(6)(c), F.S.; State Requirements for Educational facilities, 2014 and/or State Requirements for Existing Educational Facilities 2014</p>	<p>19a. The District School Board will ensure that adequate health room facilities are made available in each school and meet the Florida Department of Education requirements.</p>	<p>LEA</p>	<p>Health room facilities available at each school and maintained by LEA.</p>
<p>20. Helping Children be Physically Active and Eating Healthy s. 381.0056(6)(d), F.S.</p>	<p>20a. The District School Board will ensure that at the beginning of each school year, a list programs and/or resources is made available to the parent/guardian so they can help their children be physically active and eat healthy foods.</p>	<p>CHD, LEA</p>	<p>LEA disseminates information to parents through school newsletters, social media, food and nutrition services, Physical Education (PE)/Health curriculum and district website. LEA provides the Free Summer Meals Program (breakfast & lunch) for kids 18 and under at approved schools across the district and via the Filling Station (mobile food truck) at 2 library locations. The number of feeding sites for the Free Summer Meals Program could change based on the needs of the district (increase in sites due to summer program or decrease because of participation later in the summer).</p> <p>LEA also participates in the National School Lunch, National School Breakfast, and Snack Program. The updated Clay County Food & Nutrition Services website (https://fns.myoneclay.net/) gives the public, parents, students, and staff access to department specific content such as menus, allergen/nutrient content of all</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			menu items, free & reduced applications, and FNS announcements. This revamped website is linked from the district site and all 41 school sites. 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.
21. Inform Parent/Guardian of the Health Services Provided s. 381.0056(6)(e), F.S. s. 1001.42(8)(c), F.S.	21a. The District School Board will ensure that at the beginning of each school year, the parent/guardian will be informed in writing that their children will receive specified health services as provided for in the district health services plan and the opportunity to request an exemption of any service(s) in writing.	LEA	Information on the School Health Services Program and screenings is posted on the school district's website and is in the Student & 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.
22. Declaring a Communicable Disease Emergency s. 1003.22(9), F.S.; Rule 64F-6.002(2)(d), F.A.C.	22a. The county health department director, administrator or the state health officer may declare a communicable disease emergency in the event of any communicable disease for which immunization is required by the Florida Department of Health in a Florida public or private school. A communicable disease policy must be developed and needs to provide for interagency coordination during suspected or confirmed disease outbreaks in schools.	CHD, LEA	Communicable Disease Notification in Student & 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

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			during flu season. Disease Control and Prevention notified of outbreaks noted by school personnel. CHD provides education to LEA on communicable diseases, as requested.
23. Administration of Medication and Provision of Medical Services by District School Board Personnel s. 1006.062(1)(a), F.S. ;	23a. The District School Board will include provisions to provide training, by a registered nurse, a licensed practical nurse, a physician or a physician assistant (pursuant to Chapter 458 or 459, F.S.), to the school personnel designated by the school principal to assist students in the administration of prescribed medication.	CHD, LEA	LEA provided medication course 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 and monitors compliance during annual program 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.
24. Policy and Procedure Governing the Administration of Prescription Medication s. 1006.062(1)(b), F.S. ; Rule 64B9-14, F.A.C.	24a. The District School Board will adopt policies and procedures governing the administration of prescription medication by district school board personnel and be consistent with delegation practices.	CHD, LEA	School Health Services Manual reviewed annually and updated, as needed. LEA provided medication policy and health related forms. Forms available on school district website, and

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			<p>Google Drive. 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 LEA 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 as per F.S 464. The LEA will comply with the "Technical Assistance Guidelines: The Role of the Professional School Nurse in the Delegation of Care in Florida Schools (2022), during the process of delegating. 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. LEA will additionally secure and double lock all controlled / scheduled medications .</p>
<p>25. Policy and Procedure for Allowing Qualified Patients to use Marijuana. s. 1006.062(8), F.S.; s. 381.986, F.S.</p>	<p>25a. 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.</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</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			medical marijuana to and from school.
	25b. Pursuant to the district policy, develop procedures to follow when parents of students, that are qualified patients, request that medical marijuana be administered to their child at school.	LEA	Parent/caregiver is solely responsible for safely administering and transporting medical marijuana to and from school. See medical marijuana policy and forms.
	25c. 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.	LEA	Refer to Policy 4.12 under Health and Safety Medication for Students.
26. Students with Asthma Carrying a Metered Dose Inhaler s. 1002.20(3)(h), F.S.; National Association of School Nurses (NASN) Position Statement, The Use of Asthma Rescue Inhalers in the School Setting	26a. Students with asthma whose parent/guardian and physician provide approval, may carry a metered dose inhaler on their person while in school. Ensure written authorization for use of metered dose inhaler at school is completed and signed by health care provider and parent/guardian.	CHD, LEA	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/action plans are created for those needs by the LEA. LEA documents child specific training completed on skills checkoff sheets, in IHP, and in student data system. The CHD provides program oversight. Charter

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			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.
<p>27. Students with Life Threatening Allergies s. 1002.20(3)(i), F.S.; Rules 6A-6.0251, F.A.C.; 64F-6.004(4), F.A.C.; NASN Position Statement on Rescue Medications in School; Students with Life-Threatening Allergies, 2017 Updated Guidance</p>	<p>27a. Ensure that written parent/guardian and physician authorization has been obtained from students who may carry an epinephrine auto-injector and self-administer while enroute to and from school, in school, or at school-sponsored activities.</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 by LEA. 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>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	<p>27b. 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 by LEA. 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>28. Epinephrine Auto-injectors Use and Supply s. 1002.20(3)(i)(2), F.S.</p>	<p>28a. If the school district has chosen to maintain supplies of epinephrine auto-injectors from a wholesale distributor or manufacturer as defined in s. 499.003, F.S., the School District Board will insure that a standing order and written protocol be developed by a licensed physician and is available at all schools where the epinephrine auto-injectors are stocked. The participating school district shall adopt a protocol developed by a licensed physician for the administration by school</p>	<p>N/A</p>	<p>N/A</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	personnel who are trained to recognize an anaphylactic reaction and to administer an epinephrine auto-injection.		
29. Emergency Allergy Treatment s. 381.88, F.S.	29a. The School District Board will ensure that school staff, who 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 or an entity approved by the Florida Department of Health.	N/A	N/A
	29b. 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.	N/A	N/A
30. Diabetes Management s. 1002.20(3)(j), F.S. ; Rule 6A-6.0253, F.A.C.-Diabetes management	30a. Students with diabetes must have a Diabetes Medical Management Plan (DMMP) from the student's health care provider that includes medication orders and orders for routine and emergency care.	CHD, LEA	Clay County District Schools 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,

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			Medication Authorization Record (MAR), 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 by LEA. 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.
	30b. An IHP will be developed from the DMMP by the RN in collaboration with the parent/guardian, student, health care providers and school personnel for the management of diabetes while enroute to and from school, in school, or at school-sponsored activities.	CHD, LEA	LEA ensures completion of Medical Management Plan (MMP) with physician authorization, Medication Authorization Record (MAR) 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 by LEA. The CHD provides program oversight. Charter schools will need to provide their own RN for school health services or enter

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			into a contractual agreement with CHD for fee for service.
	30c. An ECP will be developed as a child-specific action plan to facilitate quick and appropriate responses to an individual emergency in the school setting.	CHD, LEA	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.
	30d. 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.	CHD, LEA	Care planning meetings are held, as needed where individual health care plans and emergency action care plans are created for those needs by LEA. 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.
31. Diabetes Self-Management s. 1002.20(3)(j), F.S.; Rule 6A-6.0253, F.A.C.-Diabetes management	31a. Students with diabetes that have physician and parent/guardian approval may carry their diabetic supplies and equipment and self-manage their diabetes while enroute 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.	CHD, LEA	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, Medication Administration Record (MAR), and Parental Authorization for Administration of Medication (PAAM) form with parental authorization and physician authorization. Care planning meetings are held, as needed,

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			<p>where individual health care plans and emergency action care plans are created for those needs by LEA. 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>31b. 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, Medication Administration Record (MAR) and 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 by LEA. 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</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			contractual agreement with CHD for fee for service.
<p>32. Use of Prescribed Pancreatic Enzyme Supplements s. 1002.20(3)(k), F.S.; Rule 6A-6.0252, F.A.C.</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 prescribed by the physician.</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 , Medication Administration Record (MAR) and 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 by LEA. 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. Care planning meetings are held, as needed where individual health care plans and emergency action care plans are created for those needs by LEA. 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>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	32b. Maintain documentation of health care provider and parental/guardian authorization for a student to self-carry and self-administer a prescribed pancreatic enzyme supplement while enroute to and from school, in school, or at school sponsored activities.	CHD, LEA	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 , Medication Administration Record (MAR) and 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 by LEA. 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. Care planning meetings are held, as needed where individual health care plans and emergency action care plans are created for those needs by LEA. 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
33. Naloxone Use and Supply s. 1002.20(3)(o), F.S.	33a. If the school district has chosen to obtain and maintain supplies of naloxone the School District Board will insure that a written protocol regarding storage, accessibility and administration of naloxone	CHD, LEA	Procedure for administering Naloxone has been created, along with appropriate forms when Naloxone is given. Naloxone

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	be developed and available at all schools where naloxone is stocked.		specific training form to be used as staff is trained.
34. Administration of Medication and Provision of Medical Services by Nonmedical Assistive Personnel s. 1006.062(4), F.S.; Rules: 64B9-14.002(3), F.A.C., 64B9-14, F.A.C.;	34a. The School District Board will ensure that nonmedical assistive personnel 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.	CHD, LEA	Documentation of child specific training done on skills checkoff sheets, child specific training sheets, in IHP, and 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.
	34b. An RN must document health related child-specific training for delegated staff. The delegation process shall include communication to the unlicensed assistant personnel (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.	CHD, LEA	Documentation of child specific training done on skills checkoff sheets, child specific training sheets, in IHP, and 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

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	34c. The School District board will ensure that the use of nonmedical assistive personnel shall be consistent with delegation practices per requirements.	CHD, LEA	contractual agreement with CHD for fee for service. LEA RNs follow F.S. 464 and "Technical Assistance Guidelines: The Role of the Professional School Nurse in the Delegation of Care in Florida Schools" (2022), when delegating tasks and procedures to UAPs. The CHD provides program oversight.
35. Background Screening Requirements for School Health Services Personnel Chapter 435, F.S. , s. 381.0059, F.S. ; s. 1012.465, F.S.	35a. The District School Board and CHD will ensure that any person who provides services under this school health services plan must meet the requirements of a level 2 background screening.	CHD, LEA	All school health employees from LEA, CHD and community agencies undergo Level 2 background screenings prior to employment and repeated every 5 years.
36. Involuntary Examination s. 394.463, F.S. including: s. 1002.20(3)(l), F.S. ; s. 1002.33(9), F.S. ; s. 381.0056(4)(a)(19), F.S.	36a. The School District Board will ensure that it develops policies and procedures for the implementation of this statutory requirement. A reasonable attempt must be made to notify a student's parent/guardian, or caregiver before the student is removed from school, school transportation, or a school-sponsored activity and taken to a receiving facility for an involuntary examination.	LEA Coordinator of Nursing, Climate & Culture, IT	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 or other contact listed if the student is removed from school as stipulated in s.381.0056(4)(a)(19) . Rescue or another school personnel call before transport. This information is disseminated through school counselors, mental health therapists, the crisis response manual, as well as provided on the LEA web page. This is incorporated into the

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			Student and Family Handbook and Code of Student Conduct for SY 2022-2023.
37. Parental Consent for Health Care Services Section 1014.06, F.S.	37. The School District Board must ensure that it develops policies and procedures for the implementation of the Parent’s Bill of Rights. Address the following statutory requirements: (1) Obtain written parental consent prior to providing, soliciting or arranging to provide health care services or prescribe medicinal drugs to a minor child. (2) Obtain written parental consent prior to a medical procedure to be performed on a minor child in its facility.	LEA Coordinator of Nursing, Climate & Culture, IT	Umbrella for consents pertaining to Parental Bill of Rights is expressed in the Student and Family Handbook and Code of Student Conduct. Adding a reminder statement to (page 41 of the Student and Family Handbook and Code of Student Conduct). Reminding parents will need to sign a consent form for care provided in the school health rooms. Sending a consent letter home to all parents/guardians.
38. Care of Students with Epilepsy or Seizure Disorders: Creates section 1006.0626	38a. Requires a school to provide epilepsy or seizure disorder care to a student under certain circumstances.	CHD, LEA	Will be covered by ISAP individual seizure action plan. 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.
	38b. Provide requirements for the implementation of an individualized seizure action plan for a student with epilepsy or a seizure disorder.	CHD, LEA	Working with local physicians to create an ISAP, our current MMP for seizures also covers the needed information. 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.
	38c. Provide that an individualized seizure action plan remains in effect until certain criteria are met.	CHD, LEA	The action plan will remain in effect until the physician changes the plan of care or at the end of a

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			school year. 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.
	38d. Authorize a school to provide training and supports to a student in the absence of such a plan.	LEA	Employees are to watch a video recommended by the Department of Education on seizures and care.
	38e. Provide requirements for such plans; requiring a school nurse or appropriate school employee to coordinate the care of such students and verify the training of certain school employees relating to the care of the students. 38f. Provide requirements for such training; based on guidance issued by the Department of Education.	CHD, LEA	Employees will watch a video on seizure care and they will submit their certificate to the school nurse. Child specific training will be completed for students with epilepsy/seizure disorders. 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.
	38g. Require schools to provide specified information to certain school employees	LEA	Employees will watch a video on seizure care and they will submit their certificate to the school nurse.

PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)

39. The Provision of Comprehensive School Health Services. The Services Provided	39a. Provide in-depth health management, interventions and follow-up through the	CHD, LEA	All comprehensive schools have a RN or LPN on-site for the entire
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Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p>Under This Section are Additional and are Intended to Supplement, Rather Than Supplant, Basic School Health Services. s. 381.0057(6), F.S.; s. 743.065, F.S.</p>	<p>increased use of professional school nurse staff.</p>		<p>school day. The CHD provides program oversight.</p>
	<p>39b. Provide health activities that promote healthy living in each school.</p>	<p>CHD, LEA</p>	<p>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. 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. Keystone High School is also a community partnership school partnering with Santa Fe Community College, Azalea Health (FQHC) and Children's Home Society. Each of these schools provide additional wellness and support. 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>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			staff. LEA and CHO participate in SHWAC with community partners
	39c. Provide health education classes.	LEA	LEA certificated staff provide health education instruction integrated within the core curriculum. In 2019-20 SY, CATCH my Breath-Anti-Vaping Program training was provided and implemented in 5 th -9 th grade physical education. LEA adopted Suite 360 program, which was used during a variety of courses throughout the year, based on the student's grade level and school structure.
	38d. Provide or coordinate counseling and referrals to decrease substance abuse/misuse.	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 or SAP counselors are provided in every secondary school. These therapists provide services along with Too Good for Drugs program instruction. This is used as a Tier 2 intervention.
	39e. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.	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 or SAP counselors are provided in every secondary school. If a student qualifies for Tier 3

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			<p>interventions, they are referred for private counseling. Many schools in the district have a therapist on campus, three or more days a week. The LEA also has contracts with many local providers. Mental Health referrals are made through the BRAVE program which tracks & manages the referrals to insure students are connected to needed services.</p>
	<p>39f. Provide or coordinate health education classes to reduce the incidence of substance abuse or misuse, suicide attempts and other high-risk behaviors.</p>	<p>LEA</p>	<p>Student Assistance Program or SAP counselors are provided in every secondary school. The Hanley program provides alcohol literacy and marijuana information, as permitted.</p>
	<p>39g. Identify and provide interventions for students at risk for early parenthood.</p>	<p>LEA</p>	<p>Student Assistance Program (SAP) or SAP counselors are provided in every secondary school. SAP counselors, school nurse, guidance counselors, school psychologists and social workers work with students to identify needs and resources.</p>
	<p>39h. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.</p>	<p>LEA</p>	<p>Student Assistance Program (SAP) or SAP counselors are provided in every secondary school. SAP counselors, school nurse, guidance counselors, school psychologists and social workers work with students to identify needs and resources.</p>
	<p>39i. 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 are available at Bannerman</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			Learning Center. CHD provides Healthy Start referral information to the LEA through DOH-Baker.
	39j. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.	CHD, LEA	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 through DOH-Baker.
	39k. Refer all pregnant students who become known to staff for prenatal care and Healthy Start services.	CHD, LEA	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 through DOH-Baker.

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

40. Full Service Schools s. 402.3026(1), F.S.	40a. The State Board of Education and the Florida Department of Health shall jointly establish FSS to serve students from schools that have a student population at high risk of needing medical and social services.	CHD, LEA	The following are FSS: BLC, CEB, CHE, GPE, KHE, MRE, MBE, SBK, WEC, WES. KHS is a FSS and is a Community Partnership School.
	40b. Designate FSS based on demographic evaluations.	CHD, LEA	Currently 10 full-service schools in the county.
	40c. Provide nutritional services.	LEA	Referrals to local agencies, summer nutrition program at selected school sites. LEA provides the Free Summer Meals Program (breakfast & lunch) for kids 18 and under at

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
			approved schools throughout the district and via the Filling Station (mobile food truck) at 2 library locations. The number of feeding sites for the Free Summer Meals Program could change based on the needs of the district (increase in sites due to summer program or decrease because of participation later in the summer).
	40d. Provide basic medical services.	CHD, LEA	CHD coordinates or participates in Back to School Event in the summer with LEA at selected school sites or in collaboration with other community agencies and partners. LEA partnering with Health Heroes Inc. to provide Influenza, HPV and Tdap vaccines.
	40e. Provide referral to dependent children Temporary Assistance to Needy Families (TANF).	LEA	Referrals to local agencies for needed specialized services. Social worker available at all school sites, SAP counselors for at risk students.
	40f. Provide referrals for abused children.	CHD, LEA	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.
	40g. 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.	LEA	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.

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	40h. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.	LEA	Partnerships in place with multiple community agencies for health and social services. All 3 community partnership schools have a contract with 3 partners for 25 years of support. Each site also has a variety of other community partners that can help with specialized projects.