

**FOLLOW ALL PROCEDURES ON BACK OF THIS FORM**

Contract # 250086  
Number Assigned by Purchasing Dept.



**CONTRACT REVIEW**

BOARD MEETING DATE:  
~~11/7/2024~~ 12-12-24  
WHEN BOARD APPROVAL IS REQUIRED DO NOT PLACE ITEM ON AGENDA UNTIL REVIEW IS COMPLETED  
 Must Have Board Approval over \$100,000.00

Date Submitted: 10/08/2024

Name of Contract Initiator: Kristin Riebe

Telephone #: 904-336-6884

School/Dept Submitting Contract: Climate & Culture

Cost Center # 9004

Vendor Name: Clay Department of Health

Contract Title: School Health Services Plan

Contract Type: New  Renewal  Amendment  Extension  Previous Year Contract #230052

Contract Term: every 2 years 2024 - 2026

Renewal Option(s):

Contract Cost: N/A

**BUDGETED FUNDS – SEND CONTRACT PACKAGE DIRECTLY TO PURCHASING DEPT**

Funding Source: Budget Line # \_\_\_\_\_

Funding Source: Budget Line # \_\_\_\_\_

**NO COST MASTER (COUNTY WIDE) CONTRACT - SEND CONTRACT PACKAGE DIRECTLY TO PURCHASING DEPT**

**INTERNAL ACCOUNT - IF FUNDED FROM SCHOOL IA FUNDS – SEND CONTRACT PACKAGE DIRECTLY TO SBAO**

REQUIRED DOCUMENTS FOR CONTRACT REVIEW PACKAGE (when applicable):

\_\_\_\_ Completed Contract Review Form

\_\_\_\_ SBAO Template Contract or other Contract (NOT SIGNED by District / School)

\_\_\_\_ SIGNED Addendum A (if not an SBAO Template Contract) - When using the Addendum A, this Statement **MUST BE** included in the body of the Contract:

*"The terms and conditions of Addendum A are hereby incorporated into this Agreement and the same shall govern and prevail over any conflicting terms and/or conditions herein stated."*

\_\_\_\_ Certificate of Insurance (COI) for General Liability & Workers' Compensation that meet these requirements:

*COI must list the School Board of Clay County, Florida as an Additional Insured and Certificate Holder. Insurer must be rated as A- or better.*

*General Liability = \$1,000,000 Each Occurrence & \$2,000,000 General Aggregate.*

*Auto Liability = \$1,000,000 Combined Single Limit (\$5,000,000 for Charter Buses).*

*Workers' Compensation = \$100,000 Minimum*

*[If exempt from Workers' Compensation Insurance, vendor/contractor must sign a Release and Hold Harmless Form. If not exempt, vendor/contractor must provide Workers' Compensation coverage].*

\_\_\_\_ State of Florida Workers Comp Exemption (<https://apps.fldfs.com/boce/exempt/>) (If Applicable)

\_\_\_\_ Release and Hold Harmless (If Applicable)

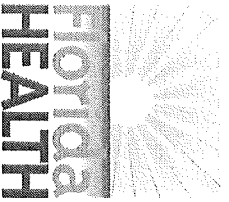
**RECEIVED**

By Bertha Staefe at 8:41 am, Oct 11, 2024

**\*\* AREA BELOW FOR DISTRICT PERSONNEL ONLY \*\***

CONTRACT REVIEWED BY:	COMMENTS BELOW BY REVIEWING DEPARTMENT
Purchasing Department  <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>REVIEWED</b>                          By Bertha Staefe at 8:41 am, Oct 11, 2024                     </div>	Health Services - No Cost  <hr/> <hr/> <hr/>
School Board Attorney JPS Review Date 10/21/24	Approved.  <hr/> <hr/>
Other Dept. as Necessary  Review Date	<hr/> <hr/> <hr/>
PENDING STATUS: <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF YES, HIGHLIGHTED COMMENTS ABOVE MUST BE CORRECTED BY INITIATOR</b>
FINAL STATUS	<div style="border: 1px dashed black; padding: 5px; display: inline-block;"> <b>TENTATIVELY APPROVED</b> </div>





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

**2024 – 2026 School Health Services Plan**  
**for**

**Clay County**

**Due by September 16, 2024**

**E-mail Plan as an Attachment to: [HSF.SH\\_Feedback@flhealth.gov](mailto:HSF.SH_Feedback@flhealth.gov)**

**2024 - 2026 School Health Services Plan Signature Page**

*My signature below indicates that I have reviewed and approved the 2024 - 2026 School Health Services Plan and its local implementation strategies, activities, and designations of local agency responsibility as herein described:*

Position	Name and Signature	Date
County Health Department Health Officer	Heather Huffman, MS, RDN, LD/N, IBCLC <i>Heather Huffman</i> Printed Name Signature	10/22/24 Date
	Courtney Ellis, MPH, BSN, RN <i>C. Ellis</i> Printed Name Signature	10/22/24 Date
County Health Department Nursing Director	Jacqueline Copeland, BSN, RN, NCSN, CPH <i>Jacqueline Copeland</i> Printed Name Signature	10-22-2024 Date
	Ashley Gilhousen  Printed Name Signature	  Date
County Health Department School Health Coordinator	Superintendent David S. Broskie, MS  Printed Name Signature	  Date
	Kristin Riebe, BA, RN <i>Kristin Riebe</i> Printed Name Signature	10-23-24 Date
School District Superintendent	Andrea M. Crowder <i>Andrea M. Crowder</i> Printed Name Signature	10/23/2024 Date
	Monique Johnson <i>Monique Johnson</i> Printed Name Signature	10-29-24 Date
School District School Health Coordinator	  Printed Name Signature	  Date
	  Printed Name Signature	  Date
School Health Advisory Committee Chairperson	  Printed Name Signature	  Date
	  Printed Name Signature	  Date
School Health Services - Public / Private Partner	  Printed Name Signature	  Date
	  Printed Name Signature	  Date

## **SUMMARY – SCHOOL HEALTH SERVICES PLAN 2024-2026**

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 4 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: Full Service School (FSS) Health Services—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.
- Part IV: Detailed Description of Local Agency(s) Roles and Responsibilities: The local agencies determine their roles and responsibilities for providing the services as described. Local agencies include CHD, Local Educational Agency (LEA), School Health Advisory Committee (SHAC), and other public and private partners providing school health services described within parts 1-3.

### **The Plan contains 3 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 Implementation Strategy & Activities. This column describes the implementation strategies and activities to fulfill requirements in columns 1 and 2.

### **Plan submission:**

- (1) If the Plan signature page has not been signed by all parties on or before September 16, 2024, 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**

<b>Statute and/or Rule References</b>	<b>Program Standard/Requirement</b>	<b>Local Implementation Strategies and Activities</b>
<p>s. School Health Services Plan; Basic School Health Services; Comprehensive School Health Services and Full-Service Schools: Rule 64F-6.002, F.A.C.; ss. 381.0056, 381.0057; 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 (CHD) administrator/director/health officer.</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>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>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>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>CHD employs all CHD staff which includes 3 CHD RNs, 1 CHD LPN and 1 RN School Health Coordinator. LEA employs all school health room staff including School Health Room Nurses (RN or LPN), Health Aides (JAPs), 2 ESE RNs and 1 RN Coordinator of Nursing Services.</p> <p>CHD uses schedule C funds from SCHOL for the provision of basic school health services at all schools, as well as at schools designated as full-service schools and comprehensive schools. Funds from SCHOL are utilized to fund the CHD staff salaries and fringe benefits. Additional expenditures are incurred to fund the CHD staff utilizing LOGOV and NCGRV. A School Health Services Agreement is executed each year between the LEA and CHD designating roles and responsibilities pursuant to the School Health Services Act and the Scope of Work. CHD and LEA does not exchange any monies for school health services.</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 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 - Jacqueline Copeland, BSN, RN, NCSN, CPH LEA - Kristin Riebe, BAS, RN</p> <p>CHD and LEA communicate regularly, by phone and email, as needed. School Health Services Program meetings are scheduled regularly, throughout the year and include the Director of Nursing (CHD), the Health Officer (CHD), and the Director of Climate and Culture (LEA).</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>Direct supervision of school district (LEA) personnel who perform school health services is the principals' responsibility. LEA supervises Clay County District Schools (CCDS) 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.</p> <p>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 in all the schools. Primary schools receive another review in the spring to review mass health screening performance measures.</p> <p>LEA completes Process Improvement Plans 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. For SY 2024-2025, LEA and CHD are entering in a Memorandum of Agreement for CoAg Staffing. Clay County was allocated 3 RN positions that will be placed in LEA health rooms.</p>

<p>2. Health Appraisal s. 381.0056(4)(a)(1), F.S.</p>		<p>2a. Determine the health status of students.</p>	<p>1g. Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the LEA 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>1h. Establish procedures for health services reporting in Health Management System (HMS) and the annual report, to include services provided by all partners.</p> <p>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.</p>	<p>The CHD and LEA will review and revise the School Health Services Manual (SHSM) for the delivery of School Health Services Program annually and update as needed or at least every 2 years.</p> <p>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 the CHD of any changes to the forms. CCDS forms should only have the CCDS logo and name.</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 School Health Services Agreement, which is signed yearly.</p> <p>CHD inputs data into HMS, as indicated in Scope of Work, as received from central office.</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 School Health Wellness Advisory Council (SHWAC) to include the Wellness component. CHD and LEA will work collaboratively in the coordinating and planning of the SHWAC. The LEA will appoint one of its members to serve as the liaison to the SHWAC, as per the SHWAC bylaws. Bylaws were created and approved by the Council. Staff support to the SHWAC shall be provided by the LEA and other Clay County District School Staff, as needed, as per the SHWAC Bylaws. SHWAC will hold quarterly meetings.</p> <p>Student records are reviewed by the LEA and students with medical conditions are referred to the nurse for further inquiry</p>
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<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>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. Charter schools that contract with the CHD notify the CHD regarding any students with chronic health conditions so the nurse can provide further evaluation with the parent and/or healthcare provider.</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 reviews at each school, as part of their oversight activities during the health room reviews in the fall. CHD performs additional record reviews, as schools are visited, virtually, and as needed. CHD communicates the school health entry requirements and the outcomes of the reviews with administration and principals. CHD completes weekly immunization compliance reports during the first full week of school through the middle of October in preparation for FTE week and then monthly, to ensure immunization compliance is met.</p>
	<p>3b. Emergency information card/form for each student shall be updated each year.</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 electronic emergency information update (via Synergy) for the current school year, on each student, and it is accessible to the health room staff by September 30<sup>th</sup>. As per the School Health Services Program FY 2024-2025 Scope of Work, the LEA will collect or track that 45% of the estimated student population emergency information cards or equivalent records are collected by September 30 of each school year and 95% of the estimated student population emergency information cards or forms by December 31 of each school year.</p> <p>The LEA will ensure emergency information cards or equivalent records are reviewed for a minimum of 15 percent of students by September 30, a minimum of 50 percent of students by December 31, and a minimum of 90 percent of</p>

<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>students by March 31, of each school year to ensure students have all required forms as required by the Scope of Work, and the School Health Services Plan. LEA has locally defined processes for parents to update the emergency information in Parent-View in Synergy.</p> <p>CHD performs record reviews at each school, during school visits and as part of their oversight activities to ensure each student has electronic emergency information on file in Synergy – Parent-View that is updated yearly. These record reviews are completed quarterly, at a minimum. CHD may perform additional in-person or virtual record reviews, as needed.</p>
	<p>4a. Perform nursing by a Registered Nurse (RN) assessment of student health needs.</p>	<p>LEA staff health rooms with RNs and LPNs. Some schools are also staffed with a UAP. LEA RNs complete assessment of student health needs based on health conditions, as indicated on the school health entry exam, emergency contact information, health condition questionnaire and upon student visits to the health room. Student health needs are assessed in collaboration with the parent, and in consultation with the healthcare provider, as the RN completes the Individual Health Care Plan (IHP) and Emergency Action Plan (EAP) while reviewing the Medical Management Plan (MMP). The LEA District RNs (ESE RNs and Coordinator of Nursing Services) signs the MAR if completed by an LPN or UAP. District RNs assess student health needs in schools not staffed with an RN (UAP or LPN).</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>Periodic health needs assessed by LEA RN through MMP, students' daily visits, healthcare provider consultation and parental input. IHPs and 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>Local Agencies Responsible: CHD (Charter schools), LEA</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>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 1<sup>st</sup>, 3<sup>rd</sup> and 6<sup>th</sup> 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<sup>st</sup> notification letter) which is sent home with the mandated health screening results (as per Rule 64F-6.003(1-4), F.A.C. for appropriate grades) including results for students that are outside the limits for a health screening and require a referral. LEA provides referral information for the parents/guardian. After 30 days, of sending 1<sup>st</sup> notification letter, LEA performs 2<sup>nd</sup> attempt to contact the parents/guardian of any students who have been outside the limits of a BMI screening/requiring a referral, if the parents/guardians have not responded to the 1st notification letter. LEA informs CHD of the students whose parents have not responded to 2<sup>nd</sup> notification letter. LEA provides CHD with follow-up list so that the letter 3<sup>rd</sup> notification letter can be created. CHD performs the 3<sup>rd</sup> attempt to contact (30 days after the 2<sup>nd</sup> attempt) parents/guardian, by creating a letter to reach the parents/guardian of the students who are outside the limits of a BMI screening/require a referral, did not respond to 2<sup>nd</sup> letter and are assessed as underweight or obese. The letters (3<sup>rd</sup> attempt to contact) are returned to the school for distribution. Referral resources lists are utilized and updated, as needed, to assist parents/ guardians and nurses in coordinating services. LEA provides CHD with final follow-up list so that final outcomes can be recoded into the Health Management Program /HMS.</p>
<p>6. Preventive Dental Program 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>LEA is partnering with DOH-BAKER to provide Preventative Dental Care in full-service schools.</p>

<p>7. Health Counseling s. 381.0056(4)(a)(10), F.S.</p>	<p>7a. Provide health counseling as appropriate.</p>	<p>LEA partners with qualified agency for health counseling, as needed.</p>
<p>8. Referral and Follow-up of Suspected and Confirmed Health Problems 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>LEA rescreens students that did not pass the initial screening within 2 weeks to determine if the student requires a referral. LEA completes a letter (1<sup>st</sup> notification), which is sent home with the mandated health screening results (as per Rule 64F-6.003(1-4), F.A.C. for appropriate grades) including results for students that are outside the limits for a health screening and require a referral. LEA provides referral information for the parents/guardian. After 30 days of sending 1<sup>st</sup> notification, LEA performs 2nd attempt to contact the parents/guardian (by 2nd notification letter) of any students who have been outside the limits of a BMI screening/requiring a referral, if the parents/guardians have not responded to the 1<sup>st</sup> notification letter. LEA informs CHD of the students whose parents have not responded to 2nd notification letter. LEA provides CHD with follow-up list so that the 3rd notification letter can be created. CHD performs the 3rd attempt to contact (30 days after the 2nd attempt) parents/guardian, by creating a letter to reach the parents/guardian of the students who are outside the limits of a screening/require a referral, did not respond to 2nd letter and are assessed as outside the normal limits of a health screening. The letters (3rd attempt to contact) are returned to the school for distribution. Referral resources lists are utilized and updated, as needed, to assist parents/ guardians and nurses in coordinating services. LEA provides CHD with final follow-up list so that final outcomes can be recorded into the Health Management Program / HMS. 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), 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</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 HOSA, school volunteers and community agencies. CHD assists with screenings, as requested and as available. LEA will provide manual counts of the mass health</p>

	<p>the first time in grades kindergarten – 5.</p> <p>(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.</p> <p>(3) Growth and development screening shall be provided, at a minimum, to non-exempted students in grades 1, 3 and 6 and optionally to students in grade 9.</p> <p>(4) Scoliosis screening shall be provided, at a minimum, to non-exempted students in grade 6.</p>	<p>screening results on the Screening Results, Initial, and Final Outcomes 2024-2025 Excel workbook - Mass Health Screening Results Excel spreadsheet to DOH.</p> <p>LEA refers all students who are outside the limits for a health screening and require a referral to the appropriate health care providers for further evaluation and treatment within forty-five (45) days of receiving the screening results. Document all referrals made in the mass health screening form. Document in Synergy, as needed.</p> <p>LEA will document follow-up, parental non-response to referral, refusal to follow-up and/or student withdrawal from school.</p> <p>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>Parents can opt in or out of the health screenings online during the registration process. The parents must update this status on a yearly basis but can make changes to their consent, as needed.</p>
	<p>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.</p>	<p>Consent would be obtained in writing by the agency offering the services, such as before comprehensive exams or screenings involving invasive screenings.</p>
	<p>9c. The school shall obtain parent/guardian permission in writing prior to any invasive screening, (e.g. comprehensive eye exam, covid testing).</p>	<p>Local and state contracted vision service providers are utilized for referral services. Providers include Vision is Pricelless 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 or Annual Screening training and/or periodically throughout the year, as needed.</p>
	<p>9d. Refer students with abnormal screening results to service providers for additional evaluation and/or treatment (e.g. state contracted vision service providers).</p>	

<p>10. Meeting Emergency Health Needs s. 381.0056(4)(a)12., F.S.; s. 1006.165, F.S.; Rule 64F-6.004(1), F.A.C.; 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>Health room policies, guidelines and procedures are reviewed yearly and updated as needed 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-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>10c. Assist in the planning and training of staff responsible for emergency situations.</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>10d. The school nurse shall monitor adequacy and expiration of first aid supplies, emergency equipment and facilities.</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 and CHD provides and/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).</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</p>

	<p>10e. The school principal (or designee) shall assure first aid supplies, emergency equipment and facilities are maintained.</p>	<p>External Defibrillators (AEDs). LEA school nurses perform quarterly maintenance checks on AEDs in the health room. 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>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> <ul 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> </ul>	<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 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>	<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>	<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>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>Forms available 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>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 are 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. Record reviews are conducted throughout the school year by the CHD, as needed and during school visits to ensure school health entry requirements are met.</p>
<p>15. Nonpublic School Participation s. 381.0056(4)(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 notifies private schools yearly by letter or email and they invited to participate. Private schools contact the CHD for specific needs. CHD invites private schools to request assistance with mandatory health screenings, as needed and enter into a contractual agreement with CHD for fee for service, for those requesting assistance.</p>
<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 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 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 &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. The LEA provides and</p>



<p>18. Health Services and Health Education as Part of the Comprehensive Plan for the School District. 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>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 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> <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. 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 &amp; 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. 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>
<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>Health room facilities available at each school and maintained by LEA. CHD conducts annual School Health Program Reviews and ensures adequate facilities are made available in each school.</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 of programs and/or resources is made available to the parent/guardian so they can help their children be physically active and</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 &amp; lunch) for kids 18 and under at approved</p>

	eat healthy foods.	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).  LEA also participates in the National School Lunch, National School Breakfast, and Snack Program. The updated Clay County Food & Nutrition Services website ( <a href="https://fns.myoneclay.net/">https://fns.myoneclay.net/</a> ) gives the public, parents, students, and staff access to department specific content such as menus, allergen/nutrient content of all menu items, free & reduced applications, and FNS announcements. This website is linked from the district site and all 42 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.
<p>21. Inform Parent/Guardian of the Health Services Provided s. 381.0056(6)(e), F.S. s. 1001.43(7), F.S. <u>s.1004.06, F.S.</u></p>	<p>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.</p>	<p>Information on the School Health Services Program and screenings is posted on the school district's website and is in the Student &amp; Family Handbook and Code of Student Conduct.</p>
<p>22. Declaring a Communicable Disease Emergency s. 1003.22(9), F.S.; Rule 64F-6.002(2)(d), F.A.C.</p>	<p>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.</p>	<p>Communicable Disease Notification is 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, as needed, during flu season. Disease Control and Prevention notified of outbreaks noted by school personnel. CHD provides education to LEA on communicable diseases, as requested. LEA was supplied with the CDC Childhood Diseases poster from the CHD for prevention recommendations and to determine exclusion and reporting.</p>

<p>23. Administration of Medication and Provision of Medical Services by District School Board Personnel s. 1006.062(1)(a), F.S.;</p>	<p>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.</p>	<p>LEA purchased American Academy of Pediatrics, Managing Childhood Infectious Diseases in Child Care and Schools a Quick Reference Guide 5th edition by Timothy R. Shope and Andrew N. Hashikawa for managing suspected or confirmed disease outbreaks in schools. CHD recommends purchasing the 6th edition. LEA created procedures for schools on handling common diseases and conditions.</p> <p>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 an 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.</p>
<p>24. Policy and Procedure Governing the Administration of Prescription Medication s. 1006.062(1)(b), F.S.; Rule 64B9-14, F.A.C.</p>	<p>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.</p>	<p>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 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>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.</p> <p>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.</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>Parent/caregiver is solely responsible for safely administering and transporting medical marijuana to and from school. See School Board Policy 4.12 Health and Safety, II. Administration of Medical Marijuana.</p> <p>Local Agency Responsible: LEA</p> <p>Refer to Policy 4.12 under Health and Safety, II. Administration of Medical Marijuana.</p>
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<p>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</p>	<p>26a. Students with asthma whose parent/guardian and physician provide written 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.</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/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 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>
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	<p>26b. If the school district has chosen to maintain supplies of short-acting bronchodilators and components from a wholesale distributor or manufacturer as defined in s. 499.003, F.S., the participating school district shall adopt a protocol developed by a licensed physician for the administration by school personnel who are trained to recognize symptoms of respiratory distress and to administer a short-acting bronchodilators or components. The protocol shall include:</p> <ul style="list-style-type: none"> <li>(1) Guidance for administering short-acting bronchodilators or components in instances of respiratory distress for a student with a known diagnosis of asthma.</li> <li>(2) If approved by the school district, guidance for administering short-acting bronchodilators or components in instances of respiratory distress for students with no known diagnosis of asthma.</li> <li>(3) A school nurse or trained school personnel shall only administer short-acting bronchodilators and components to students if they have successfully completed training and believe in good faith that the student is experiencing respiratory distress.</li> </ul>	<p>N/A</p>
<p>26c. The school district or school shall provide written notice to the parent of each student enrolled in the school district or school of the school's adopted protocol. The public school must receive prior permission from the parent or guardian to administer a short-acting bronchodilator or components to a student.</p>	<p>N/A</p>	

<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>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>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>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 personnel who are trained to recognize an anaphylactic reaction and to administer an epinephrine auto-injection.</p>	<p>N/A</p>
<p>29. Emergency Allergy Treatment s. 381.88, F.S.</p>	<p>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.</p> <p>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.</p>	<p>N/A</p>
<p>30. Diabetes Management s. 1002.20(3)(j), F.S.; Rule 6A-6.0253, F.A.C.-Diabetes management</p>	<p>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.</p>	<p>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, Medication Authorization Record</p>



		<p>(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.</p>
	<p>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.</p>	<p>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 into a contractual agreement with CHD for fee for service.</p>
	<p>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.</p>	<p>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>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.</p>	<p>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>
<p>31. Diabetes Self-Management s. 1002.20(3)(f), F.S.; Rule 6A-6.0253, F.A.C.-Diabetes management</p>	<p>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</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 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</p>

	<p>assistance for diabetic self-management, including hypoglycemia and hyperglycemia.</p>	<p>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>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, 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>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>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 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>

	<p>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.</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 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>
<p>33. Naloxone Use and Supply s. 1002.20(3)(o), F.S.</p>	<p>33a. If the school district has chosen to obtain and maintain supplies of naloxone the School District Board will ensure that a written protocol regarding storage, accessibility and administration of naloxone be developed and available at all schools where naloxone is stocked.</p>	<p>Procedure for administering Naloxone has been created, along with appropriate forms when Naloxone is given. Naloxone specific training form to be used as staff is trained. School nurses, resource officers and school administrators have all been trained on the administration of naloxone.</p>
<p>34. Use and possession of headache medications s. 1002.20(3)(p), F.S.</p>	<p>34a. The School District Board will develop a policy that ensures a student may possess and use a medication to relieve headaches while on school property or at a school-sponsored event or activity without a physician's note or prescription if the medication is regulated by the United States Food and Drug Administration for over-the-counter use to treat headaches.</p>	<p>If a student, with parent permission, is going to self-carry over-the counter (OTC) headache medication, then they must adhere to the following guidelines:</p> <ol style="list-style-type: none"> <li>1. Students must have a <u>signed permission slip (PAAM)</u> on file in the health room.</li> <li>2. Headache medications must be in their original container.</li> <li>3. Students may not share headache medications.</li> <li>4. Nurses will give a copy of the signed permission slip to the student, who should keep this document on their person.</li> </ol> <p>If a student is caught taking OTC headache medication, please confirm that the student has a permission slip. If a</p>

<p>35. 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.;</p>	<p>35a. 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.</p>	<p>student does not have a permission slip on file, please call the parent and review our new procedures with them. For elementary students: Given their age, we recommend that all headache medications are kept in the clinic and administered under adult supervision.</p> <p>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.</p>
	<p>35b. 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.</p>	<p>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.</p>
<p>36. Background Screening Requirements for School Health Services Personnel Chapter 435, F.S., s. 381.0059, F.S.;</p>	<p>35c. The School District Board will ensure that the use of nonmedical assistive personnel shall be consistent with delegation practices per requirements.</p> <p>36a. 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.</p>	<p>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.</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>

<p>s. 1012.465, F.S.</p> <p>37. 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.</p>	<p>37a. 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.</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, 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 Student and Family Handbook and Code of Student Conduct.</p> <p>Local Agency Responsible: LEA</p>
<p>38. Parental Consent for Health Care Services Section 1014.06, F.S.</p>	<p>38a. 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.</p>	<p>Umbrella for consents pertaining to Parental Bill of Rights is expressed in the Student and Family Handbook and Code of Student Conduct.</p> <p>Parents can opt in or out of Nursing Services, nursing assessment and health screenings online during the registration process. The parents must update this status on a yearly basis but can make changes to their consent, as needed.</p> <p>Local Agency Responsible: LEA</p>
<p>39. Care of Students with Epilepsy or Seizure Disorders: Creates Section 1006.0626, F.S.</p>	<p>39a. Requires a school to provide epilepsy or seizure disorder care to a student under certain circumstances.</p> <p>39b. Provide requirements for the implementation of an individualized seizure action plan for a student with epilepsy or a seizure disorder.</p>	<p>Will be covered by ISAP individual seizure action plan completed 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> <p>LEA worked 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</p>

	<p>39c. Provide that an individualized seizure action plan remains in effect until certain criteria are met.</p>	<p>services or enter into a contractual agreement with CHD for fee for service. The action plan will remain in effect until the physician changes the plan of care or at the end of a 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.</p>
	<p>39d. Authorize a school to provide training and supports to a student in the absence of such a plan.</p>	<p>LEA employees are to watch a video recommended by the Department of Education on seizures and care.</p>
	<p>39e. 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.</p>	<p>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 by LEA 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.</p>
	<p>39f. Provide requirements for such training; based on guidance issued by the Department of Education.</p>	
	<p>39g. Require schools to provide specified information to certain school employees.</p>	<p>LEA employees will watch a video on seizure care, and they will submit their certificate to the school nurse.</p>
<p>40. Availability of menstrual hygiene products. s.1006.064, F.S.</p>	<p>40a. If the school district has chosen to make menstrual hygiene products available in each school at no charge within the district, the School District Board will ensure that students are informed about the product's availability and location.</p>	<p>LEA have consistently provided complimentary menstrual hygiene products, which are conveniently located in the health room. This measure is designed to afford our students the requisite privacy and discretion.</p>

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

Statute and/or Rule References	Program Standard/Requirement	Local Implementation Strategies and Activities
<p>41. The provision of Comprehensive School Health Services. The services provided 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>41a. Provide in-depth health management, interventions and follow-up through the increased use of professional school nurse staff.</p> <p>41b. Provide health activities that promote healthy living in each school.</p>	<p>All comprehensive schools have a RN or LPN on-site for the entire school day. The CHD provides program oversight.</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 District Schools, and Baptist Health - Wolfson Children's Hospital.</p> <p>Orange Park High School is a community partnership school collaborating with Children's Home Society of Florida, HCA Florida Orange Park Hospital, Clay County School District, Palms Medical Group and St. John's River State College.</p> <p>Keystone High School is also a community partnership school partnering with Santa Fe Community College, Aza 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 continuously provides Youth Mental Health First Aid training to the DOH-Clay school nurses and all the LEA employees. LEA and CHD participate in SHWAC with community partners.</p> <p>LEA certificated staff provide health education instruction integrated within the core curriculum. LEA provides the One Love curriculum (healthy relationships) and CATCH my Breath (anti-vaping) training in 5<sup>th</sup>-9<sup>th</sup> grade physical education. LEA adopted Suite 360 program, which is used during a variety of</p>
	<p>41c. Provide health education classes.</p>	

	<p>41d. Provide or coordinate counseling and referrals to decrease substance abuse/misuse.</p>	<p>courses throughout the year, based on the student's grade level and school structure.</p> <p>Students are referred to local substance abuse center for services, as needed. Family Education Program taught by a certificated prevention professional provided to students, as needed and when referred. Student Assistance Program or SAP specialists are provided in some secondary schools, when available. These providers provide services along with Clay Action Coalition's Too Good for Drugs program instruction. LEA offers Student Assistant program/SAP specialists, when available. This is used as a Tier 2 intervention.</p>
	<p>41e. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.</p>	<p>Local Agency Responsible: LEA</p> <p>LEA provides annual training to counselors on identification and referrals concerning suicide prevention. School social workers and school counselors will provide individual counseling and referral, if needed. Student Assistance Program or SAP specialists are provided in some secondary schools, when available. If a student qualifies for Tier 3 interventions, they are referred for private counseling. Many schools in the district have clinicians 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 &amp; manages the referrals to ensure students are connected to needed services.</p>
	<p>41f. Provide or coordinate health education classes to reduce the incidence of substance abuse or misuse, suicide attempts and other high-risk behaviors.</p>	<p>Local Agency Responsible: LEA</p> <p>Student Assistance Program or SAP specialists are provided in some secondary schools, when available. The Hanley Foundation programs provide alcohol literacy challenge, marijuana and vaping prevention, prescription drug abuse prevention and project success, as permitted.</p>
	<p>41g. Identify and provide interventions for students at risk for early parenthood.</p>	<p>Local Agency Responsible: LEA</p> <p>Student Assistance Program or SAP specialists are provided in some secondary schools, when available. SAP specialists, school nurses, school counselors, school psychologists, and social workers work with students to identify needs and resources.</p>



	<p>41h. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.</p>	<p>Local Agency Responsible: LEA</p> <p>Student Assistance Program or SAP specialists are provided in some secondary schools, when available. SAP specialists, school nurses, school counselors, school psychologists, and social workers work with students to identify needs and resources. Local Agency Responsible: LEA</p>
	<p>41i. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.</p>	<p>LEA social workers and school counselors work with agencies to provide support, education and services. LEA provides information on prenatal care and Healthy Start Program, as needed. Healthy Start Services are available at Bannerman Learning Center. CHD provides Healthy Start referral information to the LEA through DOH-Baker.</p>
	<p>41j. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.</p>	<p>LEA social workers and school 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.</p>
	<p>41k. Refer all known pregnant students to staff for prenatal care and Healthy Start services.</p>	<p>Healthy Start Services available at Bannerman Learning Center. LEA provides information on prenatal care and Healthy Start Program, as needed. Referrals are made by social workers and school counselors. CHD provides Healthy Start referral information to the LEA through DOH-Baker.</p>

**PART III: HEALTH SERVICES FOR FULL-SERVICE SCHOOLS**

<b>Statute and/or Rule References</b>	<b>Program Standard/Requirement</b>	<b>Local Implementation Strategies and Activities</b>
<p>42. Full-Service Schools s. 412.3026(1), F.S.</p>	<p>42a. 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.</p>	<p>The following are full-service schools (FSS): BLC, CEB, CHE, GPE, KHE, MRE, MBE, SBJ, WEC, and WES.</p>

	<p>42b. Designate FSS based on demographic evaluations.</p>	<p>Currently there are 10 full-service schools in the county. The following are full-service schools (FSS): BLC, CEB, CHE, GPE, KHE, MRE, MBE, SBJ, WEC, and WES.</p>
	<p>42c. Provide nutritional services.</p>	<p>Referrals to local agencies, summer nutrition program at selected school sites. LEA provides the Free Summer Meals Program (breakfast &amp; lunch) for kids 18 and under at 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).</p>
	<p>42d. Provide basic medical services.</p>	<p>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. CHD provides immunizations during a summer Back to School event. LEA partners with Health Heroes Inc. to provide influenza vaccines. Aza and Palms provides vaccines. Wellness screenings and vaccines provided at school sites in the Community Partnership Schools. LEA is partnering with DOH-Baker to provide Preventative Dental Care in full-service schools.</p>
	<p>42e. Provide referral to dependent children Temporary Assistance to Needy Families (TANF).</p>	<p>LEA refers to local agencies for needed specialized services. Social worker available at all school sites, SAP specialists for at risk students.</p>
	<p>42f. Provide referrals for abused children.</p>	<p>LEA provides referrals to local agencies for needed specialized services. Social worker available at all school sites, SAP specialists for at risk students. CHD and LEA provide training and information on how to report child abuse to school health room staff. LEA provides training and information on how to report child abuse to all school staff.</p>
	<p>42g. 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>Parenting and GED classes at various sites provided. Referrals to local agencies for needed specialized services. Social worker available at all school sites, SAP specialists for at risk students.  Local Agency Responsible: LEA</p>

	<p>42h. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.</p>	<p>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.  Local Agency Responsible: LEA</p>
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**PART IV: Detailed Description of Local Agency(s) Roles and Responsibilities**

<b>Statute and/or Rule References</b>	<b>Program Standard/Requirement</b>	<b>Local Implementation Strategies and Activities</b>
<p>43. Command structure, accountability, outcome indicators, resource management, and data systems.  Rules: 64F-6.002, F.A.C.</p>	<p>43a. Please describe how responsibilities and duties to operate the school health services program are divided among the agencies involved in implementation. Please review:</p> <ol style="list-style-type: none"> <li>(1) Employing or contracting for all health-related staff, the supervision of all school health services personnel regardless of funding source.</li> <li>(2) List the agency responsible for the day-to-day school clinic operations and management oversight.</li> <li>(3) List the resources or tools that are shared between agencies within your school health program.</li> <li>(4) Explain who is responsible for performance evaluations of clinical operations, and how are the evaluations completed and documented.</li> <li>(5) Explain who is responsible for Quality Improvement planning.</li> </ol>	<p>1-Human resources have a job description with specific requirements for LEA and CHD. The principals are responsible for hiring staff for the health rooms. 2-All school health services for LEA are supervised by the Climate and Culture Department, specifically the Coordinator of Nursing Services. 3-Resources for school health services are provided by LEA and CHD. CHD donated the bulk of their mass health screening equipment to the LEA for conducting mass health screenings. LEA loans CHD screening equipment (Spot Screener), as needed. CHD purchased Nickie Medical Training Doll for LEA to use for training purposes. Educational resources are also shared with the LEA by the CHD as available and as requested through our community health program. 4-LEA receives information and recommendations from the state, the Department of Education, and the CHD. The CHD conducts a School Health Services Program Review in the fall, on all the schools. The primary schools receive another School Health Services Program Review in the spring. These reviews are documented on the School Health Services Program Review Tool. 5-The CHD will send the school principals, school nurse, records staff, and the coordinator of nursing services a process improvement plan on any measures not meeting compliance.</p>

	<p>implementation, and tracking for school health operations.</p>	<p>The coordinator of nursing services will ensure individuals needing retraining will attend a class. LEA will complete the process improvement plan and return the completed plan to the CHD within 2 weeks. The CHD follows up with the LEA, including conducting additional visits, as needed, on any measures not meeting compliance. CHD conducts internal DOH school health QI projects each year. Results are shared with the schools, as appropriate and with DOH staff and DOH leadership.</p>
	<p>43b. Explain how the program collaborates in the planning and implementation of statutory requirements, rules, policies and routines. Please review the formal process used and each step taken during this collaborative task.</p>	<p>Each year that new statutory requirements are implemented, the LEA and CHD discuss implementation via meetings and/or emails. These updates are shared with the nurses at the August annual nurse's meeting or throughout the year via email. The School Health Services Resource Manual is used as a guide to ensure school health statutory requirements are met in the local school health program.</p>
	<p>43c. Describe the communication between agencies. Please review how frequently agencies meet to discuss progress and challenges facing the program and when the school health services plan is reviewed each year for the purpose of updating the planning.</p>	<p>CHD Health Officer, Director of Nursing and School Health Coordinator collaborates with the LEA Coordinator of Nursing Services and the Director of Climate and Culture on a quarterly basis to review progress, changes, and challenges. The LEA Coordinator of Nursing Services and the CHD School Health Coordinator collaborate weekly or as needed via email and telephone. Additionally, the School Health Services Plan undergoes review by CHD, and LEA leadership. The plan is presented to the SHWAC</p>
	<p>43d. Please describe the data ownership and the responsibilities of data owners. Explain the requirements related to data sharing, agreements, data translation, and exchanges. Please review          (1) Who is responsible for data collection?          (2) Who is responsible for data cleaning?          (3) Who is responsible for data quality assurance?          (4) Where does services data reside?          (5) Is there a formal data definitions and query manual?</p>	<p>The CHD has ownership of (HMS) the Health Management System and only DOH-Clay nurses enter school health services data into the system. CHD collects monthly aggregate school health services data from each school to report in the Health Management System (HMS). Data cleaning is mainly monitored by CHD but the LEA assist with discrepancies to ensure accurate data is retrieved. LEA and CHD work cooperatively to ensure quality data is received. CHD reviews the data for accuracy and obtains clarification of any discrepancies received from the LEA. Updates on data collection are provided to the LEA by the CHD at the August nurse's meeting and as needed to ensure consistency of the collected data. CHD inputs service data into HMS. A secondary</p>

	<p>43e. What is your step-by-step procedure and established timelines for the resolution of interagency conflicts. Please review a specific example of this process being utilized and its outcome.</p>	<p>DOH nurse reviews the monthly data entered in HMS to ensure accuracy of data entry. LEA also maintains services data collected via the monthly reporting forms. LEA maintains records per retention schedule. The CHD creates a Reporting Manual with data definitions that is updated yearly.</p> <p>The CHD nurses sign a LEA vendor agreement each year to access Synergy for record reviews and immunization compliance. LEA has ownership of Synergy.</p> <p>The LEA and CHD meet quarterly and discusses any conflicts that may arise. If there are immediate needs these are resolved at the time of occurrence by a phone call, email, or a face to face or virtual meeting. The CHD contacts the state program office to answer any questions related to program guidelines and CHD legal may be contacted for the interpretation of any statutes in question. CHD recommends to LEA as appropriate, to follow up with their legal counsel as needs arise. A specific example was the requirements for mass health screenings and screening of new students. The process above was utilized to obtain a successful resolution.</p>
	<p>43f. Please describe how agencies coordinate training and knowledge sharing to maintain consistency in the implementation of statutory requirements. Please review examples of coordinated training and knowledge sharing.</p>	<p>The LEA coordinates the August yearly nurse's meeting with all the health room staff. The CHD presents any statutory updates at this training. The CHD provides a monthly 4-hour orientation class reviewing statutory school health program requirements will all new health room staff. The CHD presents a virtual monthly training on the statutory requirements to all new records staff on school health entry requirements. At the beginning of the school year the CHD shares the Florida Statutes and Administrative Code Rules for School Health Services and Related Activities in Schools with the school principals.</p>

END OF TEXT

