

Clay County



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

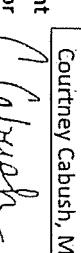
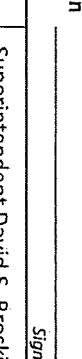
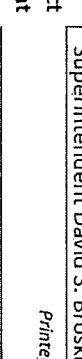
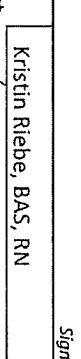
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Due by September 16, 2025

E-mail Plan as an Attachment to: HSF.SH_Feedback@flhealth.gov

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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  Printed Name Signature	10/20/2025 Date
County Health Department Nursing Director	Courtney Cabush, MPH, BSN, RN  Printed Name Signature	10/20/2025 Date
County Health Department School Health Coordinator	Jacqueline Copeland, MPH, BSN, RN, NCSN, CPH  Printed Name Signature	10/20/2025 Date
School Board Chairperson	Erin Skipper, BSN, RN  Printed Name Signature	10/20/2025 Date
School District Superintendent	Superintendent David S. Broskie, MS  Printed Name Signature	10/20/2025 Date
School District School Health Coordinator	Kristin Riebe, BAS, RN  Printed Name Signature	10/20/2025 Date
School Health Advisory Committee Chairperson	Andrea M. Crowder  Printed Name Signature	10/20/2025 Date
School Health Services Public / Private Partner	Monique Johnson, MSW  Printed Name Signature	10/22/2025 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 (SHSP) 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, 2025, you may submit the plan at that time and submit the scanned signature page as a PDF file when it is fully signed.

INDEX OF ABBREVIATIONS

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PART I: BASIC SCHOOL HEALTH SERVICES

Statute and/or Rule References	Program Standard/Requirement	Local Implementation Strategies and Activities
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>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 (SHSP) is reviewed and completed biennially, at a minimum, by the CHD and LEA. All designated parties listed sign, as required.</p> <p>The SHSP is reviewed and updated, as needed by the CHD and LEA. CHD will forward to the Health Officer for review by May 1st. CHD and LEA will update the SHSP every two (2) years as required by s. 381.0056, F.S. The plan will be finalized and ready for signatures by August 1st of the year it is due. CHD will submit the SHSP 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 Registered Nurses (RN), 1 CHD Licensed Practical Nurse (LPN) and 1 RN School Health Coordinator.</p> <p>LEA employs all school health room staff including School Health Room Nurses (RN or LPN), Unlicensed Assistant Personnel (UAPs), 2 ESE RNs, and 1 RN Coordinator of Nursing Services.</p> <p>CHD uses Schedule C funds from School Choice Option for Learning (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 Local Government Funds (LOGOF) and Non-Categorical General Revenue (NCGRV). Any revenues the CHD receives in Sale of Goods and Services (SALGS), from contractual school health services provided to the charter schools or private schools, are utilized to fund CHD staff salaries and fringe benefits. The roles and</p>

	<p>responsibilities between the CHD and LEA pursuant to the School Health Services Act and the requirements of the Schedule C Scope of Work are outlined in this SHSP. CHD and LEA will comply with the most updated requirements of the Scope of Work for each school year. CHD and LEA do 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, MPH, 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 CHD Director of Nursing, CHD Health Officer, and the LEA Director of Climate and Culture.</p> <p>LEA will exercise control over the administrative aspects of the School Health Services Program to ensure that the delivery of health services is coordinated with and supportive of the primary role of the school system - the education of the child.</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>Each school principal is responsible for the direct supervision of LEA personnel, who perform school health services. LEA supervises Clay County/District Schools' (CCDS) school health services, except in charter schools. LEA has a district wide LEA Coordinator of Nursing Services, who is a Registered Nurse (RN), to supervise the licensed practical nurses (LPN), and all unlicensed assistive personnel (UAP). LEA RNs will 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. LEA will notify the CHD within 5 business days of any school health personnel changes.</p> <p>LEA will ensure that each public school within the district has a minimum of one licensed nurse (LPN or higher) to provide basic school health services. CHD recommends at a minimum one RN in each school health room, including the charter schools.</p>

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LEA will ensure that all persons staffing the health room and at least two (2) school staff members, excluding health room personnel, are currently certified by a nationally recognized certifying agency to provide first aid and cardiopulmonary resuscitation (CPR) as required by Chapter 64F-6.004, F.A.C., and the Florida School Health Administrative Resource Manual (2021), Chapter 9.

The LEA will ensure or provide Basic School Health Services to all students in all public schools in the county in accordance with s. 381.0056, Florida Statutes. At a minimum, LEA will provide the following Basic School Health Services, unless the student has a parent or guardian opt-out form or other written exemption, is not able to be screened due to profound disability, or is currently in treatment for the condition:

- 1) Vision Screenings
- 2) Hearing Screenings
- 3) Scoliosis Screenings
- 4) Growth and Development Screenings
- 5) Refer 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 student cumulative health record.
- 6) Confirm that all students referred to state contracted vision service providers have a signed parent or guardian consent form that includes permission for a Comprehensive Eye Exam, which may involve refraction and dilation.
- 7) Provide students who are pregnant with information on assistance, counseling, education, prenatal care, and the Healthy Start Program as needed.
- 8) Provide additional Basic School Health Services as specified in the current School Health Services Plan.

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The CHD is responsible for the supervision of all the CHD personnel and/or agents. The CHD provides program oversight of the school health program. CHD will assure that a CHD nurse is assigned to each Clay County District School to provide school health services oversight, including consultative and support services and monitoring the compliance with the SHSP. Support services include scheduled and unscheduled periodic in-person and/or virtual school visits by CHD nurses to meet with records and health room personnel.

CHD will assure that CHD nurses have documented training on and knowledge of both pediatrics, as well as growth and development.

CHD will complete the Focus Visit Tool during the health room visits as determined by the outcomes of previous health room reviews.

CHD school visits will be scheduled as follows:

- Schools with a licensed nurse will be visited a minimum of every other month.
- If a school is staffed by a UAP only, it will be visited a minimum of monthly. This includes temporary UAP assignments.

Upon request, and as identified through CHD activities, CHD will assist school personnel to identify the physical, social, and emotional needs of students.

CHD will perform annual fall School Health Services Program reviews utilizing the Fall and Spring School Health Services Program Review Tool in all the schools. Primary schools will receive another review in the spring to review mass health screening performance measures. Programs employing UAPs working independently under delegation in health room settings should conduct several School Health Program Reviews annually at intervals determined by the local

	<p>Clay County</p> <p>leadership. CHD will share results of the School Health Services Program reviews with the LEA principal, the LEA Technical Services Manager, the LEA Coordinator of Nursing Services, the LEA record secretary staff, and the LEA school health room staff.</p> <p>If opportunities for improvement are identified, a process improvement plan (PIP) will be requested from the school. PIPs will be completed by the LEA for all identified deficiencies and returned to the CHD within 15 business days of the receipt of the noted deficiencies. Upon completion, the LEA will forward the entire Excel PIP workbook, with supporting documents, to the CHD. Within 15 days of CHD's secondary review, the CHD will either approve the proposed actions to address the PIP, or the CHD will work with the school to address the deficiencies and will provide periodic reviews for compliance.</p> <p>In the absence of a school-based health room nurse (LPN or RN), an LEA district nurse will be present during the duration of the school health services program reviews, which includes a records review for school entry health requirements during the fall review.</p> <p>CHD will notify the LEA within 5 business days of any CHD school health personnel changes.</p> <p>Charter schools will need to provide their own RN for school health services. Charter Schools will have the option to enter into a fee for service contract with CHD. During SY 24-25 CHD contracted with Clay Charter Academy (CCA) to staff one Crisis Response Cooperative Agreement (CoAg) nurse, through SnapCare. Nursing services will continue at CCA, as long as CoAg funding is available, the same RN remains active with SnapCare, and CCA desires to continue contracted coverage.</p>
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	<p>CHD will ensure that their staff pass Level 2 background screening as required by s.1012.465, F.S. and pursuant to Chapter 435, F.S.</p> <p>The CHD and LEA will ensure that their nurses are Florida licensed RNs or LPNs who work according to the Florida Nurse Practice Act and Chapter 464, F.S.</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>The CHD and LEA shall comply with all applicable federal and state confidentiality laws, rules, regulations, and policies governing school and health records. The CHD shall only be entitled to receive records and information from the LEA which can be lawfully made available to CHD, and the CHD shall be held strictly accountable for the protection of such records and information consistent with both state and federal laws protecting the confidentiality of student records and other information which may be available through the LEA and which is necessary for the CHD to deliver the services required in this plan. CHD staff must have access to paper and electronic records pertaining to or supporting the delivery of school health services which includes, but is not necessarily be limited to, the Cumulative Health Record of each student, names of students involved in Free and Reduced Lunch Program, and students enrolled in Medicaid.</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>LEA will present documentation to the CHD that the SHSM was approved by August 15th, the year it is due.</p> <p>The school board approves the SHSM by July 1st for the following school year. LEA policy related to health is in the Student & Family Handbook and Code of Student Conduct and is approved by the school board.</p>

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	<p>Individual student medical needs are addressed in that student's Medical Management Plan (MMP) provided by their health care clinician.</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>LEA updates all required forms for the School Health Services Program on an annual basis, or as needed. The CHD can be the 2nd reviewer, for content only, to provide consultative support, as needed, with 5 days advance notice prior to implementation of the form(s). The LEA will send the forms to CHD by March 1st. CHD will review the forms and provide feedback to the LEA by March 31st. The LEA informs the CHD of any changes to the forms made throughout the school year. Any new forms that are created throughout the remainder of the year shall be sent to CHD for review at least five (5) business days prior to intended implementation of the form.</p> <p>LEA forms should only have the LEA logo and name and may not use the CHD or DOH logo.</p> <p>On or before the 5th day of each month during the school calendar year, the LEA (including all charter schools), will submit to the CHD via email, the prior month's school health services data for the following reports: 1) Yearly Health Room Activity Log, 2) Monthly Outcome Disposition Report, 3) Monthly Screening Statistics, 4) Health Education Classes Taught in Basic, Full Service, and Comprehensive Schools.</p> <p>The schools that have an Exceptional Student Education (ESE) Health Room and a regular health room will submit via email, one combined report to CHD.</p> <p>LEA and CHD will comply with any changes for data reporting, as indicated on the Scope of Work, as received from Central Office.</p> <p>CHD inputs data into the State's Healthcare Management System (HMS), as indicated in Scope of Work, as received from central office.</p>

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LEA will work collaboratively with the CHD to collect the data for the Annual School Health Report based on the data requested by the State's School Health office on the template. If the data collected below is modified by Central Office mid-year, required data will be submitted to CHD by the LEA. The following data is anticipated to be needed, and upon confirmation by the CHD, LEA will forward said data to the CHD by June 30, 2026 (see attached Exhibit I 24-25 Annual School Health Report):

- 1) School District Contact Information
- 2) Overview of Schools and Students
- 3) Types of Health Conditions
- 4) Number of Students Needing Medication and/or Procedures
- 5) Disposition of Health Room/Clinic Visits
- 6) Student Referrals
- 7) Health Education Classes Provided by Basic, Comprehensive and Full-Service Schools
- 8) Agencies that Provide In-Kind Services at Local Schools
- 9) Schools with Any Health Staff On-Site Full-Time
- 10) Schools with a Registered Nurse On-Site Full-Time
- 11) Community/Public-Private Partners Providing Staff or Funds for the Partner Staff
- 12) School Health Staffing
- 13) School District Revenue and Expenditures for School Health Services and Health Education
- 14) Community and Public-Private Partner Expenditures (Non-Contracted) for School Health Services and Health Education
- 15) Accomplishments and Challenges
- 16) Number of Care Plans Written by Condition (obtained from health room personnel)

Data on #3, #4, and #16 (above) will be requested by the CHD from the LEA, through the LEA health room staff, LEA health room staff shall submit the data to the CHD by April 5,

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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.	2026. The CHD will compile the data collected from the LEA and will complete the Annual School Health Report for the 2025-2026 school year and submit it to the School Health Program Office in Tallahassee by August 15, 2026. See Exhibit I.
2. Health Appraisal s. 381.0056(4)(a)(1), F.S.	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. Locally, the LEA renamed their SHAC to be called 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 SHWAC. 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. Student records are reviewed by the LEA; students with medical conditions are referred to the LEA nurse for further inquiry and evaluation with the parent or healthcare provider. Daily health needs of students are met by LEA school health room personnel in the health rooms.
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.	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 at which time the nurse can provide further evaluation in consultation with the parent or healthcare provider. Student health records are reviewed by LEA personnel (i.e. administration, registrars, 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, in-person and virtually, as

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needed, via the school district database(s) for compliance with school health entry requirements.

If virtual records are requested, CHD will initiate a file sharing mechanism into which the LEA will upload any requested documents or records within 10 business days of the request. The documents will be removed from the drive by the LEA after 30 days. In the absence of LEA records personnel, the LEA will be responsible for uploading the documents into the file sharing mechanism if the LEA records secretary is absent for the entire 10-day window.

CHD communicates the school health entry requirements and the outcomes of the reviews with the LEA principal, the LEA Technical Services Manager, the LEA Coordinator of Nursing Services, the LEA school health room staff, and the LEA record secretary staff.

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 documentation compliance is met.

It is the responsibility of the LEA principals to assure that all students produce evidence of immunizations and school health entry exams and other health records which are required for admittance to Florida public schools, as required by s. 1003.22 F.S., and Florida School Health Administrative Resource Manual (2021), Chapter 11. The LEA will follow-up with parents of students out of compliance to assure school entry requirements are satisfied. LEA agrees to enforce noncompliance and exclusion for students who do not have the required documentation. The LEA will ensure that all records personnel and health room personnel will be registered with Florida SHOTS, the statewide immunization database, for access to DH 680/681 Form. CHD will provide a group monthly virtual orientation class on school entry health requirements to new records personnel and

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3b. Emergency information card/form for each student shall be updated each year.	<p>current records personnel, if a refresher is needed. LEA will ensure all new records personnel attend the group monthly virtual orientation class on school health entry requirements.</p> <p>Per the School Health Services Program Scope of Work, the LEA will ensure student emergency information cards or forms are sent, in writing or electronically, to parents and guardians throughout the current school year, as required (either upon initial entry of student into school or other locally defined instance). The LEA will ensure that each student's emergency information card or equivalent records are updated by parents or guardians annually and list the contact person, family physician, allergies, significant health history and permission for emergency care for the student, as required by s. 64F-6.004, F.A.C. and Florida School Health Administrative Resource Manual (2021), Chapter 9.</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 (electronically via LEA's contracted software application, Synergy's "ParentVUE") for the current school year, on each student, and it is accessible to the health room staff by September 30th. The LEA will notify parents to complete via monthly emails. Once the records secretary staff for the LEA receives the emergency information it is uploaded into the system.</p> <p>As per the School Health Services Program FY 2024-2025 Scope of Work, the LEA will ensure that</p> <ul style="list-style-type: none"> • 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>The LEA will ensure emergency information cards or equivalent records are reviewed for</p>

	<p>Clay County</p> <ul style="list-style-type: none"> • 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 students by March 31, of each school year to ensure the documents list the contact person, family physician, allergies, significant health history, and permission for emergency care for the student is accurate and up to date. LEA has locally defined processes for parents to update the emergency information in ParentVUE. <p>LEA will utilize a method to track the collection of emergency information cards or equivalent records. The method and timeline for reporting compliance with the emergency information will align with the minimum established baselines.</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 ParentVUE 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>LEA staffs health rooms with RNs or 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 (IHP¹) and Emergency Action Plan (EAP) while reviewing the MMP. The LEA RNs (ESE RNs and LEA Coordinator of Nursing Services) signs the</p>

¹ IHP: A coordinated plan of care developed by a RN in accordance with s. 464.003, Florida Statutes, and Chapters 6A-6.0251, 64A-6.0252, and 6A-6.0253, Florida Administrative Code. The IHP is child-specific and includes a written format for nursing assessment (health status, risks, concerns, and strengths), nursing diagnosis, interventions, delegation, expected outcomes, goals to meet the health care needs of a student with an acute or chronic health condition and to protect the safety of all students from the misuse or abuse of medications, supplies, and equipment.

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	<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>The LEA will prepare and complete IHPs, EAPs, and Child Specific Training, immediately, upon entry or upon identified need. Identified need is defined as when the medication or MMP is received by the LEA.</p> <p>The LEA RN assesses periodic health needs through MMP, students' daily visits, healthcare provider consultation, and parental input. IHPs and EAPs created by LEA RNs, LEA ESE RNs, or LEA RN Coordinator of Nursing Services in schools staffed by an LPN or UAP.</p>
5. Nutrition Assessment s. 381.0056(4)(a)(4), F.S.; Florida School Health Administrative Resource Manual, 2017	<p>5a. Identify students with nutrition related problems and refer to an appropriate health care provider.</p> <p>Local Agencies Responsible: CHD (Charter schools), LEA</p> <p>Information regarding student nutrition is received by LEA from communication and collaboration with the parents and students. Emergency contact records are reviewed by LEA for chronic illnesses involving nutritional management such as diabetes, celiac disease, cystic fibrosis, food allergies (including peanuts), and other conditions. Special dietary health needs are coordinated by the LEA's nutritional services department. Height, weight, and BMI screenings are conducted in 1st, 3rd, and 6th grades by LEA. CHD assists with BMI screenings, as requested.</p> <p>LEA and CHD have established a 3-step notification process for students with a measurement outside the recommended range. LEA will attempt the first two notifications to the parent/guardian; CHD will work with LEA for the third</p>

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		<p>notification. See Exhibit II for the Screening and Notification Process.</p> <p>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 CHD's Health Management System (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>7. Health Counselling s. 381.0056(4)(a)(10), F.S.</p> <p>7a. Provide health counseling as appropriate.</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 is partnering with DOH-BAKER to provide Preventative Dental Care in full-service schools and Title 1 schools. Services provided through the School Based Sealant Program include dental exams/assessments, teeth cleanings, oral hygiene instructions, fluoride applications, and sealants.</p> <p>LEA partners with qualified agency for health counseling, as needed.</p> <p>LEA rescreens students that did not pass the initial screening within 2 weeks to determine if the student requires a referral.</p> <p>LEA and CHD work together through a notification process to provide referrals for students with results outside the recommended range for each category. See Exhibit II.</p> <p>LEA provides CHD with final follow-up list so that final outcomes can be recorded into the HMS.</p> <p>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:</p> <p>(1) Vision screening shall be provided, at a minimum, to non-exempted students in grades kindergarten, 1, 3 and 6 and students entering Florida schools for the first time in grades kindergarten – 5.</p> <p>(2) Hearing screening shall be provided, at a minimum, to non-exempted students in grades kindergarten, 1</p> <p>LEA will conduct vision, hearing, growth and development, and scoliosis screenings for school age children as per current Florida law, s. 381.0056 F.S. and Rule 64F-6.003 F.A.C. unless:</p> <p>1) the parent/guardian actively opted them out,</p> <p>2) the student is unable to be screened due to profound disability or illness, or</p> <p>3) the student is currently in treatment for a disease or condition related to the health screening.</p> <p>LEA will notify CHD when screening assistance is requested. The request will include a) all schools conducting screenings,</p>
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and 6; to students entering Florida schools for the first time in grades kindergarten – 5; and optionally to students in grade 3.

(3) Growth and development screening shall be provided, at a minimum, to non-exempted students in grades 1, 3 and 6 and optionally to students in grade 9.

(4) Scoliosis screening shall be provided, at a minimum, to non-exempted students in grade 6.

b) dates of screening, c) screening time period start and end, d) identification of schools requesting assistance, e) type of assistance requested: (i) volunteer training, (ii) manning a screening station, or (iii) managing student flow. The request is submitted via email on the Mass Health Screening Assistance Request Tracker 2025-2026 SY to CHD through the CHD School Health Coordinator by September 5, 2025. CHD will assist with screening, between September 15, 2025, and October 10, 2025, as available. LEA will notify CHD within 24 hours of the scheduled screening, if the LEA determines that CHD screening assistance is no longer needed. LEA will be notified by CHD of available assistance within 5 business days of receipt of screening assistance request.

LEA shall solicit potential volunteers from Future Health Professionals or HOSA, school volunteers, (and community agencies).

LEA will provide one LEA nurse (with no other assigned duties) for the duration of the screening, as well as other staff and volunteers, to ensure the appropriate number of qualified personnel are available to conduct each screening session. CHD cannot support the screening unless the required one LEA nurse and sufficient volunteers are on site for the event.

LEA agrees to reschedule the screening, if the predetermined appropriate number of qualified personnel (staff and volunteers) needed for the screening are not available.

LEA will complete screenings, and all rescreens, by November 7, 2025. Screening timelines and responsibilities are to be met by the LEA, as agreed upon and per the Dates to Remember SY 2025-2026. See Exhibit III.

LEA will provide manual counts of the mass health screening results on the Screening Results, Initial, and Final Outcomes 2025-2026 Excel workbook - Mass Health Screening Results spreadsheet to CHD by November 21, 2025.

	<p>Clay County</p> <p>LEA will document follow-up, parental non-response to referral, refusal to follow-up, or student withdrawal from school.</p> <p>Screening results and referrals are coded into HMS by CHD. CHD will input initial screening data into the Department of Health's (DOH) HMS by December 31, 2025.</p> <p>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 are responsible for maintaining student records and submitting data as mandated by state law and LEA.</p> <p>Parents can opt 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, at any time.</p> <p>The LEA will ensure that before administering a student well-being questionnaire or health screening form to a student in kindergarten through grade 3, it will provide the questionnaire or health screening form to the parent and obtain the permission of the parent for the submission of the questionnaire or health screening.</p> <p>For all students who are referred to the state contracted vision service provider or any other agency, the LEA will ensure that consent is obtained in writing by the entity offering the services, such as before comprehensive eye exams (which may include refraction and dilation) or other screenings involving invasive screenings.</p> <p>Local and state contracted vision service providers are utilized for referral services. Providers include Vision is Priceless and the Florida Heikin 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 a yearly School Health Services Program</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>9c. The school shall obtain parent/guardian permission in writing prior to any invasive screening, (e.g. comprehensive eye exam, covid testing).</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>

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meeting or the Annual Screening training, or periodically throughout the year, as needed.

LEA refers all students, through notification to the parent/guardian, who are outside the recommended range for a health screening to the appropriate health care providers for further evaluation and treatment within forty-five (45) days of receiving the screening results. LEA documents all referrals made using the Mass Health Screening form and LEA's Synergy Software.

LEA will provide the results of the student mandated health screenings to parents/guardians by December 12, 2025. As per S. 381.0056, F.S., this notification letter includes referral information for the parent/guardian of students who are outside the range for a health screening thus requiring a referral. This will be considered the first attempt to contact.

The LEA will send 2nd referral follow-up letter to notify parents of those students requiring a referral (second contact) by January 16, 2026.

LEA will forward the Initial Screening Outcomes worksheet contained in the Screening Results, Initial, and Final Outcomes 2025-2026 Excel workbook - to the CHD by February 6, 2026, for those students who are outside the limits of a health screening, required a referral, but their parents did not reply to either the first or second referral letters.

CHD will create and electronically send back 3rd referral follow-up letters to the school nurses/health room designees for distribution to parents/guardians of students who are outside the range of a health screening and require a referral (BMI, hearing, vision, scoliosis), and whose parents/guardians have not responded to the first and second contact initiated by the LEA. CHD will electronically forward the letters (third contact) to the LEA for distribution by February 20, 2026.

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		<p>LEA will forward the final screening outcomes to the CHD by March 24, 2026, using the Screening Results, Initial, and Final Outcomes 2025-2026 Excel workbook – Final Screening Outcomes spreadsheet from the responses to the initial notification letters from LEA or based on the follow-up letter from CHD. The LEA will document follow-up, parental non-response to referral, refusal to follow-up, or student withdrawal from school.</p> <p>On or before the 5th of the month (with the monthly reports) after mass health screenings are conducted, the LEA will forward the New Student Screening Workbook (Post-Mass Health Screening 2025-2026) with the monthly reports (approximately November through May) to the CHD. This data will include the mass health screening results and outcomes of new students screening in the mandated grades after mass health screenings were completed in the primary schools.</p> <p>The LEA will conduct vision and hearing screenings for ESE students and students entering Florida schools for the first time enrolling in grades KG through 5th grade in accordance with s. 64F-6.003, F.A.C.</p> <p>CHD will enter all screening outcomes into HMS by June 19, 2026.</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>Emergency Guidelines for Schools (2019 Florida Edition) is utilized in the health rooms by the LEA. The Emergency Guidelines will serve as basic what-to-do-in-an-emergency information, for school staff without nursing or medical training when the school nurse is not available. These are the recommended procedures.</p>	<p>Health room policies, guidelines, and procedures are reviewed yearly and updated as needed by LEA. CHD will review, upon request, to ensure compliance with Florida Statutes and to provide recommendations on best practices. The CHD and the LEA will follow all the evidence-based protocols, guidelines, and procedures outlined in the Clay County SHSM.</p>

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	<p>LEA will continue to utilize a published reference to guide school health practices and procedures based on joint agreement by both CHD and LEA. 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. One copy will be purchased by the LEA for each health room and ESE health room.</p> <p>The LEA will be given the recommendation to purchase <i>Managing Childhood Infectious Diseases in Child Care and Schools a Quick Reference Guide</i> (6th Edition) by Timothy R. Shope and Andrew N. Hashikawa. The LEA can utilize this published reference on childhood diseases and treatments to guide school health practices.</p> <p>Medical Emergency Plans are created yearly by each school and posted at required locations on each school campus. CCSD Safety Plans are updated and distributed annually by LEA. LEA and CHD comply with and utilize the School Health Administrative Resource Manual, (2021) for the administration of the School Health Services Program.</p> <p>LEA requires all Health Room Personnel to 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 Plans are created yearly by each school and are 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>Annually, LEA provides First Aid and CPR training for health room personnel. LEA has a pool of American Red Cross certified instructors available to train school personnel. LEA and CHD jointly provide or coordinate emergency updates at</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>	

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10d. The school nurse shall monitor adequacy and expiration of first aid supplies, emergency equipment and facilities.	the annual School Health Services Program meeting or at trainings throughout the year, as needed (i.e. Stop the Bleed Training SY 2022-2023, Naloxone Training 2022-2023). LEA health room personnel maintain first aid bags with adequate supplies. CHD performs annual School Health Services Program reviews assessing for expiration dates of student emergency medications and locations of Automatic External Defibrillators (AEDs). LEA school nurses perform quarterly maintenance checks on AEDs in the health room and document the performance of the check using the Automated External Defibrillator Maintenance Checklist. The LEA athletic departments are responsible for checking all other AEDs on campus located outside of the health rooms.	
10e. The school principal (or designee) shall assure first aid supplies, emergency equipment and facilities are maintained.	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. The supplies are replenished according to the Health Room Supplies List.	
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.	Injuries and illnesses are documented in the student data system or in the Student Health Room Visit Record by LEA health room personnel. LEA notifies school principal and completes applicable accident reports, when indicated. Treatments provided to the student by the LEA are documented in Edplan.	
10g. It is the responsibility of each school that is a member of the Florida High School Athletic Association to:	A minimum of 2 AEDs are in each Junior and Senior High School, one is in the athletic department, and the other is in the health room. There is 1 AED in each elementary school. All the LEA nurses and the UAPs in the health rooms are trained in the use of the AED. Additional LEA staff have been trained including coaches, clinic relief staff, general health assistants, and behavioral health assistants. For AEDs located in the health room, an individual school-created AED Maintenance Checklist is completed quarterly by the LEA and maintained by LEA Coordinator of Nursing Services. The Emergency Crisis Plan, a plan that is available to emergency responders such as the county emergency medical services director and the Clay County Sheriff, provides the location of AED devices in LEA schools.	
(1) Have an operational automatic external defibrillator (AED);		
(2) Ensure employees expected to use the AED obtain appropriate training; and		
(3) Register the AEDs with the county emergency medical services director.		

<p>11. Assist in Health Education Curriculum s. 381.0056(4)(a)(13), F.S.</p> <p>12. Refer Student to Appropriate Health Treatment s. 381.0056(4)(a)(14), F.S.</p>	<p>11a. Collaborate with schools, health staff and others in health education curriculum development.</p> <p>12a. Use community or other available referral resources. Assist in locating referral sources for Medicaid eligible, uninsured and underinsured students.</p>	<p>CHD and LEA work collaboratively through SHWAC to review and recommend a health curriculuum. Health resources from the CHD can be provided upon request when available. CHD may purchase supplies and educational materials for the School Health Services Program, as funding allows.</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 are available on the LEA website and portal for communication of health needs between physicians, parents, and school staff. Care Planning meetings are held, as needed, by the LEA. The LEA creates a Clinic Nurse Guide for the health room staff. The Clinic Nurse Guide is reviewed yearly and updated, as needed.</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>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>Files are maintained at each school in the cumulative record for the individual student. Daily health room charting is entered in the student data system or on the School Health Visit Record by school health room personnel. Records are retained per the LEA's record retention schedule and school district policy and guidelines. CHD audits school health entry records yearly to ensure compliance during the fall School Health Services Program reviews. To ensure school health entry requirements are met, the CHD reviews records throughout the school year, as needed and during school visits.</p>

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The LEA will maintain the following documentation and information, either in written or electronic format, in accordance with s. 1002.22, F.S.; Rule 64F-6.005, F.A.C., the Family Educational Rights and Privacy Act, and HIPAA:

- 1) Cumulative health record for each student, which contains:
 - i. Florida Certificate of Immunization (Form DH 680) or Part A, Part B, or DH 681 exemption.
 - ii. School Entry Health Exam form (DH3040-CHP-7/2013) or other form as specified in s. 1003.22, Florida Statutes, and Florida Administrative Code Rule 6A-6.0024; and
 - iii. Documentation of screenings, results, referrals, follow-up attempts, and outcomes.
- 2) IHP and EAP for each student as applicable.
- 3) Medication Administration Records (MAR): A clinical record developed by the RN which details each occurrence of administration of the applicable medication to a student. An individualized record must be maintained for each student needing medication, treatment, or a health procedure.
- 4) Documentation of medical procedures and treatments.
- 5) Clinic log used daily to record, at a minimum, student identifiers, chief complaints, dates, times of arrival and departure, person on duty, and outcome disposition of the student. The log should undergo regular/consistent evaluations and verifications by school health professionals, School Health Coordinators, and other program leadership.
- 6) Child-specific training and periodic follow-up monitoring of unlicensed assistive personnel as determined by the nursing process as specified in s. 1006.062(4), F.S., and Chapter 64B9-14, F.A.C.

<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 of the option to participate by contract with the CHD. Private schools contact the CHD for specific needs. CHD invites private schools to request assistance with mandatory health screenings, as needed. If additional assistance is needed, schools are invited to enter a fee for service contract with the CHD.</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 are present at Individualized Educational Plan (IEP) and 504 meetings to address health issues when requested. Information is updated, as needed. Vision and hearing screenings are completed by LEA health room staff, upon request. LEA has 2 ESE RN positions.</p>

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	<p>To ensure families are informed and consent is properly documented, the following timeline is followed by LEA for school-based health screenings:</p> <ul style="list-style-type: none"> 30 Days Prior: The LEA distributes a screening notification letter and screening form via Tuesday folders. This communication includes the scheduled date and time of the health screenings at each school. 14 Days Prior: A screening report is generated in Synergy to verify which students have received parental consent – either opting-in or opting-out. Families who have not submitted a consent decision are sent a Notice of Mandated Health Screenings letter. Students whose parents or guardians have not responded will not participate in the health screenings.
<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>20. Helping Children be Physically Active and Eating Healthy s. 381.0056(6)(d), F.S.</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>The LEA will ensure adequate physical facilities, health room supplies, office supplies, and equipment for school health services are available at each school as defined in State Requirements for Educational Facilities, s. 381.0056(5)(b), F.S., and Chapter 64F-6.004, F.A.C.</p> <p>CHD conducts annual School Health Program Reviews and ensures adequate facilities are made available in each school.</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 eat healthy foods.</p> <p>LEA provides the Free Summer Meals Program (breakfast & lunch) for children, 18 and under, at approved schools across</p>

		<p>Clay County</p> <p>the district. The number of feeding sites for the Free Summer Meals Program could change based on the needs of the district (increase in sites due to summer program or decrease because of participation later in the summer).</p> <p>LEA also participates in the National School Lunch, National School Breakfast, and Snack Program. The updated Clay County Food & Nutrition Services website https://www.oneclay.net/o/ccds/page/food-and-nutrition-services/ 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 Food and Nutrition Services (FNS) announcements. This website is linked from the LEA's website and all 42 individual school websites.</p> <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>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>Information on the School Health Services Program and the statutorily mandated screenings is posted on the LEA's website and is in the Student & Family Handbook and Code of Student Conduct.</p> <p>The LEA's Communicable Disease Notification policy/procedure is in the Student & Family Handbook and Code of Student Conduct which is posted on the LEA'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 the LEA student data system and the CHD Disease Prevention and Control Program monitors ILI reporting, as needed, during flu season. CHD Disease Control and Prevention is notified of potential outbreaks by school personnel. CHD provides education to LEA on communicable diseases, as requested. LEA uses the CHD provided CDC Childhood Diseases poster for prevention recommendations and to determine exclusion and reporting. LEA purchased American Academy of Pediatrics, Managing</p>
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	<p>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>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 requires all school staff, who assist with medication administration, and all ESE Assistants, who have medication administration required in their job description, to complete the Medication Administration Basics (Full Course-online) course. After the LEA staff complete the Medication Administration Basics (Full Course-online) or the Medication Administration PowerPoint, the medication administration skills checklist for delegation of duties must be completed by the LEA RN and UAP. Child specific training is provided by LEA for UAPs, as needed, and in schools staffed by an LEA LPN. The CHD provides program oversight and monitors compliance during annual program reviews.</p> <p>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 will ensure that at least two (2) school staff members, excluding health room personnel, are trained in the administration of medication and provision of medical services as required by s. 1006.062, F.S., and Chapter 64F-6.004, F.A.C. Such staff members will serve as health room relief/UAP.</p> <p>Per the Scope of Work, LEA and CHD will throughout the fiscal year, track and establish, at minimum, annual review of following data:</p> <ol style="list-style-type: none"> 1) cumulative number of medication management errors reported, 2) cumulative number of medical service errors reported, and 3) cumulative number of incidents that involved emergency medical services activation and response to a school. 	<p>LEA requires all school staff, who assist with medication administration, and all ESE Assistants, who have medication administration required in their job description, to complete the Medication Administration Basics (Full Course-online) course. After the LEA staff complete the Medication Administration Basics (Full Course-online) or the Medication Administration PowerPoint, the medication administration skills checklist for delegation of duties must be completed by the LEA RN and UAP. Child specific training is provided by LEA for UAPs, as needed, and in schools staffed by an LEA LPN. The CHD provides program oversight and monitors compliance during annual program reviews.</p> <p>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 will ensure that at least two (2) school staff members, excluding health room personnel, are trained in the administration of medication and provision of medical services as required by s. 1006.062, F.S., and Chapter 64F-6.004, F.A.C. Such staff members will serve as health room relief/UAP.</p> <p>Per the Scope of Work, LEA and CHD will throughout the fiscal year, track and establish, at minimum, annual review of following data:</p> <ol style="list-style-type: none"> 1) cumulative number of medication management errors reported, 2) cumulative number of medical service errors reported, and 3) cumulative number of incidents that involved emergency medical services activation and response to a school.

<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>The CHD and LEA will review and revise the SHSM for the delivery of School Health Services Program annually and update, as needed, or at least every 2 years.</p> <p>The LEA develops the medication policy and health related forms for the School Health Services Program. Forms are available on the school district website, and the LEA's Google Drive.</p>
	<p>The SHSM has provisions for all school health personnel that will assist with medication administration to complete the online medication course (Medication Administration Basics - Full Course-online) and have a skills checkoff completed by a LEA RN. The school LEA 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 chapter 464, F.S. 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.</p> <p>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>The CHD provides program oversight for compliance with policies/procedures regarding medication administration.</p> <p>LEA will provide high level security for <u>all</u> controlled/scheduled medications. LEA will ensure all student specific controlled/scheduled substances received from the parent/guardian are to be counted and immediately secured. This extra level of security will be maintained throughout the day. LEA will ensure controlled/scheduled substances are kept under additional security (double locked cabinet) with two (2) different keys that are stored separately. LEA will ensure the double locked cabinets are securely mounted to a solid surface; cabinets will have solid doors to prevent</p>	<p>Clay County</p>

	<p>Clay County</p> <p>LEA will maintain a record for audit and safety purposes of any doses used and the amount of the controlled/scheduled medication received and released back to the parent/guardian. LEA will ensure controlled/scheduled medication is counted/documentated upon receipt and with each dose administered. LEA will ensure documented controlled/scheduled medication counts are completed by two (2) school staff personnel weekly.</p> <p>CHD recommends that at least one of the school staff performing the count is a licensed healthcare professional to comply with best practices. LEA will ensure controlled/scheduled medication is counted/documentated upon returning unused or expired doses to the parent/guardian. LEA will assure controlled/scheduled medication that is discarded at the end of the school year (or student transfers where medication is left behind) must be witnessed by two personnel with one being a licensed school nurse.</p> <p>Only licensed or trained health room personnel in LEA will accept/receive medication. Upon receiving the medication, a Medication Administration Record (MAR) and Parent Authorization for the Administration of Medication (PAAM) will be completed.</p> <p>LEA requires each parent/caregiver to be solely responsible for safely administering to their student and for transporting medical marijuana to and from school.</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>
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<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>Parent/caregiver is solely responsible for safely administering and transporting medical marijuana to and from school. Per Student and Family Handbook and Code of Student Conduct for SY 2025-2026, the administration of medical marijuana may be administered in accordance with state law and district policy.</p> <p>Local Agency Responsible: LEA</p> <p>Per Student and Family Handbook and Code of Student Conduct for SY 2025-2026, the administration of medical marijuana may be administered in accordance with state law and district policy.</p>

<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>Clay County</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 MAR with parental signature, PAAM, and MMP with physician authorization. LEA holds care planning meetings, as needed, where IHPs and EAPs are needed for students. LEA documents child specific training completed by staff on skills checkoff sheets, in the student's IHP, and in EdPlan, the LEA's medical activity management program. The CHD provides program oversight for compliance with the process. 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> <ol style="list-style-type: none"> (1) Guidance for administering short-acting bronchodilators or components in instances of respiratory distress for a student with a known diagnosis of asthma. (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. (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. 	N/A
<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>	N/A

<p>27. Students with Life Threatening Allergies S. 1002.20(3)(l), 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 MAR with parental signature, PAAM, and MMP with physician authorization. Care planning meetings are held, as needed where IHPs and EAPs are created for those needs by LEA. LEA documents child specific training completed by staff on skills checkoff sheets, in student's IHP, and in EdPlan. 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>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 MAR with parental signature, PAAM, and MMP with physician authorization. LEA holds care planning meetings, as needed, where IHPs and EAPs are needed for students. LEA documents child specific training completed by staff on skills checkoff sheets, in student's IHP, and in EdPlan. 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>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</p>	<p>N/A</p>

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29. Emergency Allergy Treatment s. 381.88, F.S.	and to administer an epinephrine auto-injection.	
	29a. The School District Board will ensure that school staff, who are designated by the principal, (in addition to school health staff in the school clinic), to administer stock epinephrine auto-injectors (not prescribed to an individual student) are trained by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity approved by the Florida Department of Health.	N/A
30. Diabetes Management s. 1002.20(3)(i), F.S.; Rule 6A-6.0253, F.A.C.-Diabetes management	<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>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>N/A</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 MMMP with physician authorization, MAR, and PAAM form with physician authorization. LEA holds care planning meetings, as needed, where IHPs and EAPs are needed for students. 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>
	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.	LEA ensures completion of MMMP with physician authorization, MAR, and PAAM form with physician authorization. LEA holds care planning meetings, as needed, where IHPs and EAPs are needed for students. 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.

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	<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>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>LEA documents child specific training completed by staff on skills checkoff sheets, in student's IHP, and in EdPlan. 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 holds care planning meetings, as needed, where IHPs and EAPs are needed for students. 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)(j), 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 assistance for diabetic self-management, including hypoglycemia and hyperglycemia.</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 MMP with physician authorization, MAR, and PAAM form with physician authorization. LEA holds care planning meetings, as needed, where IHPs and EAPs are needed for students. LEA documents child specific training completed by staff on skills checkoff sheets, in student's IHP, and in EdPlan. 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>School Health policies and procedures require that a student who carries diabetic supplies on their person have a current MMP with physician authorization, MAR, and PAAM form with physician authorization. LEA holds care planning meetings, as needed, where IHPs and EAPs are needed for students. LEA documents child specific training completed by staff on skills checkoff sheets, in student's IHP, and in EdPlan. 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>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>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>School Health policies and procedures require that a student who carries diabetic supplies on their person have a current MMP with physician authorization, MAR, and PAAM form with physician authorization. LEA holds care planning meetings, as needed, where IHPs and EAPs are needed for students. 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>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>33b. LEA has procedure for administering Naloxone, along with appropriate forms used to document when Naloxone is administered. LEA Nurses train UAPs on the administration of Naloxone and document said training on the Naloxone skills training form which is used to delegate skill to a UAP. School nurses, resource officers, and school administrators have all been trained on the administration of Naloxone. LEA nurses and UAPs complete the online Naloxone Training course (Opioid Overdose Response Awareness) at least annually and the certificate is kept in the health room.</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 has permission from a parent/guardian to self-carry over-the counter (OTC) headache medication, then they must adhere to the following guidelines:</p> <ol style="list-style-type: none"> 1. Students must have a signed permission slip, PAAM on file in the health room. 2. Headache medications must be in their original container. 3. Students may not share headache medications. 4. Nurses will give a copy of the signed permission slip to the student, who should keep this document on their person. <p>If a student is caught taking OTC headache medication, LEA staff will determine if the student has a permission slip. If a student does not have a permission slip on file, LEA nurse will call the parent and review OTC medication procedures with them.</p>

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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.;	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.	For elementary students: Given their age, we recommend that all headache medications are kept in the clinic and administered under adult supervision.
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.	Documentation of child specific training completed by staff will be noted on skills checkoff sheets, child specific training sheets, in student's IHP, and in EdPlan. LEA nurses will provide child specific training for unlicensed assistant personnel (UAP), as needed. 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.	The LEA registered nurses will provide medication administration training and medication skills verification for unlicensed staff administering medications. Per Florida Statutes s. 1006.062, UAPs are permitted to administer prescribed medication at school, provided appropriate training has taken place. Documentation of completion of said training will be noted on the Medication Skills Checklist Form.
35c. The School District Board will ensure that the use of nonmedical assistive personnel shall be consistent with delegation practices per requirements.	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.	The LEA will provide Child-specific training and periodic follow-up monitoring of UAPs as determined by the nursing

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		process as specified in s. 1006.062, Florida Statutes, and Chapter 64B9-14, Florida Administrative Code.
36. Background Screening Requirements for School Health Services Personnel	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.	All school health employees from LEA, CHD, and community agencies undergo Level 2 background screenings prior to employment; employees are re-screened every 5 years.
Chapter 435, F.S., s. 381.0059, F.S.; s. 1012.465, F.S.	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.
38. Parental Consent for Health Care Services	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.	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/guardian, or other contact listed, if the student is removed from school as stipulated in s. 381.0056(4)(a)(19), F.S. LEA school personnel will make a reasonable attempt to notify the student's parents, guardian, or caregiver before the student is transported. 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.
Section 1014.06, F.S.	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:	Local Agency Responsible: LEA The Student and Family Handbook and Code of Student Conduct specifically address parental consent as to the Parental Bill of Rights.
	(1) Obtain written parental consent prior to providing, soliciting or arranging to provide health care services or prescribe medicinal drugs to a minor child.	Each July, the LEA sends an automated email via Synergy to notify parents and guardians that students are eligible to receive health services and mandated health screenings, as outlined in the district's School Health Services Plan. To proceed, parents/guardians must log into Synergy and navigate to the Parental Preferences section to review and select to participate in the health screenings offered or to opt-out of one or more services. Families must choose to either opt-in or opt-out of these services. If no selection is made,
	(2) Obtain written parental consent prior to a medical procedure to be performed on a minor child in its facility.	

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	<p>the student will not receive any health or screening services until consent is provided.</p> <p>Parents/guardians may withhold consent or decline any specific service by completing an opt-out/opt-in form, within Synergy, for school health services or mandated health screenings.</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>39c. Provide that an individualized seizure action plan remains in effect until certain criteria are met.</p> <p>39d. Authorize a school to provide training and supports to a student in the absence of such a plan.</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</p> <p>Local Agency Responsible: LEA</p> <p>Will be covered by Individual Seizure Action Plan (ISAP) 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; furthermore, the LEA's current MMP for seizures also covers the needed information. The CHD provides program oversight. Charter schools will need to provide their own RN for school health services or enter into a contractual agreement with CHD for fee for service.</p> <p>The action plan will remain in effect until the physician changes the plan of care or the school year ends. 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 employees are required to watch a video recommended by the Department of Education on seizures and care annually.</p> <p>LEA employees will watch a video on seizure care annually, and they will submit their certificate to the school nurse.</p>

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<p>certain school employees relating to the care of the students.</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 will require child specific training for UAP staff of LEA caring 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>PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)</p>		

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.</p> <p>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 an LEA RN or LPN on-site for the entire school day. The CHD provides program oversight.</p> <p>LEA provides health promotion activities at each comprehensive school. CHD participates when requested and available.</p> <p>Each of the comprehensive schools listed below provide additional wellness and support through their community partnership.</p> <p>Wilkinson Junior High School is a community partnership school partnering with Children's Home Society of Florida, St.</p>

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	<p>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.</p>
<p>41c. Provide health education classes.</p> <p>41d. Provide or coordinate counseling and referrals to decrease substance abuse/ misuse.</p> <p>41e. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.</p>	<p>LEA certificated staff provide health education instruction integrated within the core curriculum. The LEA also addresses health education in the Comprehensive Plan as per s. 381.0056, F.S.</p> <p>Students are referred to local substance abuse centers for services, as needed. The Family Education Program is taught to students by a certificated prevention professionals, as needed and when referred. Student Assistance Program (SAP) specialists are also available in some secondary schools.</p> <p>Local Agency Responsible: LEA</p> <p>LEA provides annual training to counselors on identification of suicidal ideations and use of referrals for suicide prevention. School social workers and school counselors will provide individual counseling and referral, if needed. SAP specialists are available in some secondary schools. 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</p>

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	providers. Mental Health referrals are made through The Players Center's "Be Resilient and Voice Emotions" (BRAVE) program which tracks & manages the referrals to ensure students are connected to needed services.
41f. Provide or coordinate health education classes to reduce the incidence of substance abuse or misuse, suicide attempts and other high-risk behaviors.	<p>Local Agency Responsible: LEA</p> <p>SAP specialists are provided in some secondary schools, when available. The Hanley Foundation programs also provide alcohol literacy challenge, marijuana and vaping prevention, prescription drug abuse prevention and project success, to LEA schools as permitted.</p>
41g. Identify and provide interventions for students at risk for early parenthood.	<p>Local Agency Responsible: LEA</p> <p>SAP specialists are available in some secondary schools. SAP specialists, school nurses, school counselors, school psychologists, and social workers work with students to identify needs and resources.</p>
41h. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.	<p>Local Agency Responsible: LEA</p> <p>SAP specialists are available in some secondary schools. SAP specialists, school nurses, school counselors, school psychologists, and social workers work with students to identify needs and resources.</p>
41i. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.	<p>Local Agency Responsible: LEA</p> <p>LEA social workers and school counselors work with agencies to provide support, education, and services.</p>
41j. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.	<p>LEA social workers and school counselors work with agencies to provide support, education, and services for the transition back into the school setting.</p>
41k. Refer all known pregnant students to staff for prenatal care and Healthy Start services.	<p>Healthy Start Services are 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

Statute and/or Rule References	Program Standard/Requirement	Local Implementation Strategies and Activities
42. Full-Service Schools S. 412.3026(1), F.S.	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.	The LEA has designed 10 schools as full-service schools (FSS).
42b. Designate FSS based on demographic evaluations.		Based on demographic evaluations the following are the LEA's full-service schools (FSS): BLC, CEB, CHE, GPE, KHE, MRE, MBE, SBJ, WEC, and WES.
42c. Provide nutritional services.		Referrals to local agencies, summer nutrition program at selected school sites. LEA provides the Free Summer Meals Program (breakfast & lunch) for kids 18 and under at approved schools throughout the district. 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).
42d. Provide basic medical services.		CHD participates in Back-to-School Events in the summer with LEA in collaboration with other community agencies and partners. CHD provides immunizations during the summer Back to School Wellness event. LEA partners with Health Heroes Inc. to provide influenza vaccines. Wellness screenings and vaccines are provided at school sites in the Community Partnership Schools. LEA is partnering with DOH-Baker to provide Preventative Dental Care in full-service schools.
42e. Provide referral to dependent children Temporary Assistance to Needy Families (TANF).		LEA refers students/families needing specialized services to local agencies/community partners. A social worker is also available at all school sites, in addition, SAP specialists are available for at-risk students.
42f. Provide referrals for abused children.		LEA provides referrals to local agencies for needed specialized services. A social worker is available at all school sites, as are SAP specialists for at-risk students. CHD and LEA provide training and information on how to report child abuse to school

PART IV: Detailed Description of Local Agency(s) Roles and Responsibilities		
Statute and/or Rule References	Program Standard/Requirement	Local Implementation Strategies and Activities
43. Command structure, accountability, outcome indicators, resource management, and data systems.	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>(1) The LEA and CHD human resources departments have job descriptions with specific requirements for the LEA and CHD school health positions, respectively. The principals are responsible for hiring and supervising the staff (nurses and UAPs) for the LEA health rooms. The LEA Coordinator of Nursing Services supervises the school health services.</p> <p>(1) Employing or contracting for all health-related staff, the supervision of all school health services personnel regardless of funding source.</p>
Rules: 64F-6.002, F.A.C.		<p>The CHD Director of Nursing Services provides program oversight of the CHD school health program, in collaboration with the School Health Coordinator. The School Health Coordinator supervises and hires the CHD school health staff.</p>

<p>(2) List the agency responsible for the day-to-day school clinic operations and management oversight.</p> <p>(3) List the resources or tools that are shared between agencies within your school health program.</p> <p>(4) Explain who is responsible for performance evaluations of clinical operations, and how are the evaluations completed and documented.</p> <p>(5) Explain who is responsible for Quality Improvement planning, implementation, and tracking for school health operations.</p>	<p>(2) LEA's Climate and Culture Department supervises all day-to-day school health services for the LEA, specifically the Coordinator of Nursing Services. CHD provides compliance oversight.</p> <p>(3) LEA and CHD jointly provide resources for school health services. 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 a Nickie® Medical Training Doll for LEA to use for training purposes. CHD also shares educational resources with the LEA upon request, when available, through CHD's community health program.</p> <p>(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 for all the schools. The primary schools receive a second School Health Services Program Review in the spring. These reviews are documented on the School Health Services Program Review Tool.</p> <p>(5) The CHD will send the LEA school principals, LEA school nurse, LEA records staff, and the LEA Coordinator of Nursing Services a process improvement plan if any measures are not in compliance. The Coordinator of Nursing Services will ensure individuals needing retraining will attend applicable courses/classes. 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, with DOH staff, and with DOH leadership.</p>
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<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>43c. Describe the communication between agencies. Please review how frequently challenges facing the program and when the school health services plan is reviewed each year for the purpose of updating the planning.</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</p> <ol style="list-style-type: none"> (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>Each year that new statutory requirements are implemented, the LEA and CHD discuss implementation. These updates are shared with the nurses at the August annual nurse's meeting or throughout the year via email. The School Health Services Administrative Resource Manual² is used as a guide to ensure school health statutory requirements are met in the local school health program.</p> <p>CHD's Health Officer, Director of Nursing, and School Health Coordinator collaborate with the LEA Coordinator of Nursing Services and the LEA 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><u>Collection:</u> The CHD has ownership of HMS and only CHD nurses enter school health services data into the system. CHD collects monthly aggregate school health services data from each school to report in HMS.</p> <p><u>Cleaning:</u> Data cleaning is mainly monitored by CHD but the LEA assists with discrepancies to ensure accurate data is retrieved.</p> <p><u>Quality:</u> 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 DOH nurse reviews the monthly data entered in HMS to ensure accuracy of data entry.</p> <p><u>Residence of Data:</u> LEA also maintains services data collected via the monthly reporting forms. LEA maintains records per retention schedule.</p>
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² Available online at <https://www.floridahealth.gov/programs-and-services/childrens-health/school-health/School-Health-Administrative-Resource-Manual-Rev-2021.pdf>

	<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>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>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>The LEA coordinates the August yearly nurse's meeting with all the health room staff. The CHD presents any statutory updates at this training. CHD will provide education relating to the School Health Services Program, as requested, and as jointly determined by CHD and LEA. The CHD provides a monthly orientation class (up to 4-hours) reviewing statutory school health program requirements with all new health room staff and a monthly virtual 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>
		<p>Definitions: The CHD maintains a "School Health Services Data Handbook" with data definitions that is updated at least annually and electronically shared with LEA upon completion.</p>

Clay County

END OF TEXT

Clay County

INDEX OF ABBREVIATIONS

LOGOV = Local Government Funds
 LPN = Licensed Practical Nurse
 CCSD = Clay County School District
 CHD = County Health Department
 CoAg = Crisis Response Cooperative Agreement
 CPR = Cardiopulmonary Resuscitation
 CSH = Coordinated School Health
 DOH = Department of Health
 EAP = Emergency Action Plan
 FSS = Full Service School, = Full Service Schools
 FTE = Full Time Equivalent
 HIPAA = Health Insurance Portability and Accountability Act
 HOSA = Future Health Professionals
 IEP = Individualized Educational Plan
 IHP = Individual Health Care Plan
 ILI = Influenza Like Illness
 ISAP = Individual Seizure Action Plan
 LEA = Local Educational Agency

LPN = Licensed Practical Nurse
 MAR = Medication Administration Record
 MMP = Medical Management Plan
 NCGRV = Non-Categorical General Revenue
 OTC = Over The Counter
 PAAM = Parent Authorization for the Administration of Medication
 PIP = Process Improvement Plan
 RN = Registered Nurse
 SALGS = Sale of Goods & Services
 SAP = Student Assistance Program
 SCHOL = School Choice Option for Learning
 SHAC = School Health Advisory Committee
 SHSM = School Health Services Manual
 SHSP = School Health Services Plan
 SHWAC = School Health Wellness Advisory Council
 TANF = Temporary Assistance for Needy Families
 UAP = Unlicensed Assistant Personnel

Exhibit I: Annual Report School Health Report



2024-2025 Annual School Health Report

_____ County

Due by August 15, 2025

Send via email to: HSF.SH_Feedback@fdohealth.gov and copy county liaison.

2024-2025 Annual School Health Report

2024-2025 Annual School Health Report

- Please make sure that you only open the 2024-2025 Annual Report file in Microsoft Excel.
- Do not work in this file until you have opened and saved it to your network drive or a flash/travel drive. When saving for the first time, use the "Save As" function and add your county's name to the beginning of the file name so your submitted report file will not be confused with that of other counties. The FILE NAME SHOULD BE FORMATTED AS FOLLOW: "Florida County 2024-2025 Annual School Health Report". "Florida" should be your county name.
- To enter data in the format, click in the cell where you need to enter information, type the information, press Tab to move from one answer space to the next.
- A value will appear in cells that have zeros (0), once the required data is entered in the referenced cells. If no data is entered in the referenced cells, these cells will remain zero (0).
- Enter all requested data for all sections of this report, as applicable to your county.

Clay County

Enter County Name Here County School Health Contacts for 2024-2025 School Year

County Name

Department of Health County Office

Administrator / Director

Name

Licenses and/or Degrees

Email

Department of Health County Office

Business Manager for School Health

Name

Licenses and/or Degrees

Phone _____ **Extension** _____

Email

School District / Local Educational Agency

School Health Coordinator

Name

Licenses and/or Degrees

Job Title

Address

City _____ **Zip Code** _____

Phone _____ **Extension** _____

Work Cell Phone

Email

Department of Health County Office

School Health Coordinator

Name

Licenses and/or Degrees

Job Title

Address

City _____ **Zip Code** _____

Phone _____ **Extension** _____

Work Cell Phone

Email

Coordinated School Health / Whole School, Whole Community, Whole Child Coordinator

Name

Agency

Phone _____ **Extension** _____

Cell Phone _____

Email

Additional School Health Contact

(Other Agency Providing Direct Services)

Name

Agency

Phone _____ **Extension** _____

Cell Phone

Email

Overview of Schools and Students

Reporting Period July 1, 2024 through June 30, 2025

DIRECTIONS: Provide the numbers for ALL PUBLIC SCHOOLS AND STUDENTS in your county, utilizing the Department of Education (DOE) file Membership by School by Grade 2024-25, Final Survey 2, available at the following link
<https://www.flode.org/facaccountability/data-sys/edl-inf-accountability-services/pk-12-public-school-data-pubs-reports/stud>

DO NOT INCLUDE Department of Juvenile Justice (DJJ), Adult, Adult Vocational schools, Virtual Schools (Florida Virtual School or private virtual school) or Private Schools. INCLUDE district remote learners in Students (not in Schools). Schools with combined grade levels are those that have two or more school levels (ex K-8, 6-12, etc.). Put public Pre-Kindergarten school and student counts in the Elementary School category.

Public Schools and Students by School Health Program	Elementary Schools	Middle Schools	High Schools	Schools with Combined Levels (K-8, 6-12, etc.)	Totals
Basic School Health (BASIC ONLY)-SCHOOLS				0	0
Basic School Health (BASIC ONLY)-STUDENTS				0	0
Comprehensive School Health (CSHSPI)-SCHOOLS				0	0
Comprehensive School Health (CSHSPI)-STUDENTS				0	0
Full Service Schools (FSS)-SCHOOLS				0	0
Full Service Schools (FSS)-STUDENTS				0	0
Public Charter SCHOOLS				0	0
Public Charter School STUDENTS				0	0
Public Alternative SCHOOLS (not DJJ)				0	0
Public Alternative School STUDENTS (not DJJ)				0	0
Total Public SCHOOLS	0	0	0	0	0
Total Public School STUDENTS	0	0	0	0	0

Types of Health Conditions - July 1, 2024 through June 30, 2025

Directions: The number of health conditions that are identified through review of current student health/emergency information records and physicians' diagnoses in all elementary, middle and high schools in the school district. *All conditions must have a provider diagnosis, with the exception of (1) ADD/ADHD (2) allergies/non life threatening (3) mental/behavioral health conditions and (4) "Others" which can be based on documented parental report. For the "Others" category, please sum the numbers of students with conditions nor specifically listed in this table and enter one number. Health conditions are defined as those conditions that last 1 year or more and require ongoing medical attention, limit activities of daily living, or both. If student(s) have multiple health conditions, they should be counted once for each instance of a reportable health condition AND counted once in the new variable "Total number of students with multiple health conditions".*

Clay County

Types of Health Conditions - July 1, 2024 through June 30, 2025

Directions: The number of health conditions that are identified through review of current student health/emergency information records and physicians' diagnoses in all elementary, middle and high schools in the school district. *All conditions must have a provider diagnosis, with the exception of (1) ADD/ADHD (2) allergies-non life threatening (3) mental/behavioral health conditions and (4) "Others" which can be based on documented parental report. For the "Others" category, please sum the numbers of students with conditions *not specifically listed in this table and enter one number. Health conditions are defined as those conditions that last 1 year or more and require ongoing medical attention, limit activities of daily living, or both. If student(s) have multiple health conditions, they should be counted once for each instance of a reportable health condition AND counted once in the new variable "Total number of students with multiple health conditions".**

Reported Health Conditions	Inclusion/Exclusion Criteria	Totals
ADD/ADHD	Healthcare provider diagnosis and/or parental report	
Allergies - non-life threatening	Healthcare provider diagnosis and/or parental report	
Allergies - life threatening	Healthcare provider diagnosis	
Asthma	Healthcare provider diagnosis	
Autism spectrum disorders	Healthcare provider diagnosis	
Bleeding disorder	Healthcare provider diagnosis	
Cancer	Healthcare provider diagnosis	
Cardiac conditions	Healthcare provider diagnosis	
Cystic fibrosis	Healthcare provider diagnosis	
Diabetes - type 1	Healthcare provider diagnosis	
Diabetes - type 2	Healthcare provider diagnosis	
Epilepsy/seizures	Healthcare provider diagnosis	
Kidney disorders	Healthcare provider diagnosis	
Lupus	Healthcare provider diagnosis	
Mental/behavioral health conditions	Healthcare provider diagnosis and/or parental report	
Sickle cell disease	Healthcare provider diagnosis	
Others	Healthcare provider diagnosis and/or parental report	
Totals		0
Total number of students with multiple health conditions		

Number of Students Needing Medications and/or Procedures from July 1, 2024 through June 30, 2025

Directions: Complete this table with a count of STUDENTS with a physician's order and/or prescription label for the listed procedures and/or medications, and/or a parent authorization if a physician's order is not required. Count each student once for each medication route or procedure type. Examples: If a student is authorized to receive two oral medications and one procedure, count the student once for the two oral medications and once for the procedure. If the student is authorized to receive one oral medication, one inhaled medication and one procedure, count the student once for oral medication, once for inhaled medication and once for the procedure. This table is NOT for counting medication administration events or procedures performed.

Students Needing Medications / Procedures	Students
Medications	
Insulin administration	
Other injections	
Intravenous	
Inhaler (or nebulizer)	
Oral	
Nasal	
Rectal	
Topical	
Ophthalmic	
Otic	
Other	
TOTAL MEDICATIONS BY ROUTE	0
Procedures	
Carbohydrate counting	
Glucose monitoring	
Catheterization	
Colostomy, ileostomy, urostomy, jejunostomy care (site care)	
Electronic monitoring (cardiac, other)	
J, PEG, NG tube feeding	
Oxygen continuous or intermittent	
Pulse oximetry	
Specimen collection or testing	
Tracheostomy care	
Ventilator dependent care	
Other procedures	
TOTAL PROCEDURES	0
TOTAL MEDICATIONS AND PROCEDURES	0

Disposition of Health Room/Clinic Visits
2024-2025 Year-Long Data Collection

Data Point	Definitions and Clarifications	Data Point #	Calculated Percentages of
Number of student encounters/health office visits to RN resulting in the student returning to class or staying in school during the 2024-2025 school year	Include only students who are seen (face to face) by RN (not other health office staff)		#DIV/0!
Number of student encounters/health office visits to the RN resulting in 911 being called or regionally appropriate equivalent during the 2024-2025 school year	Include only students who are seen (face to face) by RN (not other health office staff)		#DIV/0!
Number of student encounters/health office visits to the LPN resulting in the student being sent home during the 2024-2025 school year	Include only students who are seen (face to face) by LPN (not RN or other health office staff)		#DIV/0!
Total RN Health Room/Clinic Dispositions	Total number of visits to RN	0	#DIV/0!
Percentage RN Health Room/Clinic Dispositions	LPN health room/clinik visit percentage of total health room/clinik visits	*****	
Number and Percent of Visits - LPN			
Number of student encounters/health office visits to LPN resulting in the student returning to class or staying in school during the 2024-2025 school year	Include only students who are seen (face to face) by LPN (not RN or other health office staff)		#DIV/0!
Number of student encounters/health office visits to the LPN resulting in 911 being called or regionally appropriate equivalent during the 2024-2025 school year	Include only students who are seen (face to face) by LPN (not RN or other health office staff)		#DIV/0!
Number of student encounters/health office visits to the LPN resulting in the student being sent home during the 2024-2025 school year	Include only students who are seen (face to face) by LPN (not RN or other health office staff). Includes students sent home with the recommendation/directive to see a health care provider.		#DIV/0!
Total LPN Health Room/Clinic Dispositions	Total number of visits to LPN	0	#DIV/0!
Percentage LPN Health Room/Clinic Dispositions	LPN health room/clinik visit percentage of total health room/clinik visits	*****	
Number and Percent of Visits - Health Aide/UAP (non-RN, non-LPN)			
Number of student encounters/health office visits to health aide/UAP (non-RN, non-LPN) resulting in the student returning to class or staying in school during the 2024-2025 school year	Include only students who are seen (face to face) by other health aide/UAP staff (non-RN, non-LPN). You may include secretaries or others if it is included as a specific part of their responsibility.		#DIV/0!
Number of student encounters/health office visits to the health aide/UAP (non-RN, non-LPN) resulting in 911 being called or regionally appropriate equivalent during the 2024-2025 school year	Include only students who are seen (face to face) by health aide/UAP staff (non-RN, non-LPN). You may include secretaries or others if it is included as a specific part of their responsibility.		#DIV/0!
Number of student encounters/health office visits to the health aide/UAP (non-RN, non-LPN) resulting in the student being sent home during the 2024-2025 school year	Include only students who are seen (face to face) by health aide/UAP staff (non-RN, non-LPN). You may include secretaries or others if it is included as a specific part of their responsibility. Includes students sent home with the recommendation/directive to see a health care provider.		#DIV/0!
Total health aide/UAP Health Room/Clinic Dispositions	Total number of visits to health aide/UAP	0	#DIV/0!
Percentage Health aide/UAP Health Room/Clinic Dispositions	Health aide/UAP health room/clinik visit percentage of total health	*****	
Total All Health Room/Clinic Dispositions	Total Number of Health Office Visits by Any Health Room Staff	0	

Student Referrals During 2024-2025

Directions: These referrals should only be those made by school health staff.

Referrals To	Basic Schools (Optional)	Comprehensive Schools (Required)	Full Service Schools (Optional)	Total
Abuse registry			0	0
Dental care			0	0
Guidance counselor			0	0
Pregnancy care			0	0
Healthy Start			0	0
Sexual health services			0	0
KidCare			0	0
Health care provider			0	0
Mental health counseling			0	0
Social work services			0	0
Substance abuse counseling			0	0
Other			0	0
Totals	0	0	0	0

Health Education Classes Provided Between July 1, 2024 through June 30, 2025

Directions: Health education classes are those planned educational sessions/presentations with an established curriculum to students, parents, school staff or health professionals. A class may be one or more participants. If you cover more than one subject area in a single class, you may record it in each subject area. For example, a class that covers nutrition and physical activity can be counted as two classes. Document health education classes provided by school health nurses (RN or LPN) or health educators if they directly provides a class or intervention, contribute curriculum, handouts or other materials to a class or intervention provided by school personnel; are available to answer student questions in class or make arrangements for a speaker to present to a class.

Subject	Basic Schools (Optional)			Comprehensive Schools (Required)			Full Service Schools (Optional)			Total Classes		
	Classes	Students	Parents	Staff	Classes	Students	Parents	Staff	Classes	Students	Parents	Staff
Alcohol, tobacco & other drug abuse												0
Bullying												0
Child abuse												0
DATE rape												0
Dental health												0
Family life instruction												0
General health / other												0
HIV / STD prevention												0
Human trafficking												0
Injury prevention / safety												0
Mental / behavioral health												0
Nutrition												0
Parenting skills												0
Physical activity												0
Pregnancy prevention												0
Staff wellness												0
Suicide prevention												0
Trauma informed care												0
Violence prevention / conflict resolution												0
Totals	0	0	0	0	0	0	0	0	0	0	0	0

Clay County

ALL COUNTIES RECEIVING FUNDS FOR FULL SERVICE SCHOOLS MUST COMPLETE THE FOLLOWING SECTION.

Agencies that Provided In-Kind Services at Local Schools from July 1, 2024 through June 30, 2025

Directions: Provide the names of public and private non-profit agencies and churches that provided IN-KIND services to students that were NOT FUNDED by School Health Schedule C revenue or school district funds budgeted for school health services during 2024-2025. Examples of providers would be school resources officers, local mental health providers, Healthy Start, WIC, Department of Children and Families, Department of Juvenile Justice, agricultural extension, United Way, Lions Club, etc.

Type of Service	Provider Name(s)
Adult Education	
Case Management	
Child Protective Services	
Community Education	
Counseling Abused Children	
Counseling High-Risk Children	
Counseling High-Risk Parents	
Delinquency Counseling	
Dental Services	
Economic Services (TANF and/or other)	
Healthy Start / Healthy Families	
Job Placement Services	
Mental / Behavioral Health Care (including telehealth)	
Nutritional Services (WIC, food backpack programs)	
Parenting Skills Training	
Primary Health Care (including telehealth)	
School Resource Officers	
Social Work Services	
Specialty Health Care (including telehealth)	
Substance Abuse Counseling (including telehealth)	
Other: _____	

Schools with Any Health Staff On-Site Full-Time (5 days a week, 6 - 8 hours a day) in 2024-2025

Number of Schools that are Staffed with ANY Full-Time Health Staff: APRN, RN, LPN, Health Aide/JAP				
	Elementary Schools	Middle Schools	High Schools	Combined Level Schools
County Health Department				
School District				
Community Partners				
Other				

Schools with a Registered Nurse (RN) On-Site Full-Time (5 days a week, 6 - 8 hours a day) in 2024-2025

Number of Schools that are Staffed with a Full-Time Registered Nurse (RN)				
	Elementary Schools	Middle Schools	High Schools	Combined Level Schools
County Health Department				
School District				
Community Partners				
Other				

**Community / Public-Private Partners Providing Staff or Funds for the Partner Staff listed in the
School Health Services Staffing for July 1, 2024 through June 30, 2025**

Program	Partner Name
Basic School Health	
Comprehensive School Health	
Full Service Schools	

Clay County

Directions: Only count staff hired and paid specifically to perform school health services. Do not double count any person (FTE/position). If one person is functioning in multiple roles, split their FTE or position. For example, school health coordinator/RNs that spend half their time in school clinics and half their time as a school health coordinator/administrator (Record 0.5 FTE in #1 and 0.5 FTE in #10). Only include FTEs/positions or portions of FTEs/positions that are dedicated to school health services.

Data Points (DO NOT DOUBLE COUNT)	Definition and Inclusion/Exclusion Criteria			County Health Department			School District			Community Partners			
	FTE = Full-time Equivalent (based on teacher FTE for school district staff and/or state FTE for county health department staff) or Positions for community partners.	any FTEs/positions or portions of FTEs/positions)	RN = Registered Nurse LPN = Licensed Practical Nurse	Basic Schools	Compre- hensive Service Schools	Full Service Schools	Basic Schools	Compre- hensive Service Schools	Full Service Schools	Basic Schools	Compre- hensive Service Schools	Subtotal	Total
1. Total number of RN FTEs/positions with an assigned caseload providing direct services	Direct services means responsible for the care of a defined group of students in addressing their acute and chronic health conditions. It includes health screenings, sick care, first aid, health education classes/fairs/promotion and case management. Direct services may be those provided in collaboration with an LPN or health aide.	Inclusion/Exclusion: • Include long term substitute (but not the substitute RN list for short term needs). • Exclude portion of FTEs/positions dedicated to administrative assignment and include in #10. • Exclude RNs working with a limited caseload providing direct services such as to medically fragile students (ratios of 1:1, 1:2, 1:3, 1:4 or 1:5), who are included in #7)										0.00	
2. Total number of LPN FTEs/positions with an assigned caseload providing direct services with a designated case load	Direct services means responsible for the care of defined group of students in addressing their acute and chronic health conditions. It includes health screenings, sick care, first aid, health education classes/fairs/promotion and case management. Direct services may be those provided in collaboration with an RN or health aide.	Inclusion/Exclusion: • Include long term substitute (but not the substitute LPN list for short term needs). • Exclude portion of FTEs/positions dedicated to administrative assignment and include in Item #1. • Exclude LPNs working with a limited caseload providing direct services such as to medically fragile students (ratios of 1:1, 1:2, 1:3, 1:4 or 1:5), who are included in #3										0.00	0.00

Clay County

<p>3. Total number of health aide (non-RN, non-LPN) FTEs/positions with an assigned caseload providing direct health services (e.g., give medication, staff health office, perform specific health procedures)</p>	<p>Direct services means care of defined group of students in addressing their acute and chronic health conditions. It includes health screenings, sick care, first aid. These direct services are provided under the supervision of an RN. This number should reflect only those health aides whose main assignment is health related.</p> <p>Inclusion/Exclusion:</p> <ul style="list-style-type: none"> • Exclude portion of FTEs/positions dedicated to administrative support assignment and include in item #12. • You may include the portion of an FTE/position of a secretary or other aide if it is included as a specific part of their position description. Exclude secretaries, teachers or principals who only address health issues occasionally. (i.e. only when help is needed, filling in to cover health staff.) • Exclude health aides working with a limited caseload providing direct services such as to medically fragile students (ratios of 1:1, 1:2, 1:3, 1:4 or 1:5), who are included in #5. 	0.00	0.00	0.00	0.00
<p>4. Total number of supplemental/float at RN FTEs/positions</p>	<p>Permanently hired/contracted RNs who provide supplemental/additional direct nursing services or specific procedures, e.g. child find/EPSON. This count is in addition (separate) to the RNs identified in #7, #7 and #10.</p> <p>Inclusion/Exclusion:</p> <ul style="list-style-type: none"> • Exclude RNs working with a limited caseload (1:1, 1:2, 1:3, 1:4, 1:5 assignments) providing direct services such as to medically fragile students, who are included in #7. 	0.00	0.00	0.00	0.00
<p>5. Total number of supplemental/float at LPN FTEs/positions</p>	<p>Permanently hired/contracted LPNs who provide supplemental/additional direct nursing services or specific procedures. This count is in addition (separate) to the LPNs identified in #2, #8 and #11.</p> <p>Inclusion/Exclusion:</p> <ul style="list-style-type: none"> • Exclude LPNs working with a limited caseload (1:1, 1:2, 1:3, 1:4, 1:5 assignments) providing direct services such as to medically fragile students, who are included in #8. 	0.00	0.00	0.00	0.00
<p>6. Total number of supplemental/float at health aide (non-RN, non-LPN) FTEs/positions</p>	<p>Permanently hired/contracted health aides (non-RN, non-LPN) FTE/position who provide supplemental/additional nursing services or specific procedures. This count is in addition (separate) to the health aides identified in #3, #9 and #12.</p> <p>Inclusion/Exclusion:</p> <ul style="list-style-type: none"> • Exclude Health aides working with a limited caseload (1:1, 1:2, 1:3, 1:4, 1:5 assignments) providing direct services such as medically fragile students, who are included in #9. 	0.00	0.00	0.00	0.00
<p>7. Total number of RNs with special assignment FTEs/positions</p>	<p>RNs working exclusively with a limited caseload providing direct services such as medically fragile students (ratios of 1:1, 1:2, 1:3, 1:4 or 1:5).</p> <p>Inclusion/Exclusion:</p> <ul style="list-style-type: none"> • Only include RNs working with a limited caseload. 	0.00	0.00	0.00	0.00

Clay County

8. Total number of LPNs with special assignment FTEs/positions	LPNs working exclusively with a limited caseload providing direct services such as medically fragile students (ratios of 1:1, 1:2, 1:3, 1:4 or 1:5). Inclusion/Exclusion: • Only include LPNs working with a limited caseload.	0.00	0.00	0.00	0.00	0.00	0.00
9. Total number of health aides (non-RN, non-LPN) working exclusively with a limited caseload providing direct services such as medically fragile students (ratios of 1:1, 1:2, 1:3, 1:4 or 1:5). Inclusion/Exclusion: Only include health aides working with a limited caseload.	Health aides (non-RN, non-LPN) working exclusively with a limited caseload providing direct services such as medically fragile students (ratios of 1:1, 1:2, 1:3, 1:4 or 1:5). Inclusion/Exclusion: Only include health aides working with a limited caseload.	0.00	0.00	0.00	0.00	0.00	0.00
10. Total number of RN FTEs/positions providing administrative or supervisory school health services	RNs providing management/clinical supervision, trainings to RNs, LPNs, or other health extenders, or conducting other administrative health services, e.g. case management. The School Health Coordinator FTE/positions (or portion) would be included in this count. Inclusion/Exclusion: • Exclude any portion of FTEs/positions dedicated to direct service (school based services, nursing assessments, screenings, case management, etc.) and include in item #1.	0.00	0.00	0.00	0.00	0.00	0.00
11. Total number of LPN FTEs/positions providing administrative or supervisory school health	LPNs providing management/clinical supervision to LPNs, or other health extenders, or conducting other administrative health services. Inclusion/Exclusion: • Exclude any portion of FTEs/positions dedicated to direct services (school based services, screenings, case management, etc.) and include in #2.	0.00	0.00	0.00	0.00	0.00	0.00
12. Total number of assistant FTEs/positions providing administrative support services to RNs or LPNs, e.g. clerical assistance. Inclusion/Exclusion: • Exclude any portion of FTEs/positions dedicated to direct service (school based services, screenings, etc.) and include in #3.	Assistants providing administrative support services to RNs or LPNs, e.g. clerical assistance. Inclusion/Exclusion: • Exclude any portion of FTEs/positions dedicated to direct service (school based services, screenings, etc.) and include in #3.	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL Health Services FTEs/positions	This number is a total of the numbers you entered for this section and is for your use.	0.00	0.00	0.00	0.00	0.00	0.00

Revenue and Expenditures for School Health Services and Health Education in Schools for

July 1, 2024 through June 30, 2025

NOTE: COMPLETE ALL RELEVANT SECTIONS WITH 2024-2025 REVENUE AND EXPENDITURES.

A. Local Department of Health (DOH) Schedule C Revenue and Expenditures for School Health Services and Health Education in Schools
 List Schedule C revenue and expenditures for school health services during FY 2024-2025 on the appropriate line.

NOTE: Add all beginning cash balances to the 2024-2025 revenue for each OCA, where applicable.

A. School Health Schedule C Revenue and Expenditures	Revenue	Expenditures
DO NOT FILL. State Health Office will complete.	XX	XX
DO NOT FILL. State Health Office will complete.	XX	XX
DO NOT FILL. State Health Office will complete.	XX	XX

B. Other Local DOH Revenue and Expenditures (do not include School District funds) for School Health Services and Health Education
 List local DOH revenue and expenditures, by funding source budgeted and expended for school health services during FY 2024-2025 on the appropriate line. Use the "Other" to list any other local DOH funding that is not allocated under the OCAs SCHGR and SCHSP.

B. Other Local DOH Revenue Sources	Revenue	Expenditures
Medicaid Certified Match		
Medicaid Cost Reimbursement		
Local DOH Trust Fund (Specify)		
Other #2: (Specify)		
Other #3: (Specify) (Specify)		
Local Department of Health Sub-Totals	\$0.00	\$0.00

C. School District Expenditures for School Health Services and Health Education

List school district expenditures, by funding source, that were expended for school health services and health education in 2024-2025.

NOTE: Please include only expenditures for school health services staff (advanced registered nurse practitioners, registered nurses, licensed practical nurses, health aides (health techs, certified nursing assistants), health educators, health room/clinic facilities, equipment and supplies. Do not include funds received from the county health department via contract.

C. 2024-2025 Expenditures of School District Revenue for Health Services and Health Education		Expenditures
Basic School Health		
Comprehensive School Health		
Full Service Schools		
(Specify)		
Other #2: (Specify)		
Other #3: (Specify)		
(Specify)		
School District Sub-Total		\$0.00

D. Community and Public-Private Partner Expenditures for School Health Services and Health Education

List on the appropriate line community and public-private partner expenditures by funding source that were expended for school health services in 2024-2025.

NOTE: 1. If your organization funds more than one type of organization, please do not list the same organization more than once. Please do not list the same organization more than once. Please do not list the same organization more than once.

D. 2024-2025 Community and Public-Private Partner Expenditures (Non-Contracted) for School Health Services and Health Education in Schools	Expenditures
Children's Services Council	
United Way	
County Commission	
Health Care Taxing District	
Hospital Taxing District	
Hospital: (Specify)	
University: (Specify)	
(Specify)	
Other #2: (Specify)	
Other #3: (Specify)	
Other #4: (Specify)	
Community and Public-Private Partner Sub-Total	
Total Expenditures for School Health Services and Health Education in Schools (A,B,C, and D)	
\$0.00	

Clay County

2024-2025 Contracts Utilizing School Health Schedule C funds for School Health Services and Health Education in Schools List contract numbers, provider names, services contracted and contract amounts for all contractual service agreements that were paid for using School Health Schedule C funds for FY 2024-2025.

2024-2025 School Health Schedule C Funds Used for Contractual Service

2024-2025 Contracts and Memoranda of Agreement (MOA)/Understanding (MOU) that Provided Revenue to County Health Departments for School Health Services

agencies or partners that contracted (or have memorandums of agreement/understanding) with the county health department to provide school health services.

2024-2025 Revenue Provided to the County Health Department for School Health Services Via Contract or Memorandum of Agreement/Understanding

Accomplishments and Challenges During 2024-2025

Accomplishments can include collaboration with community organizations, SHAC development activities, ongoing initiatives, events, program successes, improvements in health indicators, etc. The challenges section is very important to provide insight into the difficulties and limitations that your program experienced during 2024-2025. Please take the time to complete this section. If your information exceeds the space available below, please email the additional information in a separate file along with your annual report file.

Exhibit II: Screening and Notification Process

Screening and Notification Process

Process	Responsible Party	Timeline	Action
Pre-screening	LEA	5-Sep	CCDS Coordinator of Nursing Services notifies DOH-Clay School Health Coordinator of when screening assistance is requested, using the Mass Health Screening Assistance Request Tracker 2025-2026.
Screening	LEA	7-Nov	LEA completes all screening and rescreening. Rescreens should be completed 2 weeks after initial screenings are completed.
Reporting	LEA	21-Nov	LEA provides manual counts of the screening results to DOH-Clay.
1st Notification Letters	LEA	12-Dec	LEA distributes the results of the mass health screenings via letter to the parents/guardians of those students requiring a referral. This must be completed within 45 days of the screening.
2nd Notification Letters	LEA	16-Jan	LEA distributes the results of the mass health screenings via letter to the parents/guardians of those students requiring a referral, that have not responded to the 1st notification/letter.
Reporting	LEA	6-Feb	LEA forwards to DOH-Clay the Initial Screening Outcome List.
3rd Notification Letters	DOH	20-Feb	DOH creates and electronically forwards to LEA the 3rd letters/notifications that need to be sent home to the parents/guardians of those students requiring a referral, that have not responded to the 2nd notification/letter.
Reporting	LEA	24-Mar	LEA will forward to DOH-Clay the final screening outcome data.

Exhibit III: School Health Services Program Dates to Remember

 SCHOOL SCREENING SERVICES PROGRAM DATES TO REMEMBER SY 2025-2026	
On or before the 5th day of each month during the school calendar year	<p>The Clay County District Schools (CCDS) will email the following monthly health room reports to DOH-Clay:</p> <ol style="list-style-type: none"> 1) Yearly Health Room Activity Log (YHRL) 2) Monthly Outcome Disposition Report (MODR) 3) Monthly Screening Statistics (MSS) 4) Health Education Classes Taught in Basic, Full Service and Comprehensive Schools (Health Ed.) <p>One combined report will be submitted to DOH-Clay for those schools that have an ESE Health Room.</p> <p>The CCDS Coordinator of Nursing Services will notify DOH-Clay's School Health Coordinator when screening assistance is requested, using the Mass Health Screening Assistance Request Tracker 2025-2026. The request will include:</p> <ol style="list-style-type: none"> 1) All schools conducting screenings 2) Dates of screening 3) Start time and time of screening 4) Identification of schools requesting assistance 5) Type of assistance requested (volunteer training, manning at a screening station, managing student flow) <p>DOH-Clay will assist with screenings between September 15, 2025, and October 10, 2025, as available.</p>
September 5, 2025	<p>The CCDS will complete screenings and all rescreenings.</p>
November 7, 2025	<p>The CCDS will provide manual counts of the screening results to DOH-Clay using the Screening Results, Initial and Final Outcomes 2025-2026 Workbook - Mass Health Screening Results Spreadsheet.</p>
December 12, 2025	<p>The CCDS will send initial student mass health screening results to parents/guardians (first contact).</p>
January 16, 2026	<p>The CCDS will send 2nd referral follow-up letter to notify parents of those students requiring a referral (second contact).</p>
February 6, 2026	<p>The CCDS will send to DOH-Clay the Initial Screening Outcomes List (using the Screening Results, Initial and Final Outcomes 2025-2026 Workbook - Initial Screening Outcomes Spreadsheet) of those students who were sent referral letters (first and second contact) and whose parents did not reply to the referred letters.</p>
February 20, 2026	<p>The DOH-Clay will create and electronically send back 3rd referral follow-up letters to the school nurses/health room designees for distribution to parents/guardians (third contact).</p>
March 24, 2026	<p>The CCDS will forward to DOH-Clay the final screening outcomes data using the Screening Results, Initial and Final Outcomes 2025-2026 Workbook - Final Screening Outcomes Spreadsheet.</p>
On or before the 5 th of the month (with the monthly report after mass health screenings are conducted)	<p>The CCDS will forward to DOH-Clay the New Student Screening Workbook (Post-Assess Health Screening 2025-2026) with the monthly reports (approximately November through May).</p>
15 business days from receiving the outcome of the annual School Health Services Program Review (SHSPR)	<p>The CCDS will forward Process Improvement Plan(s) within 15 business days of the receipt of any noted deficiencies from the annual SHSPR.</p>
15 business days of the receipt of the process improvement plan if deficiencies are noted	<p>The DOH-Clay will conduct a second review and / or follow-up, within 15 business days of the receipt of the process improvement plan if deficiencies are noted.</p>