FOLLOW ALL PROCEDURES ON BACK OF THIS FORM

Contract # 270025
Number Assigned by Purchasing Dept.

CONTRACT REVIEW

BOARD MEETING DATE:

WHEN BOARD APPROVAL IS REQUIRED DO NOT PLACE ITEM ON AGENDA UNTIL REVIEW IS COMPLETED
☐ Must Have Board Approval over $100,000.00

Date Submitted: 8/25/26

Name of Contract Initiator: Melanie Sanders Telephone #: 904-336-6867

School/Dept Submitting Contract: Student Support Services Cost Center # 9005

Vendor Name: Clay Department of Health

Contract Title: School Health Services Plan

Contract Type: New ☐ Renewal ● Amendment ☐ Extension ☐ Previous Year Contract # 260048

Contract Term: every 2 years Renewal Option(s):

Contract Cost: $0.00

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

Funding Source: Budget Line #_____

Funding Source: Budget Line #_____

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

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

REQUIRED DOCUMENTS FOR CONTRACT REVIEW PACKAGE (*when applicable*):

_____ Completed Contract Review Form

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

_____ SIGNED Addendum A (if not an SBAO Template Contract) - **When using the Addendum A, *this Statement MUST BE included in the body of the Contract:***
"The terms and conditions of Addendum A are hereby incorporated into this Agreement and the same shall govern and prevail over any conflicting terms and/or conditions herein stated."

_____ Certificate of Insurance (COI) for General Liability & Workers' Compensation that meet these requirements:
COI must list the School Board of Clay County, Florida as an Additional Insured and Certificate Holder. Insurer must be rated as A- or better.
General Liability = $1,000,000 Each Occurrence & $2,000,000 General Aggregate.
Auto Liability = $1,000,000 Combined Single Limit ($5,000,000 for Charter Buses).
Workers' Compensation = $100,000 Minimum
[If exempt from Workers' Compensation Insurance, vendor/contractor must sign a Release and Hold Harmless Form. If not exempt, vendor/contractor must provide Workers' Compensation coverage].

_____ State of Florida Workers Comp Exemption (https://apps.fldfs.com/bocexempt/) (If Applicable)

_____ Release and Hold Harmless (If Applicable)

RECEIVED
By Megan Robiou at 8:46 am, Aug 25, 2026

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

CONTRACT REVIEWED BY:	COMMENTS BELOW BY REVIEWING DEPARTMENT
Purchasing Department REVIEWED By bfstaefe at 3:47 pm, Aug 25, 2026 Review Date	No Cost
School Board Attorney JPS 9/2/26 Review Date	~~Legally Sufficient.~~
Other Dept. as Necessary Review Date	
PENDING STATUS: ☐YES ☐NO	**IF YES, HIGHLIGHTED COMMENTS ABOVE MUST BE CORRECTED BY INITIATOR**
FINAL STATUS	Tentatively Approved Pending Required Signatures

CONTRACT REVIEW PROCESS FOR "ALL" CONTRACTS

A contract is defined as an agreement between two or more parties that is intended to have legal effect. This may include MOUs, Interlocal Agreements, Service Agreements and Contracts. Contracts document the mutual understanding between the parties as to the terms and conditions of their agreement, contain mutual obligations, and clearly state the agreement's consideration. The term consideration includes the cost of the services and/or products to be provided by second party (vendor or service provider) and any non-monetary performance. No school, department, or other organizational unit has authority to contract in its own name. All Board contracts must be made in the legal name of the Board, "The School Board of Clay County, Florida". The School or Department may extend this name to include the school or department as follows, "The School Board of Clay County, Florida o/b/o _____ (insert the school or department name)" where o/b/o means "on behalf of".

All contracts shall be reviewed and approved by the School Board Attorney and/or the Supervisor of Purchasing to ensure legality, compliance with Board policy, and to ensure the Board interests are protected before the authorized signatory may execute the contract.

All contracts having a value of $100,000 or more shall be authorized by the Board at a regular or special meeting and signed by the Board Chairman. All approved contracts having a value of less than $100,000 may be executed by the Superintendent or appropriate District administrator based on the value of the contract.

1. All approved contracts having a value of $50,000 or more, but less than $100,000 shall be signed by the Superintendent, or the person who has been designated, in writing by the Superintendent, as the Superintendent's Designee at the time of the contract signing. All contracts executed pursuant to this subparagraph shall be reported to the School Board in a separate entry as part of the monthly financial report.
2. All approved contracts having a value of $25,000 or more, but less than $50,000, shall be signed by the Superintendent, or an Assistant Superintendent, or a Chief Officer.
3. All approved contracts having a value of less than $25,000 and contracts of any value described in Board Authorized Contracts above that are exempt from the requirement for Board approval, may be signed by the Superintendent, or an Assistant Superintendent for their Division, or Chief Officer, or Director, or Supervisor, or Principals.
4. The Superintendent is authorized to approve contract amendments or change orders for the purchase of commodities and services up to the amount of ten (10) percent or $50,000, whichever is less, of the original contract amount that was previously approved by the Board.

Employees who enter into agreements without authority may be personally liable for such agreements, whether oral or written.

Step 1: Contract Initiator and Vendor prepare draft contract
(School Board Attorney Office (SBAO) Template Contracts available on SBAO webpage are strongly encouraged)

Step 2: Complete Contract Review Form, attach Required Documents to include the UNSIGNED Contract by the District / School.

For Contracts using Budgeted Funds or For No Cost / Master (County Wide) Contracts:
Initiator submits Contract Review Package to Purchasing Department - See Step 3

For Contracts using Internal Funds Individual to each School:
Initiator submits Contract Review Package direct to SBAO - See Step 4

Step 3: If Funded by Budgeted Funds, submit the Contract Review Package to the Purchasing Department. Email: district9056@myoneclay.net. Purchasing will begin the contract review process and submit the contract to the SBAO for review. SBAO may reach out to Initiator and/or other Departments (Risk, IT,) with questions or concerns and will assist with contract revisions. SBAO will send the Contract Review Package back to the Purchasing Department for final processing and the return to Initiator. Purchasing will save a digital copy of the Contract Review Package PLUS the Final Signed Contract you've return to Purchasing in the Contract Review Team Drive.

Step 4: If Funded by Internal Account (IA), submit the Contract Review Package directly to SBAO.
Email: contractreview@myoneclay.net
The SBAO will begin the contract review process and return it directly to Initiator

Step 5: The Initiator is responsible for finalizing the Contract which includes:
Addressing Comments/Revisions, Obtaining Required Signatures, Send District Final Signed Contract to Purchasing OR Retain Internal Accounts Final Signed Contract at School per School Board Record Policy.

If there is a Cost associated with Contract, the Initiator must work with their Bookkeeper to finalize the Purchasing Process.
Budgeted Funds require a District Purchase Order. Internal Accounts require an IA Purchase Order.

For assistance with legal-related matters, please visit the School Board Attorney's Office ("SBAO") webpage or call 904-336-6507
For assistance with insurance-related matters, please visit the Business Affairs - Risk Management webpage or call 904-336-6745
For assistance with District Purchasing, please visit the Business Affairs - Purchasing webpage or call 904-336-6736

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

2026-2028 School Health Services Plan

for

Clay County

Drafted Plan Due by September 15, 2026.
Completed Signature Page is due by November 20, 2026.

Drafted plan and signature page must be submitted to the respective county health department SharePoint folder on the State Health Office, School Health Program SharePoint site.

Clay County

2026-2028 School Health Services Plan Signature Page

My signature below indicates that I have reviewed and approved the 2026-2028 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 APPROVED AS TO LEGAL FORM DOH-OGC CHD Legal Counsel 08/21/2026 T. Bowles Signed by: Huffman 4A11F47FE2F94A6... *Printed Name* / *Signature*	8/21/2026 *Date*
County Health Department Nursing Director	Courtney Cabush, MPH, BSN, RN Signed by: C. Cabush 658C362FBC2840A... *Printed Name* / *Signature*	8/21/2026 *Date*
County Health Department School Health Coordinator	Jacqueline Copeland, MPH, BSN, RN, NCSN, CPH, a-IPC Signed by: DDC651944E504A1... *Printed Name* / *Signature*	8/21/2026 *Date*
School District School Board Chairperson	Erin Skipper, BSN, RN *Printed Name* / *Signature*	*Date*
School District Superintendent	David Broskie, MS *Printed Name* / *Signature*	*Date*
School District School Health Coordinator	Kristin Riebe, BAS, RN DocuSigned by: Kristin Riebe 2EB7CE77203A40B... *Printed Name* / *Signature*	8/24/2026 *Date*
School Health Advisory Committee Chairperson	VACANT *Printed Name* / *Signature*	*Date*
School Health Services Public/Private Partner	Monique Johnson, MSW Signed by: Monique Johnson E6A8CFE909FC4DA... *Printed Name* / *Signature*	8/24/2026 *Date*

Clay County

SUMMARY – SCHOOL HEALTH SERVICES PLAN 2026-2028

Statutory Authority: Section (s.) 381.0056, Florida Statutes (F.S.) requires each county health department (CHD) to develop, jointly with the school district and school health advisory committee, a School Health Services Plan (referred herein as the "Plan") that outlines the provisions and responsibilities to provide mandated health services in all public schools. Rule 64F-6.002, Florida Administrative Code (F.A.C.) requires the plan to be completed biennially. Please note that items that are colorized blue are internet links that enable you to directly view the relevant reference material.

The Plan format is arranged in 4 parts relating to the services provided and funding streams, as follows:

- Part I: Basic School Health Services- General school health services which are available to all students in Florida's public and participating non-public schools in all 67 school districts.
- Part II: Comprehensive School Health Services- Includes increased services in section 381.0057, F.S., 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, F.S.
- 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 I-III.

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 and Activities. This column describes the implementation strategies and activities to fulfill requirements in columns 1 and 2.

Plan submission:

(1) The draft plan and signature page must be submitted to the respective CHD SharePoint Folder on the State Health Office, School Health Program SharePoint site by listed due dates.

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
1. 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.	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 health officer.	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.
	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 health officer and submitted to the respective CHD SharePoint Folder on the State Health Office, School Health Program SharePoint site.	School Health Services Plan (SHSP) is reviewed and completed biennially, at a minimum, by the CHD and LEA. The CHD ensures the Health Officer receives the draft for review by May 1st. Pursuant to s. 381.0056, F.S., the CHD and LEA will update the SHSP every two (2) years. Annual review is conducted to ensure compliance and consistency. The document will be finalized and prepared for signatures by August 1st of the reporting year. CHD will submit the SHSP to the respective CHD SharePoint Folder on the State Health Office, School Health Program SharePoint site by September 15th.
	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.	The CHD oversees its personnel, consisting of three (3) RNs, one (1) LPN, and a single RN School Health Coordinator. Responsibilities for clinic staffing fall to the LEA, which employs School Health Room Nurses (RN or LPN), Unlicensed Assistive Personnel, one (1) ESE RN, and one (1) RN Supervisor/Coordinator of Nursing Services.
	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.	The CHD utilizes annual Schedule C funding, derived from the School Health (SCHOL) allocation, to provide basic school health services across all designated sites, including comprehensive and full-service schools. These funds are specifically utilized for CHD personnel salaries and fringe benefits. Supplemental funding from Local Government (LOGOV) and Non-Categorical General Revenue (NCGRV) is also used to support CHD staff. Income generated from the Sale of Goods and Services (SALGS) for contractual services provided to charter or private schools further supports CHD personnel costs. The SHSP describes the roles and

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		responsibilities of the CHD and LEA, ensuring compliance with the School Health Services Act and the Schedule C Scope of Work. Both agencies will adhere to the current annual Scope of Work requirements. There is no exchange of funds between the CHD and LEA for these school health services.
	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.	CHD - Jacqueline Copeland, MPH, BSN, RN, NCSN, CPH LEA - Kristin Riebe, BAS, RN 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 Exceptional Student Education. 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.
	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 Chapter 464 F.S., Nurse Practice Act.	Each school principal maintains direct oversight of LEA personnel delivering direct school health services. The LEA provides supervision for Clay County District Schools (CCDS) health services, excluding charter schools. A district-wide LEA Supervisor/Coordinator of Nursing Services, who is a Registered Nurse (RN), supervises all registered nurses (RN). All licensed practical nurses (LPN) and unlicensed assistive personnel (UAP) are supervised by a registered nurse (RN). LEA RNs delegate tasks to UAPs when appropriate, except within charter schools. In schools without an RN, the LEA manages care plan development and child-specific training, with the exception of charter schools. The LEA will inform the CHD of any changes to health personnel within five (5) business days. The LEA ensures that every

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		public school in the district is staffed by at least one licensed nurse (LPN or higher) to provide basic health services. The CHD recommends a minimum of one RN per health room, including at charter schools. The LEA ensures health room staff and at least two (2) additional school members are certified in first aid and CPR by a recognized agency, as mandated by Rule 64F-6.004, F.A.C., and the Florida School Health Administrative Resource Manual (2021). Basic School Health Services are provided to all county public school students according to s. 381.0056, F.S. At a minimum, the LEA provides screenings for 1) Vision, 2) Hearing, 3) Scoliosis, and 4) Growth and Development, unless a parent opts out, a disability prevents screening, or the student is in treatment. Students falling outside screening limits are referred to providers for evaluation within forty-five (45) days, with all referrals documented in cumulative health records. Signed parental consent is confirmed for students referred for comprehensive eye exams. Pregnant students receive information on prenatal care and the Healthy Start Program. Additional services are provided as outlined in the current Plan. The CHD supervises its own personnel and provides overall program oversight. A CHD nurse is assigned to each CCDS site to provide support, consultative services, and monitor SHSP compliance. Support includes scheduled and unscheduled in-person or virtual visits to health rooms. CHD nurses must have documented pediatric and developmental expertise. The Focus Visit Tool is utilized during visits based on previous outcomes. Schools with licensed nurses are visited every other month, while those with UAPs only, including temporary assignments, are visited monthly. The CHD assists in identifying student physical, social, and emotional needs upon request. Annual fall reviews use the School Health Services Program Review Tool; primary

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		schools receive a second spring review for mass screening measures. Frequent reviews are conducted for UAPs working independently. Results are shared with LEA leadership and health staff. Identified deficiencies require a process improvement plan (PIP) within 15 business days. The LEA submits the PIP to the CHD, which then approves the actions or assists the school in meeting compliance. If no school-based nurse is present, an LEA district nurse attends reviews. The CHD notifies the LEA of personnel changes within 5 business days. Charter schools manage their own RN staffing or may enter a fee-for-service contract with the CHD. The CHD ensures staff pass Level 2 background screenings per s. 1012.465, F.S. and Chapter 435, F.S. Both CHD and LEA nurses must be Florida licensed (RN/LPN) and follow the Nurse Practice Act and Chapter 464, F.S. Both agencies adhere to federal and state confidentiality laws for school and health records. The CHD receives records from the LEA lawfully and is accountable for protecting student confidentiality. CHD staff must have access to paper and electronic records necessary for service delivery, including Cumulative Health Records and documentation for students in Medicaid or Free and Reduced Lunch programs.
	1g. Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the CHD medical director in conjunction with district school boards, local school health advisory committees, the school district medical consultant (if employed), or the student's private physician.	The CHD and LEA conduct an annual assessment and revision of the School Health Services Manual (SHSM) to govern program delivery, ensuring a comprehensive update at least biennially. The LEA provides documentation to the CHD confirming manual approval by August 15th of the required year. Final School Board approval for the SHSM is obtained by July 1st for the upcoming term. Additional health-related protocols are integrated into the Student & Family Handbook and the Code of Student Conduct, both of which receive official School Board authorization. Student-specific medical requirements are detailed in their individualized Medical Management Plan (MMP) provided by

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		an external healthcare clinician. On an annual basis, the LEA updates all necessary documentation for the School Health Services Program. The CHD serves as a secondary consultant for content review, providing support with five business days' notice prior to the use of any forms. The LEA submits these materials to the CHD by March 1st, with feedback returned by March 31st. The LEA must notify the CHD of any mid-year form modifications. New forms developed during the year require submission to the CHD at least five business days before their intended implementation. All LEA documentation must exclusively display the LEA name and logo, as the use of DOH or CHD branding is prohibited.
	1h. Establish procedures for health services reporting in Health Management System (HMS) and the annual report, to include services provided by all partners.	By the fifth business day of each month during the academic year, the LEA and all charter schools are required to transmit the previous month's aggregated health services data to the CHD via the CHD nurse's myoneclay.net email account. This submission must include the following documentation: 1) Yearly Health Room Activity Log, 2) Monthly Outcome Disposition Report, 3) Monthly Screening Statistics, and 4) records of Health Education Classes across Basic, Full Service, and Comprehensive sites. Facilities maintaining both an Exceptional Student Education (ESE) and a standard health room shall provide a single, integrated report. Both the LEA and CHD will adhere to updated data reporting mandates as specified in the current Scope of Work from the Florida Department of Health (FDOH) School Health Services Program Office. The CHD is responsible for entering this information into the state Healthcare Management System (HMS) in accordance with state guidelines. The LEA and CHD will engage in a joint effort to gather the necessary metrics for the Annual School Health Report, utilizing the template provided by the FDOH School Health Services Program Office. Should the FDOH School Health

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		Services Program Office modify these data requirements mid-year, the CHD will notify LEA, and the LEA will submit the revised information to the CHD accordingly. Pending confirmation from the CHD, the LEA shall deliver the following data sets by June 30, 2027 (refer to Exhibit I 25-26 Annual School Health Report): 1) District Contact Information, 2) School and Student Demographics, 3) Identified Health Conditions, 4) Students requiring Medication or Procedures, 5) Disposition of Clinic Visits, 6) Student Referrals, 7) Health Education by School Type, 8) In-Kind Service Agencies, 9) Schools with Full-Time Health Staff, 10) Schools with Full-Time RNs, 11) Public-Private Staffing Partners, 12) Comprehensive Staffing Data, 13) District Revenue and Expenditures, 14) Partner Expenditures, 15) Program Successes and Challenges, and 16) Care Plans by Condition. For items #3, #4, and #16, LEA health room personnel must provide the requested data to the CHD by April 5, 2027. LEA supervisor will submit metrics for the 2026-2027 Annual School Health Report by June 30, 2027. Upon receipt of the LEA's compiled metrics, the CHD will finalize the 2026-2027 Annual School Health Report. This document must be submitted to the FDOH School Health Services Program Office in Tallahassee no later than August 14, 2027. Please see Exhibit I: 2025-2026 Annual School Health Report.
	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.	A restructuring of the SHAC was executed during SY 2017-2018, with member recruitment expanded to encompass all 10 elements of the Whole School, Whole Community, Whole Child (WSCC) framework, building upon the original Coordinated School Health (CSH) foundation. At the local level, the LEA has designated this body as the School Health Wellness Advisory Council (SHWAC) to formally integrate the Wellness component. The CHD and LEA maintain a joint partnership for the coordination and planning of the SHWAC.

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		In accordance with established SHWAC bylaws, the LEA designates a specific member to act as the official liaison. These bylaws have been formally reviewed and approved by the Council. The LEA, supplemented by additional Clay County District School staff as required, provides the necessary administrative and staff support for the SHWAC. Per the council's governing documents, SHWAC meetings are conducted on a quarterly basis.
2. Health Appraisal s. 381.0056(4)(a)(1), F.S.	2a. Determine the health status of students.	The LEA performs a thorough review of student records; any student identified with a medical condition is referred to the LEA nurse for comprehensive inquiry and evaluation in coordination with parents or healthcare providers. The LEA school health room personnel address the daily health requirements of students within the designated health rooms. Charter schools are responsible for securing their own professional school nursing staff or may establish a fee-for-service contractual agreement with the CHD. Charter schools maintaining such contracts must notify the CHD of students with chronic health conditions to facilitate professional nursing evaluations and consultations with family or medical providers.
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.	3a. Perform initial school entry review of student health records, to include school entry physical, immunization status, cumulative health record, emergency information, school health screenings, and student-specific health related documents.	LEA administrators, registrars, or nursing staff perform the initial review of health records for all students entering the school system to ensure compliance with entry mandates. As part of its oversight, the CHD conducts annual record evaluations at every school during the fall school health services program reviews. Furthermore, the CHD carries out supplemental virtual and in-person reviews throughout the year using district databases. When virtual access is required, the CHD establishes a secure file-sharing system (CCDS Google Drive); the LEA is then responsible for uploading the necessary documentation within ten (10) business days. These files are deleted from the CCDS Google Drive by the LEA after 30 days. Should records

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		personnel be unavailable for the full ten-day period, the LEA remains responsible for the upload. The CHD facilitates ongoing communication regarding entry requirements and reviews results with principals, technical managers, nursing coordinators, and health room or records staff. Beginning the first week of the academic year and continuing through mid-October, the CHD generates weekly immunization reports to prepare for FTE week, followed by monthly reporting. This reporting continues during the summer to monitor progress continually. Per s. 1003.22, F.S., and the Florida School Health Administrative Resource Manual (2021), LEA principals must ensure students provide all required health documentation, including immunizations and entry exams. The LEA conducts parental follow-up for non-compliant students and enforces exclusion policies when mandates are not met. The LEA further ensures that all health and records staff are registered with Florida SHOTS for access to DH 680/681 forms. To support compliance, the CHD provides monthly virtual orientation sessions on health entry requirements for new and existing records personnel, with the LEA mandating attendance for all new hires.
	3b. Emergency information card/form for each student shall be updated each year.	In alignment with the School Health Services Program Scope of Work, the LEA facilitates the distribution of emergency information forms to parents and guardians annually, utilizing both electronic and written methods. LEA personnel, including registrars and nursing staff, conduct initial reviews of student health records to confirm compliance with entry mandates. The LEA secures updated electronic emergency data from the parents, including contact details, physician information, and health history, ensuring clinic staff have access by September 30th. Monthly electronic notifications are sent to parents to maintain current data. As mandated by the FY 2025-2026 Scope of Work and Rule 64F-6.004, F.A.C., the LEA adheres to established collection

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		benchmarks: 45% of the student population by September 30th and 95% by December 31st. Furthermore, internal audits of these records are conducted to verify accuracy, targeting a 15% review rate by September 30th, 50% by December 31st, and 90% by March 31st. LEA will adhere to the deliverables in the most recent Scope of Work for the given school year. The CHD maintains oversight through quarterly record evaluations at each school site, to ensure students for audited record reviews have updated emergency documentation and permission for care on file. Additional CHD reviews, whether in-person or virtual, are performed as necessary, to ensure program compliance.
	3c. Ensure initial school entry health examination and immunization policies meet statutory and rule requirements.	The LEA provides a direct link to the Florida Department of Health (DOH) Immunization website on the LEA's official webpage. No changes to existing protocols have been implemented. Parents or guardians may request exemptions from the school health entry examinations and immunizations. A child shall be exempted from the requirement of a health examination upon written request of the parent of the child stating objections to the examination on religious tenets. The parent of the child may also object in writing that the administration of the immunizing agents conflicts with his or her religious tenets or practices by submitting a DH 681 Form to the LEA, as received from the DOH.
4. Nurse Assessment s. 381.0056(4)(a)(3), F.S.; Rules: 64F-6.001(6), F.A.C.; 6A-6.0253, F.A.C; 6A-6.0252, F.A.C.; 6A-6.0251, F.A.C.	4a. Perform nursing assessment of student health needs by a Registered Nurse (RN).	The LEA provides licensed nursing staff (RN or LPN) for health rooms, occasionally supplemented by UAPs. Professional RNs from the LEA perform comprehensive assessments of student health requirements, utilizing data from entry exams, emergency cards, questionnaires, and clinic visits. This evaluative process is conducted in partnership with parents and medical providers, facilitating

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		the creation of an Individualized Healthcare Plan (IHP[1]) and Emergency Action Plan (EAP) during the review of the Medical Management Plan. LEA RNs, including the ESE and Supervisor/Nursing Services Coordinator, provide necessary oversight and authorization for MARs completed by LPNs or UAPs. For sites without a resident RN, designated LEA RNs manage all health assessments. The LEA ensures the immediate development of IHPs, EAPs, and child-specific training upon a student's enrollment or the receipt of necessary medical orders and management plans.
	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 Action Plan (EAP).	RNs from the LEA perform comprehensive assessments of student health requirements, utilizing data from entry exams, emergency cards, questionnaires, and clinic visits. This evaluative process is conducted in partnership with parents and medical providers, facilitating the creation of an Individualized Healthcare Plan (IHP) and Emergency Action Plan (EAP) during the review of the Medical Management Plan. LEA RNs, including the ESE and Supervisor/Nursing Services Coordinator, provide necessary oversight and authorization for sites staffed by LPNs or UAPs. The LEA ensures the immediate development of IHPs, EAPs, and child-specific training upon a student's enrollment or the receipt of necessary medical orders and management plans. Charter schools are responsible for securing their own school nursing staff or may establish a fee-for-service contractual agreement with the CHD. Local Agencies Responsible: CHD (for participating Charter schools) and the LEA.

[1] IHP: A coordinated plan of care developed by an RN in accordance with s. 464.003, Florida Statutes, and Chapters 6A-6.0251, 6A-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 medication, supplies, and equipment.

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
5. Nutrition Assessment s. 381.0056(4)(a)(4), F.S.;	5a. Identify students with nutrition related problems and refer to an appropriate health care provider.	The LEA obtains student nutritional data through ongoing partnership and communication with students and their families. To identify chronic conditions requiring nutritional intervention—such as celiac disease, cystic fibrosis, diabetes, or severe food allergies—the LEA conducts thorough reviews of emergency information records. The LEA's nutritional services department facilitates the coordination of any specific dietary requirements. In accordance with mandated protocols, the LEA performs growth and development screenings (height, weight, and BMI) for students in grades 1, 3, and 6, with the CHD providing supplemental assistance upon request. A collaborative three-step notification procedure has been established for students whose measurements fall outside recommended parameters: the LEA initiates the first two parental contacts, while the CHD partners with the LEA for the final notification (see Exhibit II for details). To support families and nursing staff in securing necessary care, updated referral resource lists are maintained by the CHD and utilized by the LEA. The LEA provides the CHD with a comprehensive follow-up list to ensure all final outcomes are accurately documented within the state Health Management System (HMS).
6. Preventive Dental Program s. 381.0056(4)(a)(5), F.S.	6a. Provide services such as oral health education, screenings and referrals, dental sealants, fluoride varnish, and/or fluoride rinse as appropriate.	A collaborative partnership has been established between the LEA and DOH-BAKER to deliver Preventive Dental Care across Title 1 and full-service school sites. Through the specialized School Based Sealant Program, students receive comprehensive oral health assessments, professional cleanings, and hygiene education, supplemented by fluoride treatments and dental sealant applications.
7. Health Counseling s. 381.0056(4)(a)(10), F.S.	7a. Provide health counseling as appropriate.	The LEA maintains collaborative partnerships with specialized agencies to provide student health counseling and psychological support services upon request.

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
8. Referral and Follow-up of Suspected and Confirmed Health Problems s. 381.0056(4)(a)(11), F.S.	8a. Provide referral and follow-up for abnormal health screenings, emergency health issues, and acute or chronic health problems. Coordinate and link to community health resources.	The LEA performs student rescreening within a two-week window for those failing initial assessments to verify if a formal referral is necessary. A collaborative notification protocol is maintained between the LEA and CHD to manage referrals for students whose metrics fall outside mandated parameters across all categories (refer to Exhibit II). To ensure final outcomes are accurately documented within the state HMS, the LEA delivers a comprehensive follow-up list to the CHD. Furthermore, the LEA executes persistent contact attempts with parents and guardians to coordinate essential services for students identified with chronic health requirements and conditions.
9. Provisions for Screenings s. 381.0056(4)(a)(6-9), F.S.; Rule 64F-6.003(1-4), F.A.C.	9a. Provide mandated screenings unless the parent requests in writing an exemption: 1. Vision screening shall be provided, at a minimum, to non-exempted students in grades kindergarten, 1, 3, 6, and students entering Florida schools for the first time in grades kindergarten – 5. 2. Hearing screening shall be provided, at a minimum, to non-exempted students in grades kindergarten, 1, 6, and 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.	In accordance with s. 381.0056, F.S., and Rule 64F-6.004, F.A.C., the LEA conducts mandatory vision, hearing, scoliosis, and growth and development screenings for public school students within the county. These health services are delivered to the student population except in cases where a parent or guardian submits a written exemption, a disability precludes the screening process, or the student is already under professional care for the condition. Should supplemental aid be required, the LEA initiates a formal request to the CHD, specifying: a) the designated school locations for the screenings, b) scheduled dates, c) the operational timeframe, d) the specific schools requiring aid, and e) the nature of assistance needed, such as (i) training for volunteers, (ii) staffing screening stations, or (iii) coordinating student movement. This documentation is transmitted via email to the CHD School Health Coordinator by September 4, 2026, utilizing the Mass Health Screening Assistance Request Tracker 2026-2027 SY. Subject to personnel availability, the CHD will provide support between September 14, 2026, and October 9, 2026. The LEA must provide 24-hour notice if CHD support is no longer necessitated, and the CHD will confirm available resources

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
	4. Scoliosis screening shall be provided, at a minimum, to non-exempted students in grade 6.	within five business days of the request. To ensure adequate staffing, the LEA recruits volunteers from HOSA: Future Health Professionals, and community partners. A dedicated LEA nurse, free of other responsibilities, must be present for the duration of the event along with sufficient volunteers; otherwise, the CHD cannot provide support. If the necessary contingent of qualified staff and volunteers is not present, the LEA shall reschedule the screening session. All initial and follow-up screenings must be concluded by November 6, 2026, adhering to the timelines and obligations specified in the Dates to Remember SY 2026-2027 and Exhibit III. Final manual tallies of the screening outcomes must be submitted to the CHD by November 20, 2026, using the designated Mass Health Screening Results spreadsheet. The LEA performs comprehensive documentation of all screening outcomes, including parental non-responsiveness, formal refusals for follow-up care, or instances of student withdrawal. The CHD manages the coding of all screening metrics and subsequent referrals within the state Health Management System (HMS), with a mandate to finalize initial data entry by December 31, 2026. Charter schools are responsible for securing independent professional nursing staff or may establish a fee-for-service contractual agreement with the CHD to facilitate the rescreening services. Furthermore, charter schools maintain accountability for student record preservation and the transmission of data in accordance with state statutory requirements and LEA protocols.
	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.	The LEA facilitates an online process for parents and guardians to request inclusion and exemptions from mandatory health screenings during student registration. This designation is updated on an annual basis, with the LEA allowing for modifications to consent at any time, as required. Furthermore, the LEA adheres to mandated protocols for

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		students in grades K-3; prior to the administration of any student wellbeing questionnaire or health screening instrument, the LEA shall deliver the document to the parent and secure formal authorization for its implementation.
	9c. The school shall obtain parent/guardian permission in writing prior to any invasive screening, (e.g. comprehensive eye exam, screening procedures in which the skin or any body orifice is penetrated).	For any student undergoing consultation or evaluation with state vision contractors or alternative organizations, the LEA confirms that written parental authorization is secured by the service-providing entity. This requirement pertains to comprehensive ocular examinations (which may involve refractive testing and pupil dilation) and any additional screening procedures.
	9d. Refer students with abnormal screening results to service providers for additional evaluation and/or treatment (e.g. state contracted vision service providers).	The LEA utilizes local and state-contracted vision providers, such as the Florida Heiken Children's Vision Program and Vision is Priceless, to facilitate essential referral services. Professional school nurses maintain access to updated referral resource lists to guide families toward necessary care. Vision provider details are disseminated to health personnel during annual program meetings, screening training sessions, or throughout the academic term as requirements dictate. The LEA coordinates student referrals by notifying parents and guardians of any screening results falling outside mandated parameters, ensuring evaluation by a healthcare provider within forty-five (45) days. All referral activities are documented on the Mass Health Screening form. By December 11, 2026, the LEA will deliver mandated screening outcomes to families; in accordance with s. 381.0056, F.S., this initial notification serves as the primary contact and includes necessary referral information. A secondary follow-up letter will be dispatched by January 15, 2027, for students requiring further evaluation. Should no response be received after these initial efforts, the LEA will forward the Initial Screening Outcomes worksheet to the CHD by February 5, 2027. Subsequently, the CHD will generate third-contact

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		follow-up letters for distribution by the LEA on February 19, 2027, targeting students with outstanding referral needs in hearing, vision, scoliosis, or BMI categories. The LEA is responsible for delivering final screening outcomes to the CHD by March 19, 2027, utilizing the designated 2026-2027 Excel workbook to document final results, parental refusals, non-responsiveness, or student withdrawals. Furthermore, the LEA will submit the New Student Screening Workbook by the 5th of each month from November through May to account for students in mandated grades who enrolled after mass screenings were finalized. In compliance with Rule 64F-6.003, F.A.C., the LEA performs vision and hearing assessments for ESE students and new Florida enrollees in grades KG-5. The CHD will ensure all screening metrics and outcomes are finalized within the state Health Management System (HMS) by June 18, 2027.
10. Meeting Emergency Health Needs s. 381.0056(4)(a)12., F.S.; s.1001.43(7), F.S.; s. 1003.02(1)(k), F.S. s.1003.457, F.S. ; Rule 64F-6.004(1), F.A.C.; Emergency Guidelines for Schools, 2019 Florida Edition	10a. Ensure written health emergency policies and protocols are maintained and include minimum provisions. Ensure that student emergency information forms/cards are updated annually and completed for each student listing contact person, family physician, allergies, significant health history, and permission for emergency care.	The LEA performs an annual evaluation and revision of clinic protocols, guidelines, and operating procedures. Upon formal request, the CHD provides consultative reviews to verify alignment with Florida Statutes and offers best practice recommendations. Both the CHD and LEA adhere to evidence-based protocols and strategies specified within the local School Health Services Manual (SHSM). Furthermore, the LEA utilizes the Emergency Guidelines for Schools (2019 Florida Edition) within health rooms to provide essential guidance for non-medical personnel during urgent situations when professional nursing staff are unavailable. These procedures serve as the established standard for emergency response. The LEA maintains the use of recognized clinical references to direct school health activities, as mutually agreed upon by both the CHD and LEA. Professional practices will follow evidence-based standards detailed in "School Nursing: A Comprehensive Text" (2020), except where superseded by

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		local policy or guidelines. The LEA facilitates the procurement of this text for every standard and ESE health room. Additionally, the CHD recommends the acquisition of "Managing Childhood Infectious Diseases in Child Care and Schools: A Quick Reference Guide" (6th Edition) to assist in the management of pediatric illnesses. Each school facility develops and displays Medical Emergency Plans at mandated sites annually, while the LEA oversees the yearly update and distribution of the broader Safety Plans. Both agencies maintain compliance with the Florida School Health Administrative Resource Manual (2021) to ensure the effective administration of the program.
	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 of the certified staff is posted in key locations.	The LEA mandates that all health room staff maintain active certification in first aid and CPR. To facilitate this, the LEA provides annual and supplemental training sessions, ensuring personnel remain current with their credentials. During professional planning days, school staff who serve as certified instructors conduct these classes for their colleagues. On an annual basis, every school nurse distributes a formal inquiry to faculty to document individuals with valid certifications. Each facility develops and displays Medical Emergency Plans at mandated sites yearly. The CHD conducts an annual audit of these measures during School Health Services Program Reviews to verify program compliance.
	10c. Assist in the planning and training of staff responsible for emergency situations.	To facilitate active certification in first aid and CPR, the LEA conducts annual and supplemental training sessions for all health room staff. A contingent of certified American Red Cross instructors is maintained by the LEA to provide these essential classes for school personnel. Furthermore, the CHD and LEA maintain a joint partnership to provide or coordinate emergency protocols and updates during the annual School Health Services Program meeting or through specialized sessions as requirements dictate.

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
	10d. The school nurse shall monitor adequacy and expiration of first aid supplies, emergency equipment, and facilities.	LEA health room staff maintain readiness of first aid kits with appropriate supplies. During the yearly School Health Services Program evaluations, the CHD verifies the expiration dates of emergency medications and the placement of Automatic External Defibrillators (AEDs). LEA nurses execute quarterly maintenance inspections for AEDs housed within health rooms, recording results on the designated Automated External Defibrillator Maintenance Checklist. The LEA athletic department oversees the monitoring and maintenance of all additional AED units located throughout the school campus.
	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 their designee.	LEA health room staff record all occurrences of student injury or sudden illness within the designated electronic database or the Student Health Room Visit Record. The LEA facilitates prompt notification to the school principal and executes necessary accident documentation when indicated. All nursing interventions and student treatments are comprehensively logged by the LEA within the Medicaid Tracking System (MTS) 3.0/Focus platform to ensure program accountability.
	10g. A poster that contains step-by-step instructions on how to provide emergency first aid for choking on conscious individuals must be posted in each public school cafeteria within the school district. The poster must be easily visible and prominently placed.	The LEA secured instructional posters from the DOH and has ensured their prominent display within each facility's cafeterias.

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
	10h. Each public school shall develop a plan for urgent life-saving emergencies (PULSE) that addresses the appropriate use of school personnel to respond to incidents involving an individual experiencing sudden cardiac arrest or a similar life threatening emergency while on school grounds. Each PULSE must integrate evidence-based core elements and consider those elements recommended by the American Heart Association for schools responding to cardiac emergencies, including but not limited to: 1. Establishing a life-threatening medical emergencies response team. 2. Protocols and procedures for activating the team in response to a suspected emergency. 3. Implementing AED placement and routine maintenance. 4. Disseminating and communicating the plan throughout the school. 5. Maintaining ongoing and appropriate staff training. 6. Coordinating and practicing emergency drills, including use of AEDs.	On an annual basis, every school facility develops and displays a comprehensive list identifying at least five personnel with active certification in first aid and CPR. These Medical Emergency Plans are strategically posted in key locations across the campus to ensure maximum visibility. LEA nurses, alongside designated school staff, execute quarterly maintenance inspections for all Automated External Defibrillators (AEDs). These evaluative results are recorded on the official Automated External Defibrillator Maintenance Checklist to verify constant operational readiness. 1. This process is executed annually utilizing the specific form. 2. Protocols include the utilization of Centegix Panic Button activations. 3. Nursing and school personnel perform comprehensive AED maintenance evaluations on a quarterly basis. 4. Oversight of these measures remains the responsibility of the school Principal and the staff nurse. 5. The LEA facilitates ongoing certification opportunities by offering CPR and first aid training for staff throughout the academic year. 6. Emergency response drills are conducted monthly. LEA is exploring the feasibility of integrating AED training components into existing lockdown procedures. Upon the conclusion of a lockdown drill, during the mandatory hold for student accountability, the school nurse could provide specialized training on AED implementation.
	10i. School officials must work directly with local emergency service providers to integrate the PULSE into the community's emergency responder protocols. Recommendations made by the emergency service responders, such as, but not limited to, school personnel training, drills, medical	On an annual basis, every school facility develops and displays a comprehensive list identifying at least five personnel with active certification in first aid and CPR. These Medical Emergency Plans strategically document the responder's name, room assignment, and telephone extension, alongside the specific campus location of all Emergency Equipment. These plans are prominently posted

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
	oversight, equipment procurement, placement, and maintenance must be considered in each public schools' PULSE and in accordance with evidence-based core elements.	in key locations across the facility to ensure maximum visibility and program compliance. The LEA is partnering with the Clay County Fire Rescue - Community Paramedicine Program to start conducting emergency drills in the schools.
	10j. No later than July 1, 2027, each public school, including charter schools, must have at least one operational automated external defibrillator on school grounds. The defibrillator must be available in a clearly marked and publicized location. Schools must maintain the defibrillator according to the manufacturer's recommendations and maintain all verification records for such defibrillators. 1. Appropriate school staff must be trained in first aid, cardiopulmonary resuscitation, and defibrillator use. 2. The location of each defibrillator must be registered with a local emergency medical services medical director.	Every elementary facility within the district maintains at least one operational AED, while Junior High and High School sites are equipped with multiple units. These devices are positioned in clearly publicized areas; furthermore, the LEA established contact with Morgan Pinchin of the Clay County Paramedicine team to facilitate the registration of clinic-based AED locations with local emergency responders. Each of the three charter schools in Clay County also maintains an operational AED.
11. Assist in Health Education Curriculum s. 381.0056(4)(a)(13), F.S.	11a. Collaborate with schools, health staff and others in health education curriculum development.	The CHD and LEA maintain a joint partnership through the SHWAC to evaluate and propose the health education curriculum. Upon formal request and subject to current availability, the CHD delivers supplemental health-related resources to support these initiatives. Furthermore, the CHD facilitates the procurement of necessary supplies and instructional materials for the broader School Health Services Program as departmental funding permits.
12. Refer Student to Appropriate Health Treatment s. 381.0056(4)(a)(14), F.S.	12a. Use community or other available referral resources. Assist in locating referral sources for Medicaid eligible, uninsured and underinsured students.	The LEA facilitates student and family referrals for health interventions upon identification of need or discovery of medical conditions. Community assistance and resources can be obtained through the online chat on the community

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		services page under the community page on the Clay County Government website: https://www.claycountygov.com/community/community-services/resource-guide . To further support local coordination, the LEA and CHD maintain active representation within the Clay SafetyNet Alliance, a local provider group that meets monthly to evaluate and disseminate information regarding available community resources. The CHD offers assistance in connecting families with community resources through their Client Assistance Request Form that can be accessed from their website's homepage: Home - Florida Department of Health in Clay County
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.	13a. Provide consultation with parent/guardian, students, staff and physicians regarding student health issues.	The LEA maintains essential documentation on its official website and portal to facilitate seamless communication of student health requirements among medical providers, parents, and school personnel. To ensure comprehensive coordination, the LEA conducts Care Planning sessions on an as-needed basis. Furthermore, the LEA develops a specialized Clinic Nurse Guide to direct health room staff executing annual evaluations and revisions to maintain protocol accuracy. Charter schools remain responsible for securing independent nursing staff or may establish a fee-for-service contractual agreement with the CHD to facilitate these essential services.
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.	14a. Maintain a cumulative health record for each student that includes required information.	Individual student health documents are secured within cumulative records at each school. LEA personnel utilize the official student data system or the Student Health Room Visit Record for comprehensive daily charting. Document preservation follows the LEA's established retention schedule and district guidelines. To verify program compliance, the CHD performs yearly audits of entry documentation during fall health room reviews, supplemented by ongoing record evaluations conducted throughout the academic term.

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		In accordance with s. 1002.22, F.S., Rule 64F-6.005, F.A.C., and federal privacy mandates, the LEA manages the following student-specific records: 1) Cumulative health records containing (i) DH 680 or DH 681 immunization forms, (ii) DH 3040 school health entry examinations, and (iii) documented screening outcomes, referrals, and final dispositions. 2) Specialized IHPs and EAPs for students with identified needs. 3) Clinical Medication Administration Records (MAR) developed by an RN to log every medication instance. 4) Individualized documentation for medical treatments and procedures. 5) Daily clinic logs recording student identifiers, complaints, arrival/departure timestamps, and outcomes; these logs receive regular oversight from School Health Coordinators and program leadership. 6) Signed and dated records of child-specific training and monitoring for unlicensed assistive personnel, as mandated by s. 1006.062(4), F.S., and Chapter 64B9-14, F.A.C.
15. Nonpublic School Participation s. 381.0056(4)(a)(18), F.S.; s. 381.0056(5)(a)-(g), F.S.	15a. Notify 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.	On an annual basis, the CHD facilitates formal notification to nonpublic facilities via written correspondence or electronic mail, outlining opportunities for program participation through a contractual partnership. Local private schools may initiate contact with the CHD to address student-specific requirements. The CHD extends an invitation for these entities to request supplemental aid for mandatory health screenings. Should extensive resources be necessitated, schools are encouraged to establish a fee-for-service agreement with the CHD.
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.	16a. The District School Board will ensure that relevant health information for ESE staffing and planning is provided.	Professional LEA nurses attend Individualized Educational Plan (IEP) and 504 sessions upon request to facilitate the management of student medical requirements. All relevant health data is updated throughout the academic term as necessitated. Furthermore, LEA health room personnel execute vision and hearing assessments for these students upon formal inquiry. The LEA maintains one specialized ESE

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		RN position to support these initiatives. Charter schools remain responsible for securing independent professional school nursing staff or may establish a fee-for-service contractual agreement with the CHD to provide these essential services.
17. Provide In-service Health Training for School Personnel s. 381.0056(6)(b), F.S.; Rule 64F–6.002, F.A.C.	17a. The District School Board will ensure that district staff are provided with training to assist with the day-to-day and emergency health needs of students.	On a monthly basis, the CHD facilitates a comprehensive four-hour School Health Services Program Orientation for all newly appointed health room personnel, including licensed nurses, UAPs, and substitute staff. Experienced employees are encouraged to attend for professional updates. The LEA serves as the coordinating body for attendance, providing notification to the CHD within three business days of each session held at the Fleming Island CHD facility. Prior to the academic term, the LEA organizes a mandatory annual program meeting and training session for all clinical and nursing leadership, with the CHD providing supplemental support and updates. Furthermore, the LEA implements a specialized online medication administration curriculum, followed by a professional RN skill validation and return demonstration. Yearly certifications in CPR, First Aid, Child Abuse prevention, and Blood Borne Pathogens are mandated for all district faculty and health staff. The CHD provides specialized training for mandatory screenings to new personnel, while community partners are leveraged for additional educational needs. Charter schools maintain responsibility for their own professional nursing services or may establish a contractual partnership with the CHD.
18. Health Services and Health Education as Part of the Comprehensive Plan for the School District. s. 381.0056(6)(a), F.S.; Rule 64F-6.002, F.A.C.	18a. The District School Board will ensure that school-based health services and health education are provided to public school children in grades pre-kindergarten - 12.	On an annual basis each July, the LEA utilizes the Focus platform to dispatch automated electronic notifications informing parents and guardians of student eligibility for services detailed within the School Health Services Plan. To facilitate these provisions, families must access the Parental Preferences section in Focus to formally authorize or decline participation in specific health and screening services. A

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		definitive selection is required; in the absence of documented parental consent, students will be precluded from receiving any health or screening interventions. To maintain program compliance and verify that families remain informed, the LEA adheres to a specialized implementation timeline for school-based health screenings. Thirty days prior to the event, a formal notification letter and screening form are distributed via student folders, documenting the specific schedule for each facility. Fourteen days before screenings commence, the LEA generates a report in Focus to confirm consent status. Families with outstanding decisions are issued a secondary Notice of Mandated Health Screenings; students lacking documented authorization will not participate in the screening process. Furthermore, the LEA provides comprehensive health education across grades K-12, encompassing mental health, human trafficking prevention, substance abuse awareness, and healthy relationship curricula. In accordance with s. 381.0056, F.S., the LEA integrates these health education initiatives into the district's broader comprehensive plan.
19. Physical Facilities for Health Services s. 381.0056(6)(c), F.S.; s.1001.43(7)(a), F.S.; State Requirements for Educational facilities, 2014 and/or State Requirements for Existing Educational Facilities 2014	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.	The LEA maintains accountability for providing appropriate health room facilities, clinical materials, and necessary equipment at every school site, ensuring compliance with the State Requirements for Educational Facilities, s. 381.0056(5)(b), F.S., and Rule 64F-6.004, F.A.C. To verify program compliance and ensure that facilities meet mandated standards, the CHD executes annual School Health Services Program Reviews across all facility locations.
20. Helping Children be Physically Active and Eating Healthy s. 381.0056(6)(d), F.S.	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	Information regarding healthy lifestyle assets is disseminated to parents by the LEA utilizing diverse platforms including campus newsletters, social media, the PE/Health curriculum, and the official district website. Through the specialized food and nutrition services department, the LEA facilitates the

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
	eat healthy foods.	Free Summer Meals Program, providing essential breakfast and lunch options for children aged 18 and younger at designated school locations. Feeding site availability remains subject to adjustment based on participation rates and evolving district requirements. Furthermore, the LEA maintains active participation in the National School Lunch, Breakfast, and Snack Programs. To support transparency, the Clay County Food & Nutrition Services website provides student and family access to specific department content, including daily menus, allergen data, and nutrient metrics for all items. This digital resource further enables the completion of free and reduced meal applications and is accessible via the LEA portal and every individual school webpage.
21. Inform Parent/Guardian of the Health Services Provided; . Parental Consent for Health Care Services s.1014.06, F.S.; s.1001.42(8)(c), F.S. s. 381.0056(6)(e), F.S. s. 1001.43(7), F.S. s.1004.06, F.S.	21a. The District School Board will ensure that at the beginning of each school year, the parent/guardian will be informed in writing that their children will receive specified health services as provided for in the district health services plan and the opportunity to request an exemption of any service(s) in writing.	The LEA facilitates public access to comprehensive details regarding the School Health Services Program and required health screenings via its official webpage. Furthermore, these essential provisions are integrated into the Student & Family Handbook and the Code of Student Conduct to ensure community awareness.
	21b. The District School Board must ensure that it develops policies and procedures for the implementation of the Parent's Bill of Rights. Address the following statutory requirements: 1. Obtain written parental consent prior to providing, soliciting or arranging to provide health care services or prescribe medicinal drugs to a minor child. 2. Obtain written parental consent prior to a medical procedure to be performed	The LEA facilitates an annual electronic authorization process for parents and guardians to provide necessary consent. This requirement is updated on a yearly basis to maintain current documentation for all students.

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
	on a minor child in its facility.	
22. Declaring a Communicable Disease Emergency s. 1003.22(9), F.S.; Rule 64F-6.002(2)(d), F.A.C.	22a. The CHD Health Officer, 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.	The LEA integrates policies and procedures for Communicable Disease Notification within the Student & Family Handbook and the Code of Student Conduct, both accessible via the official district webpage. School personnel facilitate prompt notification to the CHD regarding potential outbreaks. Upon formal request, the CHD delivers specialized education on communicable diseases to the LEA. To assist in determining exclusion and reporting mandates, the LEA utilizes CDC Childhood Diseases posters provided by the CHD. The LEA has procured the American Academy of Pediatrics text, "Managing Childhood Infectious Diseases in Child Care and Schools: A Quick Reference Guide" (5th Edition). The CHD recommends utilizing this “Quick Reference Guide” for the management of suspected or confirmed outbreaks, as this is the guide utilized by the CHD. The CHD recommends the acquisition of the 6th Edition. The LEA has established specialized procedures to guide schools in the management of common illnesses and conditions.
23. Administration of Medication and Provision of Medical Services by District School Board Personnel s. 1006.062(1)(a), F.S.;	23a. The District School Board will include provisions to provide training, by an RN, 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.	The LEA mandates that all district personnel tasked with administering medication, including ESE Assistants whose job descriptions include such duties, successfully finish the online Medication Administration Basics curriculum. Following the completion of this course or the approved Medication Administration PowerPoint, an RN from the LEA executes a skills checklist for the delegation of duties with the UAP. To support students with specific medical needs, the LEA provides child-specific training for UAPs as required, as well as for staff in schools where an LPN is assigned. While the CHD maintains overall program oversight and verifies compliance through annual reviews, charter schools remain responsible for securing independent nursing services or establishing a fee-for-service contract with the CHD. In accordance with s. 1006.062, F.S., and Rule 64F-6.004,

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		F.A.C., the LEA ensures that at least two additional faculty members at each site are qualified to provide medication assistance and medical services, acting as health room relief or UAPs. Furthermore, the LEA and CHD collaborate throughout the academic term to monitor and review essential metrics, including: 1) the total number of reported medication management errors, 2) the total number of medical service errors, and 3) the frequency of incidents necessitating the activation of emergency medical services at a school site.
24. Policy and Procedure Governing the Administration of Prescription Medication s. 1006.062(1)(b), F.S.; Rule 64B9-14, F.A.C.	24a. The District School Board will adopt policies and procedures governing the administration of prescription medication by district school board personnel and be consistent with delegation practices.	The CHD and LEA conduct an annual assessment and revision of the School Health Services Manual (SHSM) to govern program delivery, ensuring a comprehensive update at least biennially. The LEA establishes the medication policy and all health-related documentation, with forms accessible via the official district webpage and shared digital repositories. To ensure program safety, all personnel tasked with medication assistance must successfully finish the online Medication Administration Basics curriculum, followed by a professional RN skill validation. LEA RNs may authorize child-specific medication training for staff across all school environments, including field trips, in accordance with Chapter 464, F.S. Both agencies adhere to the "Technical Assistance Guidelines: The Role of the Professional School Nurse in the Delegation of Care in Florida Schools" (2022). Charter schools remain responsible for securing independent professional nursing staff or may establish a fee-for-service contractual agreement with the CHD. The CHD provides program oversight for compliance with policies and procedures regarding medication administration. The LEA implements rigorous security for controlled substances. All student-specific controlled medications must be counted and immediately secured upon receipt from a guardian. The LEA ensures these substances are maintained within double-

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		locked, securely mounted cabinets with separate key storage to prevent unauthorized access. Professional school health room personnel maintain exclusive access to these units. A comprehensive record of every dose received, administered, or returned is mandated for audit purposes. Documentation of controlled medication counts must be performed weekly by two staff members, with the CHD recommending at least one licensed professional for this task. The LEA ensures that any medication disposal is witnessed by two personnel, including a licensed nurse. Only authorized or trained clinical staff may accept medications, at which time a Medication Administration Record (MAR) and Parent Authorization for the Administration of Medication (PAAM) are initiated.
25. Policy and Procedure for Allowing Qualified Patients to use Marijuana. s. 1006.062(8), F.S.; s. 381.986, F.S.	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, F.S., to use marijuana obtained pursuant to that section.	The LEA maintains a policy where parents or guardians hold exclusive responsibility for the secure transportation and direct administration of medical marijuana to their students while on campus.
	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.	The LEA maintains a policy where parents or guardians hold exclusive responsibility for the secure transportation and direct administration of medical marijuana to their students while on campus. Pursuant to the Student & Family Handbook and the Code of Student Conduct for the 2026-2027 academic term, these services are provided in strict accordance with Florida law and established district protocols. Local Agency Responsible: LEA.
	25c. Ensure that all school health room/clinic staff and school staff designated by principals have read and have on file the school district policy on medical marijuana.	The LEA maintains a policy where parents or guardians hold exclusive responsibility for the secure transportation and direct administration of medical marijuana to their students while on campus. Pursuant to the Student & Family Handbook and the Code of Student Conduct for the 2026-2027 academic term, these services are provided in strict accordance with Florida law and established district protocols.

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
26. Students with Asthma Carrying a Short-acting Bronchodilator and Components s. 1002.20(3)(h), F.S.;	26a. Students with asthma whose parent/guardian and physician provide written approval, may carry a short-acting bronchodilator and components on their person while in school. Ensure written authorization for use short-acting bronchodilator and components at school is completed and signed by health care provider and parent/guardian.	The CHD and LEA maintain a joint partnership in the development of school health protocols. For any student authorized to self-carry medication, the LEA ensures that a current MAR—complete with parental verification—is maintained alongside the PAAM and the healthcare clinician's MMP. To facilitate the management of student medical requirements, the LEA conducts Care Planning sessions as necessitated for the creation of IHPs and EAPs. Child-specific training for staff is comprehensively documented by the LEA through professional skills check-off sheets and recorded within the student's IHP and MTS 3.0/Focus, the designated medical activity management platform. While the CHD maintains overall program oversight and verifies compliance through annual reviews, charter schools remain responsible for securing independent nursing services or establishing a fee-for-service contract with the CHD. Furthermore, each facility is encouraged to seek Asthma Friendly School Recognition.

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
	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: 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

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
	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.	N/A
27. Students with Life Threatening Allergies; Epinephrine Delivery Device, Use and Supply; Emergency Allergy Treatment; Anaphylaxis Policy s. 381.88, F.S.; s. 381.885 F.S.; s. 1002.20(3)(i), F.S.; s. 1002.20(3)(q), F.S.; Rules 6A-6.0251, F.A.C.; 64F-6.004(4), F.A.C.;	27a. Ensure that written parent/guardian and physician authorization has been obtained from students who may carry an Epinephrine Delivery Device and self-administer while enroute to and from school, in school, or at school-sponsored activities.	The CHD and LEA maintain a joint partnership in the development of school health protocols. For any student authorized to self-carry medication, the LEA ensures that a current MAR—complete with parental verification—is maintained alongside the PAAM and the healthcare clinician's MMP. To facilitate the management of student medical requirements, the LEA conducts Care Planning sessions as necessitated for the creation of IHPs and EAPs. Child-specific training for staff is comprehensively documented by the LEA through professional skills check-off sheets and recorded within the student's IHP and the designated medical activity management platform. While the CHD maintains overall program oversight and verifies compliance through annual reviews, charter schools remain responsible for securing independent nursing services or establishing a fee-for-service contract with the CHD.

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
	27b. For students with life threatening allergies, the RN shall develop and update annually IHP that includes an EAP, in cooperation with the student, parent/guardian, physician and school staff. The IHP shall include child-specific training to ensure personnel are prepared to support a student's unique needs, respond and protect the safety of all students from the misuse or abuse of Epinephrine Delivery Devices. The EAP 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 Delivery Device.	The CHD and LEA maintain a joint partnership in the development of school health protocols. For any student authorized to self-carry medication, the LEA ensures that a current MAR, complete with parental verification, is maintained alongside the PAAM and the healthcare clinician's MMP. To facilitate the management of student medical requirements, the LEA conducts Care Planning sessions as necessitated for the creation of IHPs and EAPs. Child-specific training for staff is comprehensively documented by the LEA through professional skills check-off sheets and recorded within the student's IHP and the designated medical activity management platform. While the CHD maintains overall program oversight and verifies compliance through annual reviews, charter schools remain responsible for securing independent nursing services or establishing a fee-for-service contract with the CHD.
	27c. If the school district has chosen to maintain supplies of Epinephrine Delivery Devices from a wholesale distributor or manufacturer as defined in s. 499.003, F.S., the School District Board will ensure that a standing order and written protocol be developed by a licensed physician and is available at all schools where the Epinephrine Delivery Devices are stocked. The participating school district shall adopt a protocol developed by a licensed physician for the administration by school personnel who are trained to recognize an anaphylactic reaction and to administer an epinephrine using approved Epinephrine Delivery Devices.	N/A At this present time, the LEA has not elected to maintain a supply of stock Epinephrine.

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
	27d. Each district school board and charter school governing board shall require each school that serves students in kindergarten through grade 8 to provide training to an adequate number of school personnel and contracted personnel in preventing and responding to allergic reactions, including anaphylaxis. In determining an adequate number, schools and governing boards must consider: number of students with an IHP, number of students with a history/risk of anaphylaxis, accessibility of healthcare personnel, and number of trained persons to ensure coverage in areas of higher probability of exposure.	The LEA utilizes the specialized instructional materials and training resources recommended by the Department of Education to ensure program compliance. School principals maintain the authority to designate specific personnel for participation in mandated health-related training sessions. While the CHD provides overall program oversight and verifies compliance through annual reviews, charter schools remain responsible for securing independent professional nursing services or may establish a fee-for-service contractual partnership with the CHD.
	27e.This training must include recognizing the signs of an anaphylactic reaction and administering an FDA-approved epinephrine delivery device that has a pre-measured, appropriate weight-based dose.	1. All designated LEA personnel must successfully finish the mandated online curriculum, Save a Life: Recognizing and Responding to Anaphylaxis, accessible via the Safe Schools portal. Upon completion, a physical copy of the certificate must be generated for documentation purposes. 2. Subsequent to the instructional phase, LEA staff shall coordinate with the professional school nurse to execute a skills validation and return demonstration, as necessitated by statutory mandates. The completion certificate from the initial phase must be presented at this time. Following successful validation, the school nurse will record the individual's compliance within the official district-provided tracking spreadsheet.

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
	27f. Each district school board and charter school governing board shall also require policies and procedures that, for each student in kindergarten through grade 8 who has an emergency action plan for anaphylaxis, such plan must be in effect and accessible at all times when the student is on school grounds during the school day or participating in school-sponsored activities. This includes extracurricular activities, athletics, school dances, and contracted before-school or after-school programs at the student's school. Personnel designated to implement a student's EAP must receive training in order to implement EAP.	The LEA maintains a designated red folder within the school's administrative front office, which houses current Emergency Action Plans (EAPs) to ensure immediate accessibility for personnel during urgent situations. While the CHD provides overall program oversight and verifies compliance through annual reviews, charter schools remain responsible for securing independent professional nursing services or may establish a fee-for-service contractual partnership with the CHD.
28. Diabetes Management, Self Management; Undesignated Glucagon; Type 1 Diabetes Early Detection Program s. 1002.20(3)(j), F.S.; s. 1006.07(f)(2), F.S. s. 381.992 F.S Rule 6A-6.0253, F.A.C.	28a. 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.	LEA maintains a policy of inclusive enrollment, permitting students with diabetes to attend any facility within the district; currently, these students are present at the majority of school sites. The LEA facilitates the completion of the MMP, MAR, and PAAM forms, ensuring all carry necessary clinician authorization. To manage student medical requirements, the LEA conducts Care Planning sessions as necessary for the development of IHPs and EAPs. Child-specific training for personnel is comprehensively documented through professional skills check-off sheets and recorded within the student's IHP and the official district data system. While the CHD provides overall program oversight and verifies compliance, charter schools remain responsible for securing independent professional nursing services or may establish a fee-for-service contractual partnership with the CHD.
	28b. 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	The LEA facilitates the completion of the MMP, MAR, and PAAM forms, ensuring all carry necessary clinician authorization. To manage student medical requirements, the LEA conducts Care Planning sessions as necessary for the

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
	management of diabetes while enroute to and from school, in school, or at school-sponsored activities.	development of IHPs and EAPs. While the CHD provides overall program oversight and verifies compliance through annual reviews, charter schools remain responsible for securing independent professional nursing services or may establish a fee-for-service contractual partnership with the CHD.
	28c. An EAP will be developed as a child-specific action plan to facilitate quick and appropriate responses to an individual emergency in the school setting. The EAP shall specify when 911 will be called and describe a plan of action when the student is unable to self-administer medication or self-mange treatment as prescribed.	Child-specific training for personnel is comprehensively documented by the LEA through professional skills check-off sheets and recorded within the student's IHP and MTS 3.0/Focus, the designated medical activity management platform. While the CHD maintains overall program oversight and verifies compliance through annual reviews, charter schools remain responsible for securing independent nursing services or establishing a fee-for-service contract with the CHD.
	28d. Maintain a copy of the current physician's diabetes medical management plan and develop and implement an IHP and EAP to ensure safe management of diabetes.	To facilitate the management of student medical requirements, the LEA conducts Care Planning sessions as necessary for the development of IHPs and EAPs. The CHD maintains overall program oversight and verifies compliance through annual reviews. Charter schools remain responsible for securing independent professional nursing services or may establish a fee-for-service contractual partnership with the CHD.
	28e. 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.	The CHD and LEA maintain a joint partnership in the development of school health protocols. For any student authorized to self-carry medication, the LEA ensures that a current MAR is complete with parental verification and is maintained alongside the PAAM and the healthcare clinician signature on MMP. To facilitate the management of student medical requirements, the LEA conducts Care Planning sessions as necessitated for the creation of IHPs and EAPs. Child-specific training for staff is comprehensively documented by the LEA through professional skills check-off sheets and recorded within the student IHP and the

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		designated medical activity management platform. While the CHD maintains overall program oversight and verifies compliance through annual reviews, charter schools remain responsible for securing independent nursing services or establishing a fee-for-service contract with the CHD.
	28f. Maintain a copy of the current physician's diabetes medical management plan and develop and implement an IHP and EAP to ensure safe self-management of diabetes.	The CHD and LEA maintain a joint partnership in the development of school health protocols. For any student authorized to self-carry medication, the LEA ensures that a current MAR, complete with parental verification, is maintained alongside the PAAM and the healthcare clinician's MMP. To facilitate the management of student medical requirements, the LEA conducts Care Planning sessions as necessitated for the creation of IHPs and EAPs. Child-specific training for staff is comprehensively documented by the LEA through professional skills check-off sheets and recorded within the student's IHP and the designated medical activity management platform. While the CHD maintains overall program oversight and verifies compliance through annual reviews, charter schools remain responsible for securing independent nursing services or establishing a fee-for-service contract with the CHD.
	28g. School district must allow the use of wireless communication device by a student during the school day in accordance with a student's IEP, 504, or doctor's note of valid clinical reasoning pursuant.	The LEA facilitates specific health education initiatives when they directly support the ongoing health maintenance of the student population.
	28h. If the school district has chosen to maintain supplies of undesignated glucagon: 1. The undesignated glucagon must be stored in a secure location on the school's premises that is immediately accessible to a school nurse or other	N/A At the present time, the LEA has not elected to maintain supplies of undesignated glucagon.

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
	school personnel trained to administer glucagon. 2. Undesignated glucagon must be stored in accordance with the manufacturer's instructions.	
	28i. A school district or public school who chooses to acquire undesignated glucagon must adopt a protocol developed by a physician licensed under 458 or 459. A participating schools protocol shall include guidance to that the undesignated glucagon that is available will be administered as ordered in a student's diabetes medical management plan or health care practitioner's orders, including situations when a student's prescribed glucagon is unavailable or expired.	N/A
	28j. A school nurse or trained school personnel shall administer glucagon to students only if such school nurse or trained school personnel has successfully completed training and believe in good faith that the student is experiencing a hypoglycemic emergency.	Individualized student training protocols and professional skills check-off documentation are completed by the LEA. LEA provides child specific training. While the CHD maintains overall program oversight and verifies compliance through annual reviews, charter schools remain responsible for securing independent nursing services or establishing a fee-for-service contract with the CHD.
	28k. Immediately after undesignated glucagon has been administered to a student, an employee of the public school shall call for emergency assistance, notify the school nurse, and notify the student's parent or guardian or emergency contact.	Individualized student training protocols and professional skills check-off documentation are strategically integrated within the school's established Emergency Action Plans.

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
	28l. The Department of Health, in collaboration with school districts throughout the state, shall develop informational materials for the early detection of Type 1 diabetes for parents and guardians of students in voluntary prekindergarten, kindergarten, and first grade in early learning coalitions, school districts, and charter schools. 1. The information provided to parents and guardians shall meet the requirements outlined in F.S. 381.992(3). 2. Annually, early learning coalitions, school district, and charter school must use a a standardized methodology for notifying parents and guardians of the availability of the Type 1 diabetes early detection materials available through the department's website.	The LEA has secured the relevant instructional materials from DOH-Clay; these resources are disseminated via the official Health Services digital platform. The CHD disseminates information on early detection of Type 1 diabetes with the SHWAC and to the charter schools.
29. Use of Prescribed Pancreatic Enzyme Supplements s. 1002.20(3)(k), F.S.; Rule 6A-6.0252, F.A.C.	29a. Develop and implement an IHP and EAP 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.	The LEA facilitates the completion of the MMP, MAR, and PAAM forms, ensuring all carry necessary clinician authorization. To manage student medical requirements, the LEA conducts Care Planning sessions as necessary for the development of IHPs and EAPs. While the CHD provides overall program oversight and verifies compliance through annual reviews, charter schools remain responsible for securing independent professional nursing services or may establish a fee-for-service contractual partnership with the CHD.

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
	29b. 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.	The CHD and LEA maintain a joint partnership in the development of school health protocols. For any student authorized to self-carry medication, the LEA ensures that a current MAR, complete with parental verification, is maintained alongside the PAAM and the healthcare clinician's MMP. To facilitate the management of student medical requirements, the LEA conducts Care Planning sessions as necessitated for the creation of IHPs and EAPs. While the CHD maintains overall program oversight and verifies compliance through annual reviews, charter schools remain responsible for securing independent nursing services or establishing a fee-for-service contract with the CHD.
30. Naloxone Use and Supply s. 1002.20(3)(o), F.S.	30a. A public school may purchase a supply of an emergency opioid antagonist approved by the United States Food and Drug Administration (FDA) from a wholesale distributor as defined in s. 499.003, F.S., or may enter into an arrangement with a wholesale distributor or manufacturer as defined in s. 499.003, F.S., for an FDA-approved emergency opioid antagonist. The FDA-approved emergency opioid antagonist must be maintained in a secure location on the public school's premises.	The LEA maintains a supply of stock medication via a collaborative partnership with the local Clay County Paramedicine team.
	30b. If the school district has chosen to obtain and maintain supplies of naloxone, it is recommended the school district ensure that a written protocol regarding storage, maintenance,accessibility and administration of naloxone be developed and available at all schools where naloxone is stored in school health clinics.	The LEA maintains established protocols and specialized documentation for the administration of Naloxone. To facilitate the delegation of these duties, professional LEA nurses execute child-specific training for unlicensed assistive personnel (UAP), utilizing the official Naloxone skills training form to record successful validation. Comprehensive instructional sessions have been delivered to all school nurses, resource officers, and administrative leadership. Furthermore, every LEA nurse and UAP is mandated to successfully finish the online Opioid Overdose Response

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		Awareness curriculum on at least an annual basis; completion certificates are maintained within the designated health room to ensure program compliance.
31. Use and possession of headache medications s.1002.20(3)(p), F.S.	31a. 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 FDA for over-the-counter use to treat headaches.	For any student authorized to self-carry over-the-counter (OTC) headache medications, the LEA ensures that the following protocols are strictly observed: 1) A current Parent Authorization for the Administration of Medication (PAAM) must be officially filed within the school health room. 2) All pharmacological treatments must be maintained exclusively in their original manufacturer's packaging. 3) The distribution or sharing of medication between students is strictly prohibited. 4) Professional school nursing personnel will deliver a duplicate of the verified authorization to the student, who is required to maintain this documentation on their person. Should LEA faculty identify a student utilizing OTC headache medication, they will verify the existence of a valid permission slip. In instances where no documentation is on file, the LEA nurse will initiate parental notification to facilitate a comprehensive review of established OTC medication procedures. Regarding students at the elementary level, the LEA recommends that all pharmacological treatments for headache relief be maintained within the school health room. Given the age of these students, administration must be performed under the direct oversight of an adult to ensure proper safety and protocol compliance.
32. 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.;	32a. Nonmedical assistive personnel will be allowed to perform health-related services upon successful completion of child specific training by an RN or advanced registered nurse practitioner, physician, or physician assistant.	RNs from the LEA execute the Medication Administration Basics curriculum and subsequent skills validation for unlicensed personnel tasked with medication assistance. Pursuant to s. 1006.062, F.S., UAPs are authorized to administer prescribed pharmacological treatments within the school setting following the successful completion of mandated instructional sessions. Documentation of this competency is recorded on the official Medication Skills

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		Checklist Form to maintain program accountability. While the CHD provides overall program oversight and verifies compliance through annual reviews, charter schools remain responsible for securing independent nursing services or establishing a fee-for-service contractual partnership with the CHD.
	32b. 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.	Child-specific training for personnel is comprehensively documented by the LEA through professional skills check-off sheets and recorded within the student's IHP and the designated medical activity management platform. LEA nurses execute child-specific training for unlicensed assistive personnel (UAP) as requirements dictate. While the CHD maintains overall program oversight and verifies compliance through annual reviews, charter schools remain responsible for securing independent nursing services or establishing a fee-for-service contract with the CHD.
	32c. The RN providing delegated authority will ensure that the use of nonmedical assistive personnel shall be consistent with delegation practices per requirements.	LEA nurses adhere to Chapter 464, F.S. and the "Technical Assistance Guidelines: The Role of the Professional School Nurse in the Delegation of Care in Florida Schools" (2022) when assigning clinical duties to unlicensed assistive personnel. While the CHD maintains overall program oversight, the LEA executes child-specific training and conducts periodic monitoring of UAPs in accordance with the nursing process defined in s. 1006.062, F.S. and Rule 64B9-14, F.A.C.

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
33. Background Screening Requirements for School Health Services Personnel Chapter 435, F.S., s. 381.0059, F.S.; s. 1012.465, F.S.	33a. The District School Board and CHD will ensure that any person who provides services under this school health services plan meets the requirements of a level 2 background screening.	The CHD and LEA ensure that all school health personnel, including those from community partners, successfully pass Level 2 background screenings before beginning their roles; furthermore, mandated re-screening procedures are executed every five years to maintain compliance with Chapter 435, F.S. and district protocols.
34. 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.	34a. The District School 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.	The LEA maintains official policies and operational protocols to manage instances where students require transport from a school facility, vehicle, or event for an involuntary clinical evaluation. Pursuant to s. 381.0056(4)(a)(19), F.S., these mandates ensure that school personnel execute immediate contact attempts with a parent, guardian, or emergency representative prior to student removal. Information regarding these specialized procedures is detailed in the Crisis Response Manual and disseminated via mental health professionals and school counselors. Furthermore, these regulatory requirements are integrated into the Student & Family Handbook and the Code of Student Conduct, both accessible via the official LEA digital platform. Local Agency Responsible: LEA.
35. Care of Students with Epilepsy or Seizure Disorders: s. 1006.0626, F.S.	35a. Requires schools, including charter schools, to provide epilepsy or seizure disorder care to a student under certain circumstances.	Individualized student medical management requirements are detailed within the Seizure Action Plan (ISAP) established by the LEA. While the CHD maintains comprehensive program oversight and verifies compliance through regular reviews, charter schools remain responsible for securing independent professional nursing services or may facilitate these provisions through a fee-for-service contractual partnership with the CHD.
	35b. Provide requirements for the implementation of an individualized seizure action plan, in a form determined by the medical professional, for a student with epilepsy or a seizure disorder.	Individualized student medical management requirements are detailed within the Seizure Action Plan (ISAP) established by the LEA in partnership with local clinicians; the existing Medical Management Plan further addresses necessary protocols. While the CHD maintains comprehensive program oversight and verifies compliance

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		through regular reviews, charter schools remain responsible for securing independent professional nursing services or may facilitate these provisions through a fee-for-service contractual partnership with the CHD.
	35c. Provide that an individualized seizure action plan remains in effect until certain criteria are met.	Established protocols within the individualized seizure action plan shall continue until a medical professional modifies the current care directives or the academic term concludes. While the CHD maintains comprehensive program oversight, charter schools remain responsible for securing independent professional nursing services or may facilitate these provisions through a fee-for-service contractual partnership with the CHD.
	35d. Authorize a school to provide training and supports to a student in the absence of such a plan.	On a yearly basis, district personnel are mandated to successfully finish the specialized instructional video for seizure response and management, as recommended by the Department of Education.
	35e. Provides requirements that a school nurse or appropriate school employee who received the Individualized Seizure Action Plan (ISAP) shall coordinate the care of such students and verify the training of certain school employees, including any employee who teaches or transports the student to and from school or school activities, in the care of the students.	On a yearly basis, district personnel are mandated to successfully finish the specialized instructional video for seizure response and management, as recommended by the Department of Education. Completion certificates must be delivered to the professional school nurse for documentation purposes. Professional LEA nurses execute child-specific training for unlicensed assistive personnel (UAP) tasked with the care of students identified with epilepsy or seizure disorders. While the CHD maintains comprehensive program oversight and verifies compliance through regular reviews, charter schools remain responsible for securing independent professional nursing services or may facilitate these provisions through a fee-for-service contractual partnership with the CHD.

PART I: BASIC SCHOOL HEALTH SERVICES		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
	35f. Provide requirements for such training; based on guidance issued by the Department of Education. The completion of training is valid for 5 years.	On a yearly basis, LEA personnel are mandated to successfully finish the specialized instructional video for seizure response and management, as recommended by the Department of Education. Completion certificates must be delivered to the professional school nurse for documentation purposes. The LEA nurse ensures that the ISAP is disseminated to teachers and relevant school staff members.
	35g. Each school, including charter schools, must display a poster developed by the Department of Education which describes the basic steps of responding to an individual having a seizure.	The LEA awaits official notification from the Department of Education regarding this requirement; per communication with Karla Bass, dissemination is anticipated imminently.
36. Availability of menstrual hygiene products. s.1006.064, F.S.	36a. If the school district has chosen to make menstrual hygiene products available in each school at no charge within the district. The menstrual hygiene products may be located in the school nurse's office, other school facilities for health services, and in restrooms within each school, including wheelchair accessible restrooms. Participating schools will ensure that students are informed about the product's availability and location.	The LEA maintains the provision of complimentary menstrual hygiene products, which remain readily accessible within the school health room. This initiative is implemented to ensure that student requirements are addressed with the utmost privacy and discretion.

PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
37. The provision of Comprehensive School Health Services. The services provided under This section are additional and are intended to supplement, rather than supplant, basic School Health services. s. 381.0057(6), F.S.; s. 743.065, F.S.	37a. Provide in-depth health management, interventions and follow-up through the increased use of professional school nurse staff.	All comprehensive schools have an LEA RN or LPN on-site for the entire school day. The CHD provides program oversight.
	37b. Provide health activities that promote healthy living in each school.	LEA provides health promotion activities at each comprehensive school. CHD participates when requested and available. Each of the comprehensive schools listed below provide additional wellness and support through their community partnership. Wilkinson Junior High School is a community partnership school partnering with Children's Home Society of Florida, St. John's River State College, Clay County District Schools, and Baptist Health - Wolfson Children's Hospital. 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. Keystone High School is also a community partnership school partnering with Santa Fe Community College, Aza Health (FQHC), and Children's Home Society. LEA coordinates Hunger Free Campus at all schools. LEA provides district wide annual training on child abuse. LEA provides Youth Mental Health First Aid training to the CHD school nurses and all the LEA employees annually and as needed for new employees. LEA and CHD participate in

PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		SHWAC with community partners to promote healthy living in the student population.
	37c. Provide health education classes.	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.
	37d. Provide or coordinate counseling and referrals to decrease substance abuse/ misuse.	Students are referred to local substance abuse centers for services, as needed. The Family Education Program is taught to students by certified prevention professionals, as needed and when referred. Student Assistance Program (SAP) specialists are also available in some secondary schools. Local Agency Responsible: LEA
	37e. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.	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 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. Local Agency Responsible: LEA
	37f. Provide or coordinate health education classes to reduce the incidence of substance abuse or misuse, suicide attempts, and other high-risk behaviors.	SAP specialists are provided in some secondary schools, when available. The Hanley Foundation programs also provide alcohol literacy challenge, marijuana and vaping prevention,

PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		prescription drug abuse prevention and project success, to LEA schools as permitted. Local Agency Responsible: LEA
	37g. Identify and provide interventions for students at risk for early parenthood.	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. Local Agency Responsible: LEA
	37h. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.	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. Local Agency Responsible: LEA
	37i. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.	LEA social workers and school counselors work with agencies to provide support, education, and services.
	37j. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.	LEA social workers and school counselors work with agencies to provide support, education, and services for the transition back into the school setting.
	37k. Refer all known pregnant students to staff for prenatal care and Healthy Start services.	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.

PART III: HEALTH SERVICES FOR FULL SERVICE SCHOOLS		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
38. Full Service Schools s. 412.3026(1), F.S.	38a. 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 designated 10 schools as full-service schools (FSS).
	38b. 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.
	38c. Provide nutritional services.	LEA provides referrals to local agencies, and the summer nutrition programs 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 the summer program or decrease because of participation later in the summer).
	38d. 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.
	38e. 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.
	38f. 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 III: HEALTH SERVICES FOR FULL SERVICE SCHOOLS		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		health room staff. LEA provides training and information on how to report child abuse to all school staff.
	38g. Provide specialized services as an extension of the educational environment that may include nutritional services, basic medical services, aid to dependent children, parenting skills, counseling for abused children, counseling for children at high risk for delinquent behavior and their parent/guardian, and adult education.	LEA provides parenting and GED classes at various sites. LEA maintains a list of agencies and community partners providing specialized services and refers parents and students as needed. A social worker is available at all school sites, as are SAP specialists for at risk students.
	38h. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.	LEA has established partnerships with multiple community agencies for on-site health and social services at full-service community partnership schools. Each community partnership school has a contract with 3 partners committing to 25 years of support by providing services in their applicable areas of expertise. Each site also has a variety of other community partners that can help with specialized projects.

PART IV: Detailed Description of Local Agency(s) Roles and Responsibilities		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
39. Command structure, accountability, outcome indicators, resource management, and data systems:	39a. Describe how responsibilities and duties to operate the school health services program are divided among the agencies involved in implementation. Please review:	(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

PART IV: Detailed Description of Local Agency(s) Roles and Responsibilities		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
64F-6.002, F.A.C.	1. Employing or contracting for all health-related staff, the supervision of all school health services personnel regardless of funding source. 2. List the agency responsible for the day-to-day school clinic operations and management oversight. 3. List the resources or tools that are shared between agencies within your school health program. 4. Explain who is responsible for performance evaluations of clinical operations, and how are the evaluations completed and documented. 5. Explain who is responsible for Quality Improvement planning, implementation, and tracking for school health operations.	Supervisor/Coordinator of Nursing Services supervises the school health services. 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. (2) LEA's Director of Exceptional Student Education supervises all day-to-day school health services for the LEA, specifically the Supervisor/Coordinator of Nursing Services. CHD provides compliance oversight. (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. (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. (5) The CHD will send the LEA school principals, LEA school nurse, LEA records staff, and the LEA Supervisor/Coordinator of Nursing Services a process improvement plan if any measures are not in compliance. The Supervisor/Coordinator of Nursing Services will ensure individuals needing retraining

PART IV: Detailed Description of Local Agency(s) Roles and Responsibilities		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
		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.
	39b. 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.	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 Manual is used as a guide to ensure school health statutory requirements are met in the local school health program.
	39c. Describe the communication between agencies. Please review how frequently agencies meet to discuss progress and challenges facing the program and when the school health services plan is reviewed each year for the purpose of updating the planning.	CHD's Health Officer, Director of Nursing, and School Health Coordinator collaborate with the LEA Supervisor/Coordinator of Nursing Services and the LEA Director of Exceptional Student Education on a quarterly basis to review progress, changes, and challenges. The LEA Supervisor/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.
	39d. Describe the data ownership and the responsibilities of data owners. Explain the requirements related to data sharing, agreements, data translation, and exchanges. Please review 1. Who is responsible for data collection?	Collection: 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. Cleaning: Data cleaning is mainly monitored by CHD but the LEA assists with discrepancies to ensure accurate data is retrieved.

PART IV: Detailed Description of Local Agency(s) Roles and Responsibilities		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
	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?	Quality: 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. Residence of Data: LEA also maintains services data collected via the monthly reporting forms. LEA maintains records per retention schedule. 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. The CHD nurses sign a LEA vendor agreement each year to access Focus for record reviews and immunization compliance. LEA has ownership of Focus.
	39e. 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.	The LEA and CHD meet quarterly to discuss any conflicts that may arise. Immediate needs are resolved at the time of occurrence by a phone call, email, or a meeting that is either in person or virtual. The CHD contacts the state program office to answer any questions related to program guidelines and CHD legal may be contacted for the interpretation of any statutes in question. CHD recommends to LEA as appropriate, to follow up with their legal counsel as needs arise. A specific example was the requirements for mass health screenings and screening of new students. The process above was utilized to obtain a successful resolution.

PART IV: Detailed Description of Local Agency(s) Roles and Responsibilities		
Statute and/or Rule References	**Program Standard/Requirement**	**Local Implementation Strategies and Activities**
	39f. Describe how agencies coordinate training and knowledge sharing to maintain consistency in the implementation of statutory requirements. Please review examples of coordinated training and knowledge sharing.	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.

END OF TEXT

ATTACHMENTS AND EXHIBITS FOLLOW

CCA = Clay Charter Academy
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
LOGOV = Local Government Funds
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

2025-2026 Annual School Health Report

_____ County

Due by August 14, 2026

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

2025-2026 Annual School Health Report

- Please make sure that you only open the 2025-2026 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 2025-2026 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.

Enter County Name Here County School Health Contacts for 2025-2026 School Year

County Name

Department of Health County Office
Administrator / Director
Name _____
Licenses and/or Degrees _____
Email _____

School District
Superintendent
Name _____
Licenses and/or Degrees _____
Email _____

Department of Health County Office
Business Manager for School Health
Name _____
Licenses and/or Degrees _____
Phone _____ Extension _____
Email _____

Department of Health County Office
Director of Nursing
Name _____
Licenses and/or Degrees _____
Phone _____ Extension _____
Email _____

School District / Local Educational Agency (LEA)
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 _____

School Health Advisory Committee Chairperson
Name _____
Agency _____
Phone _____ Extension _____
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 _____

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, 2025 through June 30, 2026

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 2025-26, Final Survey 2,* available at the following link:
https://www.fldoe.org/accountability/data-sys/edu-info-accountability-services/pk-12-public-school-data-pubs-reports/students.stml

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 s chool 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
Basic School Health (BASIC ONLY)-STUDENTS					0
Comprehensive School Health (CSHSP)-SCHOOLS					0
Comprehensive School Health (CSHSP)-STUDENTS					0
Full Service Schools (FSS)-SCHOOLS					0
Full Service Schools (FSS)-STUDENTS					0
Public Charter SCHOOLS					0
Public Charter School STUDENTS					0
Public Alternative SCHOOLS (not DJJ)					0
Public Alternative School STUDENTS (not DJJ)					0
Total Public SCHOOLS	0	0	0	0	0
Total Public School STUDENTS	0	0	0	0	0

Types of Health Conditions - July 1, 2025 through June 30, 2026

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 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, 2025 through June 30, 2026

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 (Finger-Stick / Meter-Based Monitoring)	
Catheterization	
Colostomy, ileostomy, urostomy, jejunostomy care (site care)	
Electronic Monitoring (Cardiac, Continuous Glucose Monitoring, 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
2025-2026 Year-Long Data Collection

Data Point	Definitions and Clarifications	Data Point #	Calculated Percentages of
Number and Percent of Visits - RN			
Number of student encounters/health office visits to RN resulting in the student returning to class or staying in school during the 2025-2026 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 2025-2026 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 the student being sent home during the 2025-2026 school year	Include only students who are seen (face to face) by **RN** (not other health office staff). Includes students sent home with the recommendation/directive to see a health care provider.		#DIV/0!
Total RN Health Room/Clinic Dispositions	**Total number of visits to RN**	**0**	
Percentage RN Health Room/Clinic Dispositions	**RN health room/clinic visit percentage of total health room/clinic visits**	**#DIV/0!**	
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 2025-2026 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 2025-2026 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 2025-2026 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**	
Percentage LPN Health Room/Clinic Dispositions	**LPN health room/clinic visit percentage of total health room/clinic visits**	**#DIV/0!**	
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 2025-2026 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 2025-2026 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 2025-2026 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**	
Percentage health aide/UAP Health Room/Clinic Dispositions	**Health aide/UAP health room/clinic visit percentage of total health room/clinic**	**#DIV/0!**	
Total All Health Room/Clinic Dispositions	**Total Number of Health Office Visits by Any Health Room Staff**	**0**	

Student Referrals During 2025-2026

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
Dental care				0
Guidance counselor				0
Pregnancy care				0
Healthy Start				0
Sexual health services				0
KidCare				0
Health care provider				0
Mental health counseling				0
Social work services				0
Substance abuse counseling				0
Other				0
Totals	0	0	0	0

Health Education Classes Provided Between July 1, 2025 through June 30, 2026

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	0

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, 2025 through June 30, 2026

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 2025-2026. 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, Lion's 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 2025-2026

Number of Schools that are Staffed with ANY Full-Time Health Staff: APRN, RN, LPN, Health Aide/UAP				
	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 2025-2026

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, 2025 through June 30, 2026

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

2025-2026 School Health Staff

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 any FTEs/positions or portions of FTEs/positions)	Definition and Inclusion/Exclusion Criteria RN = Registered Nurse LPN = Licensed Practical Nurse 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.	County Health Department				School District				Community Partners				Total
		Basic Schools	Compre-hensive Schools	Full Service Schools	Subtotal	Basic Schools	Compre-hensive Schools	Full Service Schools	Subtotal	Basic Schools	Compre-hensive Schools	Full Service Schools	Subtotal	
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				0.00				0.00	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 #11. • 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 #8				0.00				0.00				0.00	0.00
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)	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. **Inclusion/Exclusion:** 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 #9				0.00				0.00				0.00	0.00

4. Total number of supplemental/float RN FTEs/positions	Permanently hired/contracted RNs who provide supplemental/additional direct nursing services or specific procedures, e.g. child find/EPSDT. *This count is in addition (separate) to the RNs identified in #1, #7 and #10.* **Inclusion/Exclusion:** • Exclude RNs working with a limited caseload (1:1, 1:2, 1:3, 1:4, 1:15 assignments) providing direct services such as to medically fragile students, who are included in #7.				0.00				0.00				0.00	**0.00**
5. Total number of supplemental/float LPN FTEs/positions	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.* **Inclusion/Exclusion:** • Exclude LPNs working with a limited caseload (1:1, 1:2, 1:3, 1:4, 1:15 assignments) providing direct services such as to medically fragile students, who are included in #8.				0.00				0.00				0.00	**0.00**
6. Total number of supplemental/float health aide (non-RN, non-LPN) FTEs/positions	Permanently hired/contracted health aides (non-RN, non-LPN) FTE/position who provide supplemental/additional direct nursing services or specific procedures. *This count is in addition (separate) to the health aides identified in #3, #9, and #12.* **Inclusion/Exclusion:** Exclude Health aides working with a limited caseload (1:1, 1:2, 1:3, 1:4, 1:15 assignments) providing direct services such as medically fragile students, who are included in #9.				0.00				0.00				0.00	**0.00**
7. Total number of RNs with special assignment FTEs/positions	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). **Inclusion/Exclusion:** • Only include RNs working with a limited caseload.				0.00				0.00				0.00	**0.00**
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**
9. Total number of health aides (non-RN, non-LPN) with special assignment FTEs/positions	Health aides (non-RN, non-LPN) working exclusively with a limited caseload providing direct services such as medically fragile students (ratios of:1, 1:2, 1:3, 1:4 or1:5). **Inclusion/Exclusion:** Only include health aides working with a limited caseload.				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**
11. Total number of LPN FTEs/positions providing administrative or supervisory school health services	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 service (school based services, screenings, case management, etc.) and include in #2.				0.00				0.00				0.00	**0.00**

12. Total number of assistant FTEs/positions providing administrative support services to RNs or LPNs	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
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**	**0.00**	**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, 2025 through June 30, 2026

NOTE: COMPLETE ALL RELEVANT SECTIONS WITH 2025-2026 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 2025-2026 on the appropriate line.
NOTE: Add all beginning cash balances to the 2025-2026 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 2025-2026 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		
Other #1: (Specify)		
Other #2: (Specify)		
Other #3: (Specify)		
Other #4: (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 2025-2026.
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. 2025-2026 Expenditures of School District Revenue for Health Services and Health Education	Expenditures
Basic School Health	
Comprehensive School Health	
Full Service Schools	
Other #1: (Specify)	
Other #2: (Specify)	
Other #3: (Specify)	
Other #4: (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 2025-2026.
NOTE: List any partner funding in the rows provided. Please do not change or move the names of partner categories already listed.

D. 2025-2026 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)		
Other #1: (Specify)		
Other #2: (Specify)		
Other #3: (Specify)		
Other #4: (Specify)		
Community and Public-Private Partner Sub-Total		$0.00

Total Expenditures for School Health Services and Health Education in Schools (A,B,C, and D)	$0.00

2025-2026 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 2025-2026.

2025-2026 School Health Schedule C Funds Used for Contractual Service Agreements for School Health Services and Health Education in Schools			
Contract Number	Provider Name	Service Contracted	Contract Amount
		Total Amount Contracted:	$0.00

2025-2026 Contracts and Memoranda of Agreement (MOA)/Understanding (MOU) that Provided Revenue to County Health Departments for School Health Services
List agencies or partners that contracted (or have memorandums of agreement/understanding) with the county health department to provide school health services.

2025-2026 Revenue Provided to the County Health Department for School Health Services Via Contract or Memorandum of Agreement/Understanding		
Agency/Partner	Service Contracted	Contract Amount
	Total Amount Contracted:	$0.00

Accomplishments and Challenges During 2025-2026

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 2025-2026. 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.

Accomplishments	Challenges

Exhibit II: Screening and Notification Process

Screening and Notification Process

Process	Responsible Party	Timeline	Action
Pre-screening	LEA	**4-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 2026-2027.
Screening	LEA	**6-Nov**	LEA completes all screening and rescreening. Rescreens should be completed 2 weeks after initial screenings are completed.
Reporting	LEA	**20-Nov**	LEA provides manual counts of the screening results to DOH-Clay.
1st Notification Letters	LEA	**11-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	**15-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	**5-Feb**	LEA forwards to DOH-Clay the Initial Screening Outcome List.
3rd Notification Letters	DOH	**19-Feb**	DOH creates and electroncially 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	**19-Mar**	LEA will forward to DOH-Clay the final screening outcome data.

Exhibit III: School Health Services Program Dates to Remember

School Health Services Program Dates to Remember SY 2026-2027

On or before the 5th day of each month during the school calendar year	The Clay County District Schools' (CCDS) will email the following **monthly health room reports** to DOH-Clay: 1) Yearly Health Room Activity Log (**YHRAL**) 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.**) One combined report will be submitted to DOH-Clay for those schools that have an ESE Health Room.
September 4, 2026	The CCDS' Supervisor will notify DOH-CLAY's School Health Coordinator when screening assistance is requested, using the *Mass Health Screening Assistance Request Tracker 2026-2027*. The request will include: 1) All schools conducting screenings 2) Dates of screening 3) Start time and end time of screening 4) Identification of schools requesting assistance 5) Type of assistance requested *(volunteer training, manning at a screening station, managing student flow)* DOH-CLAY will assist with screenings between **September 14, 2026, and October 9, 2026**, as available.
November 6, 2026	The CCDS will complete **screenings** and **all rescreening.**
November 20, 2026	The CCDS will **provide manual counts of the screening results** to DOH-Clay using the *Screening Results, Initial and Final Outcomes 2026-2027 Workbook – Mass Health Screening Results Spreadsheet.*
December 11, 2026	The CCDS will send initial student **mass health screening results** to parents/guardians to notify them of students requiring a referral (**first contact**).
January 15, 2027	The CCDS will send **2nd referral follow-up letter** to notify parents/guardians of those students requiring a referral (**second contact**).
February 5, 2027	The CCDS will send to DOH-Clay the ***initial*** **screening outcomes list** (using the *Screening Results, Initial and Final Outcomes 2026-2027 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 referral letters.
February 19, 2027	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**).
March 19, 2027	The CCDS will forward to DOH-Clay the ***final*** **screening outcomes data** using the *Screening Results, Initial and Final Outcomes 2026-2027 Workbook – Final Screening Outcomes Spreadsheet*.
On or before the 5th of the month (with the monthly reports) after mass health screenings are conducted	The CCDS will forward to DOH-Clay the New Student Screening Workbook (Post-Mass Health Screening 2026-2027) with the monthly reports (approximately November through May).
15 business days from receiving the outcome of the annual School Health Services Program Review (SHSPR)	The CCDS will forward **Process Improvement Plan(s)** within 15 business days of the receipt of any noted deficiencies from the annual SHSPR.
15 business days of the receipt of the process improvement plan if deficiencies are noted	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.

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