

FOLLOW ALL PROCEDURES ON BACK OF THIS FORM

Contract # _____
 Number Assigned by Purchasing Dept. _____



CONTRACT REVIEW

BOARD MEETING DATE:
June 6, 2024
 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: 05-03-2024

Name of Contract Initiator: Kristin Riebe Telephone #: 904-336-6884

School/Dept Submitting Contract: Climate & Culture Cost Center # 9004

Vendor Name: Clay County Health Department

Contract Title: School Health Services Agreement with Clay DOH.

Contract Type: New Renewal Amendment Extension Previous Year Contract #

Contract Term: 1 year Renewal Option(s):

Contract Cost: N/A

BUDGETED FUNDS – SEND CONTRACT PACKAGE DIRECTLY TO PURCHASING DEPT

Funding Source: Budget Line # _____
 Funding Source: Budget Line # _____

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

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

REQUIRED DOCUMENTS FOR CONTRACT REVIEW PACKAGE (when applicable):

- _____ Completed Contract Review Form
- _____ SBAO Template Contract or other Contract (NOT SIGNED by District / School)
- _____ SIGNED Addendum A (if not an SBAO Template Contract) - When using the Addendum A, this Statement **MUST BE** included in the body of the Contract:
"The terms and conditions of Addendum A are hereby incorporated into this Agreement and the same shall govern and prevail over any conflicting terms and/or conditions herein stated."
- _____ Certificate of Insurance (COI) for General Liability & Workers' Compensation that meet these requirements:
 COI must list the School Board of Clay County, Florida as an Additional Insured and Certificate Holder. Insurer must be rated as A- or better.
 General Liability = \$1,000,000 Each Occurrence & \$2,000,000 General Aggregate.
 Auto Liability = \$1,000,000 Combined Single Limit (\$5,000,000 for Charter Buses).
 Workers' Compensation = \$100,000 Minimum
[If exempt from Workers' Compensation Insurance, vendor/contractor must sign a Release and Hold Harmless Form. If not exempt, vendor/contractor must provide Workers' Compensation coverage].
- _____ State of Florida Workers Comp Exemption (<https://apps.fldfs.com/bocexempt/>) (If Applicable)
- _____ Release and Hold Harmless (If Applicable)

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

CONTRACT REVIEWED BY:	COMMENTS BELOW BY REVIEWING DEPARTMENT
Purchasing Department	_____
Review Date	_____
School Board Attorney	_____
Review Date	_____
Other Dept. as Necessary	_____
Review Date	_____
PENDING STATUS: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HIGHLIGHTED COMMENTS ABOVE MUST BE CORRECTED BY INITIATOR
FINAL STATUS	DATE: _____

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 the Assistant Superintendent for Business Affairs.
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 the Assistant Superintendent for their Division, or Chief Officers, or Directors, 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

IMPORTANT

Step 3: If Funded by Budgeted Funds, submit the Contract Review Package to the Purchasing Department. 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 log "District" Contracts (Cost/No Cost) on Contract Review Log and save 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

**School Health Services Agreement
between The
State of Florida, Department of Health,
Clay County Health Department
And The
School Board of Clay County, Florida**

This AGREEMENT is between the STATE OF FLORIDA, DEPARTMENT OF HEALTH, CLAY COUNTY HEALTH DEPARTMENT, hereinafter referred to as "DOH-CLAY", 1845 Town Center Boulevard, Building 600, Fleming Island, Florida, and THE SCHOOL BOARD OF CLAY COUNTY, FLORIDA, hereinafter referred to as "SCHOOL BOARD", 900 Walnut Street, Green Cove Springs, Florida, as the governmental agency with jurisdiction over all Clay County District Schools.

The purpose of this Agreement is to establish the terms and conditions under which the DOH-CLAY and the SCHOOL BOARD shall deliver or perform the following school health services for the 2024-2025 school year.

The term of this Agreement shall begin on the 1st day of July 2024 and shall end on the 30th day of June 2025.

The DOH-CLAY shall deliver the following services under this Agreement:

- a) The DOH-CLAY will provide school health services oversight. Oversight shall be defined as monitoring the compliance of the School Health Services Plan.
 - b) The DOH-CLAY will provide education relating to the School Health Services Program, as requested, and as jointly determined by DOH-CLAY and SCHOOL BOARD.
 - c) The DOH-CLAY will perform annual school health services program reviews of all Clay County Public School Health Services Programs and share the results on the School Health Services Program Review Tool with the principal, the Technical Services Manager, the Coordinator of Nursing Services, the record secretary staff, and the school health room staff. All schools will receive a review in the fall (see Fall School Health Services Program Review Tool Exhibit I, II, III & IV) and the primary schools will receive another review in the spring (see Spring School Health Services Program Review Tool Exhibit V) on the mass health screening performance measures.
- 1) If opportunities for improvement are identified, a process improvement plan will be requested from the school. Process improvement plans (PIPs) will be completed by the SCHOOL BOARD for all identified deficiencies and returned to DOH-CLAY within 15 business days of the receipt of the noted deficiencies. Upon completion of all process improvement plans and supporting documents, the SCHOOL BOARD will forward the entire Excel process improvement plan workbook to DOH-CLAY. A second review and / or follow-up will be conducted by the DOH-CLAY, within 15 business days of the receipt of the performance improvement plan if deficiencies are noted.

- 2) In the absence of a school-based health room nurse, (LPN or RN) a SCHOOL BOARD district nurse will be present during the duration of the school health services program reviews, which includes a records review for school entry health requirements during the fall review.
- d) The DOH-CLAY will provide consultative and support services to SCHOOL BOARD health room personnel. Support services shall include:
- 1) Scheduled and unscheduled periodic in-person and/or virtual visits by the DOH-CLAY nurses to meet with records and health room personnel.
 - a. DOH-CLAY will complete the focus visit tool during the health room visits as determined by the outcomes of previous health room reviews (see Exhibit VI AND VII).
 - b. DOH-CLAY school visits will be scheduled as follows:
 - i. Schools with licensed nurse will be visited a minimum of every other month.
 - ii. Schools with an UAP will be visited a minimum of monthly. This includes temporary UAP assignments.
 - 2) In-person and/or virtual record audits via the school district database(s) for compliance with school health entry and records requirements. If virtual records are requested, DOH-CLAY will initiate a file sharing mechanism into which the SCHOOL BOARD will upload any requested documents or records within 10 business days of the request. The documents will be removed from the drive by the SCHOOL BOARD after 30 days. In the absence of the records personnel, the District Office will be responsible for uploading the documents into the file sharing mechanism if the records secretary is absent for the entire 10-day window.
 - 3) Communicate with the principal, the Technical Services Manager, the Coordinator of Nursing Services, the school health room staff, and the record secretary staff on the status of record audits.
 - 4) Upon request, and as identified through DOH-CLAY activities, DOH-CLAY will assist school personnel to identify the physical, social, and emotional needs of students.
- e) The DOH-CLAY will provide up to four (4) hours of monthly group orientation to new school health room licensed nurses, new unlicensed assistive personnel (UAP), and new school health room substitutes. Current school health room staff are welcome to attend if a refresher or update is needed. SCHOOL BOARD will notify DOH-CLAY of attendees scheduled to attend within 3 business days of the scheduled orientation class. The training will be held at: The Florida Department of Health in Clay County, 1845 Town Center Blvd. Building 600, Fleming Island,

Florida, 32003.

- f) The DOH-CLAY will provide a group monthly virtual orientation class on school entry health requirements to new records personnel and current records personnel, if a refresher is needed.
- g) The DOH-CLAY will assure that DOH-CLAY nurses have documented knowledge of pediatrics and growth and developmental training.
- h) The DOH-CLAY will assure that a DOH-CLAY nurse is assigned to each Clay County District School to provide school health services oversight, that includes consultative and support services.
- i) The DOH-CLAY will notify the SCHOOL BOARD within 5 business days of any school health assignment or personnel changes.
- j) The DOH-CLAY will assure that DOH-CLAY staff adhere to all applicable confidentiality laws, both federal and state, governing school, and health records.
- k) The DOH-CLAY will assure that their staff meets Level 2 background screening as required by s.1012.465, F.S. and pursuant to Chapter 435, F.S.
- l) The DOH-CLAY will assure that DOH-CLAY nurses work according to the Florida Nurse Practice Act and be licensed as a RN or LPN in accordance with Chapter 464, Florida Statutes (F.S.).
- m) The DOH-CLAY will be responsible for the supervision of DOH-CLAY nurses and/or agents assigned to provide services under this Agreement.

The DOH-CLAY and the SCHOOL BOARD shall jointly deliver the following services under this Agreement:

- a) SCHOOL BOARD will complete student health screenings as per current Florida law and administrative code, s. 381.0056 F.S. and rule 64F-6.003 F.A.C. unless:
 - i. the parent/guardian actively opted them out,
 - ii. the student is unable to be screened due to profound disability or illness,
 - iii. the student is currently in treatment for a disease or condition related to the health screening.
- 1) SCHOOL BOARD will notify DOH-CLAY when screening assistance is requested.

The request will include:

- a. all schools conducting screenings,
- b. dates of screening,

- c. time start and time end of screening,
 - d. identification of schools requesting assistance,
 - e. type of assistance requested,
 - i. volunteer training,
 - ii. manning a screening station, and
 - iii. managing student flow.
- 2) The request is submitted via email on the Mass Health Screening Assistance Request Tracker 2024-2025 SY (see Exhibit VIII) to DOH-Clay by September 6, 2024, to the School Health Coordinator. DOH-CLAY will assist with screening, between September 16, 2024, and October 11, 2024, as available. The SCHOOL BOARD will notify DOH-CLAY within 24 hours of the scheduled screening, if the SCHOOL BOARD determines that DOH-CLAY screening assistance is no longer needed. SCHOOL BOARD will be notified by DOH-CLAY of available assistance within 5 business days of receipt of screening assistance request.
 - 3) The SCHOOL BOARD will provide one SCHOOL BOARD nurse (with no other assigned duties) for the duration of the screening, as well as other staff and volunteers, to ensure the appropriate number of qualified personnel are available to conduct each screening session. DOH-CLAY cannot support the screening unless the required one SCHOOL BOARD nurse and sufficient volunteers are on site for the event.
 - 4) The SCHOOL BOARD agree to reschedule the screening, if the predetermined appropriate number of qualified personnel (staff and volunteers) needed for the screening is not available.
 - 5) The SCHOOL BOARD will complete screenings, and all rescreens, by November 18, 2024. Screening timelines and responsibilities are to be met by the SCHOOL BOARD.
 - 6) The SCHOOL BOARD will provide manual counts of the mass health screening results on the Screening Results, Initial, and Final Outcomes 2024-2025 Excel workbook - Mass Health Screening Results Excel spreadsheet to DOH by December 2, 2024 (see Exhibit IX).
 - 7) The DOH-CLAY will input initial screening data into the Department of Health (DOH), Health Management System (HMS) by January 13, 2025.
 - 8) The SCHOOL BOARD will provide the results of the student mandated health screenings to parents/guardians by December 20, 2024. As per s. 381.0056, F.S., this notification letter includes referral information for the parents/guardian of students who are outside the limits for a health screening and require a referral. This will be considered the first attempt to

contact.

- 9) The SCHOOL BOARD will forward the initial screening outcomes on the Screening Results, Initial, and Final Outcomes 2024-2025 Excel workbook - Initial Screening Outcomes Excel spreadsheet (see Exhibit X and XI) to the DOH-CLAY by January 20, 2025, from the responses of the health screening results, for those students who are outside the limits of a health screening and require a referral.
 - 10) The DOH-CLAY will create a follow-up letter, to reach the parents/guardian of the students who are outside the limits of a health screening, require a referral (BMI, Hearing, Vision, Scoliosis), and parents/guardian have not responded to the 1st attempt to contact initiated by the SCHOOL BOARD. These letters will be sent electronically to the SCHOOL BOARD for distribution to the parents/guardian. DOH-CLAY will forward the letters to the SCHOOL BOARD for distribution by February 3, 2025. This will be considered the second attempt to contact.
 - 11) The SCHOOL BOARD will forward the final screening outcomes to the DOH-CLAY by March 14, 2025, on the Screening Results, Initial, and Final Outcomes 2024-2025 Excel workbook – Final Screening Outcomes Excel spreadsheet (see Exhibit XII) to from the responses of the initial notification letter, from SCHOOL BOARD and or follow-up letter from DOH-CLAY, for those students who are outside the limits of their health screening and require a referral. The SCHOOL BOARD will document follow-up, parental non-response to referral, refusal to follow-up and/or student withdrawal from school.
 - 12) The DOH-CLAY will input all screening outcomes into HMS by June 16, 2025.
 - 13) The SCHOOL BOARD will conduct vision and hearing screenings for ESE students and students entering Florida schools for the first time in grades KG through 5th grade as per F.A.C. 64F-6.003.
 - 14) The SCHOOL BOARD will ensure that all students who are referred to the state contracted vision service provider have a signed parental consent form that includes permission for a comprehensive eye exam which may include refraction and dilation.
 - 15) The SCHOOL BOARD will ensure that before administering a student well-being questionnaire or health screening form to a student in kindergarten through grade 3, it will provide the questionnaire or health screening form to the parent and obtain the permission of the parent.
- b) The SCHOOL BOARD will develop the agenda and provide an annual School Health Services Program Meeting, with trainings, prior to the start of the school year. DOH-Clay can be available to provide program updates and assistance, as requested.

- 1) The SCHOOL BOARD will assure attendance of all school health room personnel, school health room relief personnel, school health room substitutes, ESE nurses and the Coordinator of Nursing Services.
 - 2) The DOH-CLAY will assure attendance of all DOH-CLAY school nurses and the School Health Coordinator.
- c) The DOH-CLAY and the SCHOOL BOARD will review the School Health Services Plan every year and amend it, as needed. The DOH-CLAY and SCHOOL BOARD will update the School Health Services Plan every two (2) years as required by s. 381.0056 F.S. and Florida School Health Administrative Resource Manual (2021), Chapter 1. The plan will be updated and ready for signatures by August 1st of the year it is due. The DOH-CLAY will submit the School Health Services Plan to the School Health Program Office in Tallahassee by September 15th, of the year it is due. The next plan is due in 2024.
- d) On or before the 5th day of each month during the school calendar year, the SCHOOL BOARD (including all charter schools), will submit to the DOH-CLAY via email, the prior month's school health services data for the following reports:
- 1) Yearly Health Room Activity Log
 - 2) Monthly Outcome Disposition Report
 - 3) Monthly Screening Statistics
 - 4) Health Education Classes Taught in Basic, Full Service and Comprehensive Schools

The schools that have an Exceptional Student Education (ESE) Health Room and a regular health room will submit via email, one combined report to DOH-CLAY.

- e) The DOH-CLAY will input the previous month's school health services data in the state's health management reporting system (HMS) by the 15th of the following month.
- f) The DOH-CLAY and the SCHOOL BOARD will act collectively, with the community, to advise the school district on aspects of a Coordinated School Health approach. The DOH-CLAY and SCHOOL BOARD will work collaboratively in the coordinating and planning of the School Health Wellness Advisory Council (SHWAC) meetings as required by s. 381.0056, F.S., Florida School Health Administrative Resource Manual (2021) Chapter 1, and SHWAC Bylaws.
- 1) The SHWAC will hold quarterly meetings.
 - 2) The SCHOOL BOARD shall appoint one of its members to serve as the liaison to the SHWAC, as per the SHWAC Bylaws.
 - 3) Staff support to the SHWAC shall be provided by the SCHOOL BOARD and other Clay County District School Staff, as needed, as per the SHWAC Bylaws.
- g) The DOH-CLAY and the SCHOOL BOARD will review the Clay County School

Health Services Manual every two (2) years and update it, as needed.

- 1) The DOH-CLAY will present updates to the SCHOOL BOARD by July 1st, the year it is due (next year due is 2024).
 - 2) The SCHOOL BOARD will present documentation to the DOH-CLAY that the School Health Services Manual was approved by August 15th, the year it is due.
 - 3) The SCHOOL BOARD will continue to utilize a published reference to guide school health practices and procedures as recommended by DOH-CLAY and with agreement from SCHOOL BOARD. This resource will be updated, as needed, to the most current edition. The recommended reference for SY 2024-2025 is School Nursing - A Comprehensive Text by Selekman, Shannon & Yonkatis, 3rd edition. One copy will be purchased by the SCHOOL BOARD for each health room and ESE health room.
 - 4) The SCHOOL BOARD will be given the recommendation to purchase Managing Childhood Infectious Diseases in Child Care and Schools a Quick Reference Guide 6th Edition by Timothy R. Shope and Andrew N. Hashikawa. The SCHOOL BOARD can utilize this published reference on childhood diseases and treatments to guide school health practices.
 - 5) The SCHOOL BOARD will utilize Emergency Guidelines for Schools, 2019 Florida Edition. These Emergency Guidelines will serve as basic what-to-do-in-an-emergency information, for school staff without nursing or medical training when the school nurse is not available. These are the recommended procedures.
 - 6) See Exhibit XIII for additional recommended evidence-based practice resources for the school health services program.
- h) The SCHOOL BOARD will create and update all required forms for the School Health Services Program on an annual basis and/or, as needed. The DOH-CLAY can be the 2nd reviewer to provide consultative support, as needed, for content review of forms that contain suggested edits by the SCHOOL BOARD. The SCHOOL BOARD will send the forms to DOH-CLAY by March 1st. DOH-CLAY will review the forms and provide feedback to the SCHOOL BOARD by March 31st. The SCHOOL BOARD will inform DOH-CLAY of any changes to the forms made throughout the school year. DOH-CLAY will be notified 5 business days prior to implementation of any revised or new forms for content review. SCHOOL BOARD forms will only have the SCHOOL BOARD logo and SCHOOL BOARD name on the forms.
 - i) The DOH-CLAY and the SCHOOL BOARD will follow all the evidence-based protocols, guidelines and procedures outlined in the Clay County School Health Services Manual.
 - j) The SCHOOL BOARD will prepare and complete Individual Plans of Care, Emergency Action Plans and Child Specific Training, immediately, upon entry or

upon identified need. Identified need is defined as when the medication and or MMP is received.

- k) The SCHOOL BOARD will provide Child-specific training and periodic follow-up monitoring of unlicensed assistive personnel as determined by the nursing process as specified in s. 1006.062, Florida Statutes, and Florida Administrative Code, Chapter 64B9-14.
- l) The SCHOOL BOARD charter schools will need to provide their own RN for school health services or enter into a contractual agreement with DOH for fee for service.
- m) The SCHOOL BOARD will provide medication administration training and medication skills verification for unlicensed staff administering medications. Per Florida Statute 1006.062 UAPs are permitted to administer prescribed medication at school, provided appropriate training has taken place.
- n) The DOH-CLAY and the SCHOOL BOARD will comply with the Florida School Health Administrative Resource Manual (2021).
- o) The SCHOOL BOARD will work collaboratively with the DOH-CLAY to collect the data for the Annual School Health Report. If the data collected below is modified by Central Office, mid-year, required data will be submitted to DOH-CLAY by the SCHOOL BOARD. The following data will be forwarded to the DOH-CLAY by the SCHOOL BOARD by June 30, 2025:
 - 1) School District Contact Information
 - 2) Overview of Schools and Students
 - 3) Types of Health Conditions
 - 4) Number of Students Needing Medication and/or Procedures
 - 5) Disposition of Health Room/Clinic Visits
 - 6) Student Referrals
 - 7) Health Education Classes Provided by Basic, Comprehensive and Full-Service Schools
 - 8) Agencies that Provide In-Kind Services at Local Schools
 - 9) Schools with Any Health Staff On-Site Full-Time
 - 10) Schools with a Registered Nurse On-Site Full-Time
 - 11) Community / Public-Private Partners Providing Staff or Funds for the Partner Staff
 - 12) School Health Staffing
 - 13) School District Expenditures for School Health Services and Health Education
 - 14) Community and Public-Private Partner Expenditures for School Health Services and Health Education
 - 15) Accomplishments and Challenges
 - 16) Medications Administered to Students & Health Procedures Performed (obtained from health room personnel)
 - 17) Number of Care Plans Written by Condition (obtained from health room personnel)
- p) The DOH-CLAY will compile the data collected from the SCHOOL BOARD and will

complete the Annual School Health Report for 2023-2024 school year and submit to School Health Program Office in Tallahassee by August 15, 2024.

The SCHOOL BOARD shall deliver the following services under this Agreement:

- a) The SCHOOL BOARD will notify DOH-CLAY within 5 business days of any school health assignment or personnel changes.
- b) The SCHOOL BOARD 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.
- c) The SCHOOL BOARD will ensure that each public school within the district has a minimum of one licensed nurse (i.e., RN, LPN) to provide basic school health services. DOH-CLAY recommends one professional nurse (RN) in each school health room, including the charter schools.
- d) The SCHOOL BOARD will ensure all new school health room licensed nurses, new unlicensed assistive personnel (UAP), and new school health room substitutes attend the DOH-CLAY four (4) hour monthly group orientation.
- e) The SCHOOL BOARD will ensure all new records personnel attend the group monthly virtual orientation class on school health entry requirements.
- f) The SCHOOL BOARD will ensure that all persons staffing the health room and at least two (2) school staff members, excluding health room personnel, are currently certified by a nationally recognized certifying agency to provide first aid and cardiopulmonary resuscitation (CPR) as required by Chapter 64F-6.004, F.A.C., and Florida School Health Administrative Resource Manual (2021), Chapter 9.
- g) The SCHOOL BOARD will ensure that at least two (2) school staff members, excluding health room personnel, are trained in the administration of medication and provision of medical services as required by s. 1006.062, F.S., and Chapter 64F-6.004, F.A.C. Such staff members will serve as health room relief/ unlicensed assistive personnel (UAP).
- h) Only licensed and/or trained health room personnel in SCHOOL BOARD will accept / receive medication. Upon receiving the medication, a Medication Administration Record (MAR) and Parent Authorization for the Administration of Medication (PAAM) will be completed.
- i) The SCHOOL BOARD will provide high level of security for controlled / scheduled medication.
 - 1) The SCHOOL BOARD will ensure all student specific controlled / scheduled substances received from the parent / guardian, are to be counted, and immediately secured. This extra level of security will be maintained throughout the day.

- 2) The SCHOOL BOARD will ensure controlled or scheduled substances are to be kept under additional security (double locked cabinet) with two (2) different keys that are stored separately.
- 3) The SCHOOL BOARD will ensure the double locked cabinets will be securely mounted to a solid surface; cabinets will have solid doors to prevent breaking and ensure privacy. The storage unit will not be easily lifted or removed. The bare minimum standard would be in a locked cabinet / drawer.
- 4) The SCHOOL BOARD will limit access of controlled and scheduled medications to school health room personnel.
- 5) The SCHOOL BOARD will maintain a record for audit and safety purposes of any doses used and the amount of the controlled / scheduled medication received and released back to the parent / guardian.
 - i. Controlled / scheduled medication is counted / documented upon receipt and with each dose administered.
 - ii. Controlled / scheduled medication counts by two (2) school staff personnel will be conducted and documented weekly. Best practice recommendation will be given for one of the two personnel to be a licensed healthcare professional.
 - iii. Controlled / scheduled medication is counted / documented upon returning unused or expired doses to the parent / guardian.
 - iv. Controlled / scheduled medication that is discarded at the end of the school year (or student transfers out and medication is left behind) must be witnessed by two personnel with one being a licensed school nurse.
- j) The SCHOOL BOARD will update annually, each student's emergency information card, listing contact person, family physician, allergies, significant health history and permission for emergency care, as required by Florida Administrative Code 64F-6.004 Meeting Emergency Health Needs and Florida School Health Administrative Resource Manual (2021), Chapter 9. Per the School Health Services Program, Scope of Work, the SCHOOL BOARD will ensure student emergency information cards or forms are sent in writing or electronically, to parents and guardians throughout the school year. As per the School Health Services Program Scope of Work, and the School Health Services Plan the SCHOOL BOARD will collect 45 percent of the completed student emergency information cards or forms by September 30 of each school year and 95 percent of the completed student emergency information cards or forms by December 31 of each school year. The SCHOOL BOARD will ensure that emergency information cards or forms are updated by parents or guardians for each student annually and list the contact person, family physician, allergies, significant health history, and

permission for emergency care for the student. The SCHOOL BOARD emergency card is online in the district utilized database (SYNERGY). The SCHOOL BOARD will notify parents to complete via monthly emails. Once the records secretary staff for the SCHOOL BOARD receives the emergency information it is uploaded into the system.

- k) It is the responsibility of the SCHOOL BOARD principals to assure that all students produce evidence of immunizations and school health entry exams and other health records which are required for admittance to Florida public schools, as required by s. 1003.22 F.S., and Florida School Health Administrative Resource Manual (2021), Chapter 11. The SCHOOL BOARD will follow-up with parents of students out of compliance to assure school entry requirements are satisfied. SCHOOL BOARD agrees to enforce noncompliance and exclusion for students who do not have the required documentation. All records personnel and health room personnel will be registered with Florida SHOTS for access to DH 680/681 Form.
- l) The SCHOOL BOARD will notify (written/electronic) parents or guardians, within 30 calendar days of the start of the school year that their children, who are students, each of the health services that will be offered at their student's school, as provided for in the local School Health Services Plan. This information includes the ability for the parents/guardian to withhold consent or decline any specific service by completing an opt-out/ opt-in form for school health services.
- m) The SCHOOL BOARD will assure adequate physical facilities, health room supplies, office supplies, and equipment for school health services are available at each school as defined in State Requirements for Educational Facilities, s. 381.0056(5)(b), F.S., and Chapter 64F-6.004, F.A.C.
- n) The SCHOOL BOARD conducts Individualized Education Plan (IEP) and 504 plan meetings. If a RN is requested at a given meeting, the SCHOOL BOARD will provide a school district registered school nurse.
- o) The SCHOOL BOARD will ensure emergency information cards or equivalent records are reviewed for a minimum of 15 percent of students by September 30, a minimum of 50 percent of students by December 31, and a minimum of 90 percent of students by March 31, of each school year to ensure students have all required forms as required by the Scope of Work, and the School Health Services Plan.
- p) The SCHOOL BOARD will assure that SCHOOL BOARD nurses work within the scope of their practice, according to the Florida Nurse Practice Act and be licensed as a RN or LPN in accordance with Florida Statutes Chapter 464.
- q) The SCHOOL BOARD shall include health education as part of the comprehensive plan for the school district as per s. 381.0056, F.S.
- r) The SCHOOL BOARD will maintain the following documentation and information, either in written or electronic format, in accordance with s. 1002.22, Florida Statutes, Florida Administrative Code Rule 64F-6.005, the Family Educational Rights and Privacy Act, and HIPAA:

- 1) Cumulative health record for each student, which contains:
 - i. Florida Certificate of Immunization (Form DH 680) or Part A, Part B, or DH 681 exemption.
 - ii. School Entry Health Exam form (DH3040-CHP-7/2013) or other form as specified in s. 1003.22, Florida Statutes, and Florida Administrative Code Rule 6A-6.0024; and
 - iii. Documentation of screenings, results, referrals, follow-up attempts and outcomes.
- 2) Individualized Health Plan (IHP) and Emergency Action Plan for each student as applicable. IHP: A coordinated plan of care developed by a 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 medications, supplies, and equipment.
- 3) Medication Administration Records: A clinical record developed by the RN which details each occurrence of medication assistance to a student. An individualized record must be maintained for each student needing medication, treatment, or a health procedure.
- 4) Documentation of medical procedures and treatments.
- 5) Clinic log used daily to record, at a minimum, student identifiers, chief complaints, dates, times of arrival and departure, person on duty, and outcome disposition of the student.
- 6) Child-specific training and periodic follow-up monitoring of unlicensed assistive personnel as determined by the nursing process as specified in s. 1006.062(4), Florida Statutes, and Florida Administrative Code, Chapter 64B9-14.
- s) The SCHOOL BOARD will ensure or provide Basic School Health Services to all students in all public schools in county in accordance with s. 381.0056, Florida Statutes. At a minimum, provide the following Basic School Health Services, unless the student has a parent or guardian opt-out form or other written exemption, is not able to be screened due to profound disability, or is currently in treatment for the condition:
 - 1) Vision Screenings
 - 2) Hearing Screenings
 - 3) Scoliosis Screenings

- 4) Growth and Development Screenings
- 5) Refer all students who are outside the limits for a health screening and require a referral to the appropriate health care providers for further evaluation and treatment within forty-five (45) days of receiving the screening results. Document all referrals made in the student cumulative health record.
- 6) Confirm that all students referred to state contracted vision service providers have a signed parent or guardian consent form that includes permission for a Comprehensive Eye Exam, which may involve refraction and dilation.
- 7) Provide students who are pregnant with information on assistance, counseling, education, prenatal care, and the Healthy Start Program as needed.
- 8) Provide additional Basic School Health Services as specified in the current School Health Services Plan.

The DOH-CLAY and the SCHOOL BOARD further jointly agree:

- a) Confidentiality. The DOH-CLAY and SCHOOL BOARD shall comply with all applicable federal and state confidentiality laws, rules, regulations, and policies. The DOH-CLAY shall only be entitled to receive records and information from the SCHOOL BOARD which can be lawfully made available to DOH-CLAY, and the DOH-CLAY shall be held strictly accountable for the protection of such records and information consistent with both state and federal laws protecting the confidentiality of student records and other information which may be available through the SCHOOL BOARD and which is necessary for the DOH-CLAY to deliver the services required hereunder. For this Agreement, the DOH-CLAY staff must have access to paper and electronic records pertaining to or supporting the delivery of school health services to include but not necessarily be limited to the Cumulative Health Record of each student, names of students involved in Free and Reduced Lunch Program, and students enrolled in Medicaid.
- b) Independent Agents. No relationship of employer/employee, principal agent, or other association shall be created by this agreement between the parties or their directors, officers, agents, or employees. The parties agree that they will never act or represent that they are acting as an agent of the other or incur any obligations on the part of the other party.
- c) Insurance/Indemnification. Each party shall be responsible for the liabilities of their respective agents, servants, and employees. The SCHOOL BOARD and the DOH-CLAY are self-insured, and their agents, servants and employees are protected against tort claims as described in s. 768.28, Florida Statutes. Nothing herein is intended to serve as a waiver of sovereign immunity, nor shall anything herein be construed as consent by a state agency or political subdivision of the State of Florida to suit by third parties.
- d) Modification. This Agreement may be modified from time to time but only in writing and by mutual consent of the parties hereto.

- e) Disputes. In the event a dispute should arise between the parties as to the delivery of services under this Agreement, The SCHOOL BOARD hereby authorizes its Superintendent of Schools or designee to work with the Administrator/Health Officer of the DOH-CLAY to resolve any such disputes. If the Superintendent of Schools or designee and the Administrator/Health Officer are unable to resolve the dispute, the matter shall be referred to the SCHOOL BOARD, who may elect to terminate the agreement with appropriate notice to the DOH-CLAY, as provided below.
- f) Termination. This Agreement may be terminated, by either party, with or without cause, upon thirty (30) days' written notice to the other.
- g) The contact persons for each party are as follows:

For DOH-CLAY:

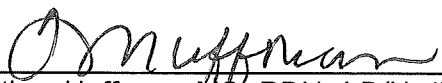
Jacqueline Copeland, BSN, RN, NCSN, CPH
 Senior Community Health Nursing Supervisor/School Health Coordinator
 Florida Department of Health in Clay County
 1845 Town Center Boulevard, Building 600
 Fleming Island, FL 32003
 (904) 529-2870

For SCHOOL BOARD:

Kristin Riebe, BAS, RN, LNC
 Coordinator of Nursing Services
 Clay County District Schools
 900 Walnut Street
 Green Cove Springs, FL 32054
 (904) 336-6884

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their officials thereunto duly authorized on the day and year indicated below.

**STATE OF FLORIDA, DEPARTMENT OF HEALTH
 CLAY COUNTY HEALTH DEPARTMENT**

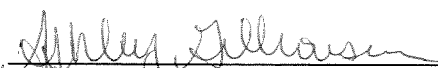


 Heather Huffman, MS, RDN, LD/N, IBCLC
 Administrator

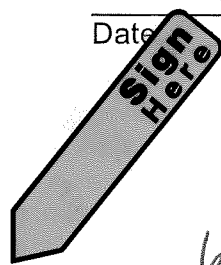
6/17/24

 Date

SCHOOL BOARD



 Ashley Gillhousen
 Board Chair



6-17-24

 Date

Exhibit I

EXAMPLE OF FALL SCHOOL HEALTH SERVICES PROGRAM REVIEW TOOL

School Health Services Program Review Fall 2023					
School:	Select One	Review Date:			
Principal:		School Type:	Select One	School Nurse(s):	
Reviewer:	Select One	Number of Students:		Records Secretary:	
Legend:	Accredited Central Delegation (ACD) Florida Administrative Code (F.A.C.) Individual Student Access Plan (ISAP) Registered Nurse (RN) School Health Services Plan (SHSP) School Health Services Manual (SHSM)	Child-Protective Regulation (CPR) Florida Statute (F.S.) Licensed Practical Nurse (LPN) School Health Administrative Resource Manual (SHARM) School Health Wellness Advisory Council (SHWAC) Unclassified Assistant Personnel (UAP)	County Health Department (CHD) Central Records Schedule (CRS) Memorandum of Agreement (MOA between DOH-Clay and CCDS) State of Work (SOW) from the SH Program Office State Requirements for Educational Facilities (SREF)		
I. ADMINISTRATIVE ISSUES					
Reference	Measure	Yes	No	Comments	
<u>1002.22, F.S.</u> <u>Ch. 54F-6.005(1)(e), F.A.C.</u> <u>GS7, Item # 120, p. 3</u> <u>SHARM, p. 48-50</u>	1. Daily Health Room Activity log (paper or can produce electronic copy) utilized with the student name, date, time in/out, reason for health room visit, health room staff on duty, disposition, etc. Paper health room log concealed to protect student confidentiality.				
<u>s. 381.0056(6)(c), F.S.</u> <u>SHARM, p.53</u> <u>SREF</u>	2. School has adequate physical facilities for health room (reception, office, storage, toilet room with hot and cold water if built after 1994, bed space, space for confidential consultation).				
<u>Emergency Guidelines for Schools 2019 Florida Edition</u> MOA School Nursing A Comprehensive Text (Third Edition) <u>SHARM, p. 12</u> SHSM SHWAC	3. Current copies of the School Nursing A Comprehensive Text (Third Edition), School Health Services Manual, School Health Administrative Resource Manual (Revised 2021), Emergency Guidelines for Schools (2019 Florida Edition), and the Managing Childhood Infectious Diseases in Child Care and Schools a Quick Reference Guide (5th Edition) kept in the health room (electronic or hard copy).				
<u>361.0056, F.S.</u> MOA <u>School Health Coding Manual</u> <u>SHARM, p. 51</u>	4. Monthly Reports submitted via email to Florida Department of Health in Clay County (DOH-Clay) by the 5th of the following month and evaluated throughout the school year. Schools that have an Exceptional Student Education (ESE) health room and a regular health room will submit one combined report via email to DOH-Clay.				
<u>54F-6.005, F.A.C.</u> SHSM	5. All health room visits should be documented on the approved CCDS electronic student database. The CCDS Health Room Student Visit Record available as a backup and for health room relief staff who do not have computer access.				
II. MEDICATION ADMINISTRATION					
<u>1006.052, F.S.</u> <u>5489-14.001, F.A.C.</u> MOA	6. Annual medication training and annual skills checklist completed and documented for all health room relief staff and/or Unclassified Assistive Personnel (UAPs) prior to administering prescribed medications.				
<u>1006.052(4), F.S.</u> <u>5489-14.002, F.A.C.</u> MOA <u>Nurse Practice Act</u> <u>The Role of the Registered Nurse in the Delegation of Care in Florida Schools</u>	7. Documentation of child-specific training (CST) for Unclassified Assistive Personnel (UAPs) completed by a Registered Nurse (RN) immediately, upon entry, or upon identified need. Identified need is defined as when the medication and/or IAMP is received.				
<u>1006.052, F.S.</u> <u>299.0121, F.S.</u> <u>SHARM, p. 21</u> SHSM	8. Medications (non-controlled/non-scheduled) in a locked container, if needing refrigeration, must be in locking storage container or locked refrigerator.				

Exhibit II

EXAMPLE OF FALL SCHOOL HEALTH SERVICES PROGRAM REVIEW TOOL (CONTINUED)

<p><u>1006.052, F.S.</u> <u>64.003 (19)(b) F.S.</u> <u>64B16-29.108, F.A.C.</u> <u>64F-5.005, F.A.C.</u> MOA <u>SHARM, p. 19</u> SHSM</p>	<p>9. Prescription medications in the original pharmacy-labeled container, unexpired. If the prescription label discard date states "see manufacturer's expiration date", follow the manufacturer's date. Sample medications labeled by the healthcare provider with the student's name, dosage, frequency of administration, and healthcare provider's name. This measure complies with 464, F.S. (Nurse Practice Act).</p>			
<p><u>SHARM, p. 20</u> SHSM</p>	<p>10. All over the counter (OTC) medications stored in the health room have healthcare provider's order, labeled with student's name, and unexpired.</p>			
<p><u>64F-5.005, F.A.C.</u> <u>1002.20(3)(b)(iii)(c), F.S.</u> <u>6A-6.0251, 6A-6.0252 and 6A-6.0253, F.A.C.</u> <u>House Bill 1537</u> MOA <u>SHARM, p. 22</u> SoW</p>	<p>11. One method of documenting medication administration. Medication Administration Record (MAR) developed by a RN. Per CCDS guidelines, MAR must be signed by an RN within 30 days. MAR and Parental Authorization for Administration of Medicine (PAAAM) filled out completely, medication signed off when given. A PAAAM must be completed for all self-carry medications.</p>			
<p><u>Drug Enforcement Agency</u> <u>School Nursing - A Comprehensive Text (2019), p. 301</u> <u>School Nursing Evidence-based Clinical Practice Guideline: Medication Administration in Schools (2021)</u> <u>SHARM, p. 21</u></p>	<p>12. Controlled or scheduled substances are additionally secured (double locked). The bare minimum standard would be in a locked container (lock box or locking bag) and then in a locked cabinet / drawer. Access to controlled and scheduled substances is restricted to specific school personnel. Controlled or scheduled substances counted upon receipt and once per week by 2 persons per CCDS guidelines. Best practice is one person be a licensed individual.</p>			
<p><u>NASN School Nursing Evidence-based Clinical Practice Guideline: Medication Administration in Schools</u> <u>SHARM, p. 21</u> SHSM</p>	<p>13. Medication treatment/variante form and procedures; notifies appropriate personnel per CCDS guidelines.</p>			
<p>SHSM</p>	<p>14. A daily list of students who receive medications must be available. At the minimum, the list should include the student's name, grade, time of medication administration, and name of medication.</p>			
<p><u>499.0121, F.S.</u> <u>64B16-29.108, F.A.C.</u> <u>SHARM, p. 21</u> SHSM</p>	<p>15. All discontinued and expired medications must be returned to the parent/guardian or disposed of per the School Health Services Manual. If expired or discontinued medication is present, it must be quarantined from usable medication.</p>			
<p><u>499.0121, F.S.</u> <u>SHARM, p. 21</u> SHSM</p>	<p>16. Refrigerator temperature log completed daily; refrigerator temperature range between 35°-45°F; if food items are present, must be for medical purposes only.</p>			
<p><u>1006.052, F.S.</u> <u>SHARM, p. 19</u> SHSM</p>	<p>17. Documentation of counting medication (initial and refile) when received.</p>			

Exhibit III

EXAMPLE OF FALL SCHOOL HEALTH SERVICES PROGRAM REVIEW TOOL (CONTINUED)

<p>381.867, F.S. 1002.20, F.S.</p>	<p>18. Naloxone training and Naloxone skills competency checklist completed annually by nursing staff and UAPs.</p>			
<p>1006.0626, F.S.</p>	<p>19. Seizure training completed and documented for nursing staff, UAPs, and any employee who's regular duties include contact with a student who has an individualized seizure action plan (ISAP), which includes the recognition of symptoms and care of students with epilepsy and seizure disorders.</p>			
III. EMERGENCY POLICIES				
<p>54F-6.004, F.A.C. SHSM</p>	<p>20. Medical Emergency Plan with names/phone number of persons certified in First Aid, CPR, and AED use posted in health room and throughout school.</p>			
<p>54F-6.004, F.A.C. MOA SHARM, p. 27</p>	<p>21. Copies of current First Aid/CPR certification of all back-up and health room staff available in the health room.</p>			
<p>1006.165, F.S. 381.0056, F.S. 201.2915, F.S. 54F-6.004, F.A.C. 54J-1.023, F.A.C. SHARM, p. 27 SHSM</p>	<p>22. First aid kit, first aid supplies, AED and AED supplies are easily accessible, unexpired, and from current approved health room supplies list.</p>			
<p>SHSM</p>	<p>23. Quarterly check of AED performed; AED checklist faxed to Health Services on the second Monday of September and at the end of the school year.</p>			
IV. SCREENINGS				
Elementary Schools: Mandated health screening measures will be evaluated after 3/22/2024.				
<p>54F-6.003, F.A.C.</p>	<p>24. Health room staff screen students (KG - 5) that are new to Florida schools, ESE and teacher requests.</p>			
V. HEALTH CONDITIONS				
<p>SHARM, p. 26 SHSM SHSP</p>	<p>25. Medical Management Plans (MMPs) and/or physician procedure orders are available on all students with chronic health conditions. Parent/guardian signature available on all MMPs.</p>			
<p>1002.20(h)(1)(ii), F.S. 1006.0626, F.S. 381.0056, F.S. 54F-6.004, F.A.C. 54F-6.005, F.A.C. 5A-6.0251, 6A-6.0252, 6A.0253, F.A.C. NASN IHP Position Statement SHARM, p. 16, 24-26</p>	<p>26. Individual Health Care Plans (IHCP) and Emergency Action Plans (EAP) are in place for students with chronic health conditions.</p>			
VI. HEALTH ROOM PERSONNEL				
<p>1006.0624, F.S. 54B9-14, F.A.C. SHARM, p. 18</p>	<p>27. The school principal designates at least 2 health room relief staff (document the names).</p>			
<p>54F-6.005 F.A.C. SHSM</p>	<p>28. Substitute folder available with the following forms: CCOS Health Room Student Visit Record, Daily Health Room Activity Logs, MAR/PAAM, list of students receiving daily medications, medication/treatment variance forms, and a completed Substitute Health Room Worksheet.</p>			

Exhibit IV

EXAMPLE OF FALL SCHOOL HEALTH SERVICES PROGRAM REVIEW TOOL (CONTINUED)

VII. SCHOOL HEALTH RECORDS REVIEW				
1003.22, F.S. 1002.20(3)(b), F.S. 381.003(5), F.S. 54D-3.046, F.A.C. 54F-5.005(1)(a), F.A.C. SHARM, p. 32	29. Immunization compliance is met by proof of Florida Certification of Immunization (DH 680 or DH 681 Form). 680s/681s issued after 6/1/2022 must be electronically certified in FL SHOTS.			
1003.22, F.S. 1002.20(3)(a), F.S. 5A-6.024, F.A.C. Ch. 64F-6.035(1)(d), F.A.C. SHARM, p. 34 SHSM	30. Physical exam compliance is met by proof of a School Entry Health Exam (DH 3040), Sports Physical, or an out-of-state physical exam that meets acceptable criteria.			
1003.25, F.S. 54F-5.005, F.A.C. G97, Item # 159, p. 3 SHARM, p. 51	31. Screening documentation available (unless out-of-county or out-of-state transfer per CCDS guidelines).			
54F-5.004, F.A.C. SHARM, p. 26 and 49 SoW	32. Emergency information (written or electronic) available for each student by September 30th of each school year per CCDS guidelines.			
1005.0525, F.S. 1014.05, F.S.	33. Consent Form for Care available for each student.			
MOA (for compliance with 1003.22, F.S.)	34. All records personnel and health room personnel are registered with Florida SHOTS for access to DOH Form 680 (Document names of those who have access).			
MOA (for compliance with 1003.22, F.S.)	35. All records requested for virtual audits are sent via Google Drive to the Florida Department of Health in Clay County (DOH-Clay) within 10 business days.			
VIII. FEDERAL REGULATION				
Section 363 of the Public Health Services Act (42 U.S.C. 263a)	36. Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver available in the health room.			
BEST PRACTICES				
1.	Unbound Medicine	School nurse utilizes the Davis Drug Guide as evidenced by logging on.		
2.	Occupational Safety and Health Administration (OSHA)	Safety Data Sheets present or able to access.		
3.	Data-gathering purposes	MMPs/CPs/EAP and MAR/PAAM location in the health rooms		
OBSERVATIONS				
1.				
2.				
3.				
4.				
5.				

Revised 8/2023

Exhibit V

EXAMPLE OF SPRING SCHOOL HEALTH SERVICES PROGRAM REVIEW TOOL

School Health Services Program Review Spring 2024 - Mandated Health Screenings (Elementary Schools)					
School:	Select One	Review Date:			
Principal:		School Type:	Select One	School Nurse(s):	
Reviewer:	Select One	Number of Students:		Records Secretary:	
Legend:	Automated External Defibrillator (AED) Florida Administrative Code (F.A.C.) Individualized Service Action Plan (ISAP) Registered Nurse (RN) School Health Services Plan (SHSP) School Health Services Manual (SHSM)	Dental-Pulmonary Resuscitation (CPR) Florida Statute (F.S.) Licensed Practical Nurse (LPN) School Health Administrative Resource Manual (SHARM) School Health Wellness Advisory Council (SHWAC) Unlicensed Assistive Personnel (UAP)	County Health Department (CHD) General Records Schedule (GRS) Memorandum of Agreement (MOA between DOH-Clay and OCB&S) Scope of Work (SoW) from the SH Program (How) State Requirements for Educational Facilities (SREEF)		
SCREENINGS					
References	Measure	Yes	No	Comments	
CH 64F-6.003, F.A.C 381.0056, F.S. MOA	37. Mass health screening guidelines followed. District school nurse present during the screening.				
CH 64F-6.003, F.A.C 381.0056, F.S. MOA SHSP	38. Mass health screenings and all rescreenings completed by November 17, 2023.				
SHARM p. 18 MOA SHSP	39. Mass health screening results are sent to DOH-Clay using the Screening Results, Initial and Final Outcomes 2023-2024 Spreadsheet by December 1, 2023.				
MOA SoW SHSP	40. Student mass health screening results distributed to parents/guardians by December 20, 2023.				
MOA SHSP	41. School nurse forwards initial mass health screening outcomes to DOH-Clay by January 18, 2024.				
MOA SHSP	42. School nurse forwards final mass health screening outcomes to DOH-CLAY by March 22, 2024.				

OBSERVATIONS	
1.	
2.	
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6.	
7.	
8.	

EXAMPLE OF SCHOOL HEALTH SERVICES FOCUS VISIT TOOL

Health Room Focus Visit 2023-2024

School:
DOH-Clay SH RN:
Health Room Nurse:

Date: In: Out:
Records Secretary:
Health Room UAP:

Resources Available in Health Room:	Yes	No
1. School Health Services Manual (Current Edition)	<input type="checkbox"/>	<input type="checkbox"/>
2. Emergency Guidelines for Schools (2019 Edition)	<input type="checkbox"/>	<input type="checkbox"/>
3. School Nursing: A Comprehensive Text (3 rd Edition)	<input type="checkbox"/>	<input type="checkbox"/>
4. SH Administrative Resource Manual (Rev. 2021)	<input type="checkbox"/>	<input type="checkbox"/>
5. Managing Childhood Infectious Dz in Child Care & Schools a Quick Reference Guide (5 th Edition)	<input type="checkbox"/>	<input type="checkbox"/>
Documentation Available in Health Room:	Yes	No
1. Medication Training for UAP (Unlicensed Assistive Personnel) Staff	<input type="checkbox"/>	<input type="checkbox"/>
2. Skills Checklist for UAP Staff	<input type="checkbox"/>	<input type="checkbox"/>
3. Certifications/Trainings (ex. CPR/Narcan/Seizure)	<input type="checkbox"/>	<input type="checkbox"/>
4. Child Specific Training (CST)	<input type="checkbox"/>	<input type="checkbox"/>
Students with Chronic Health Conditions:	Yes	No
Have the following in Health Room		
1. Medical Management Plan (MMP)	<input type="checkbox"/>	<input type="checkbox"/>
2. Emergency Action Plan (EAP)	<input type="checkbox"/>	<input type="checkbox"/>
3. Individual Health Care Plan (IHCP)	<input type="checkbox"/>	<input type="checkbox"/>
4. Child Specific Training (CST)	<input type="checkbox"/>	<input type="checkbox"/>
5. Medication Administration Record (MAR)	<input type="checkbox"/>	<input type="checkbox"/>
6. Parental Authoriz'n for Admin. of Medicine (PAAM)	<input type="checkbox"/>	<input type="checkbox"/>
7. Consent to Treat (CTT)	<input type="checkbox"/>	<input type="checkbox"/>
Verification of Documentation:	Yes	No
1. MAR/PAAM	<input type="checkbox"/>	<input type="checkbox"/>
a. totally filled out (no blanks at top)	<input type="checkbox"/>	<input type="checkbox"/>
b. allergies listed	<input type="checkbox"/>	<input type="checkbox"/>
c. no pre/postdating	<input type="checkbox"/>	<input type="checkbox"/>
d. all required signatures present	<input type="checkbox"/>	<input type="checkbox"/>
2. Emergency Information present on random students (written or electronic)	<input type="checkbox"/>	<input type="checkbox"/>
3. CTT present on previously treated student (random)	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator:	Yes	No
1. Temperature log completed daily	<input type="checkbox"/>	<input type="checkbox"/>
2. Range stays between 34-45°F. If out of range, corrective actions noted	<input type="checkbox"/>	<input type="checkbox"/>
3. Food stored for medical purposes only	<input type="checkbox"/>	<input type="checkbox"/>

Monthly Reports:	Yes	No
1. Submitted by 5 th of month to DOH-Clay	<input type="checkbox"/>	<input type="checkbox"/>
2. Daily Health Room Activity Log (DHRAL)	<input type="checkbox"/>	<input type="checkbox"/>
Controlled Substances:	Yes	No
1. Double-locked	<input type="checkbox"/>	<input type="checkbox"/>
2. Restricted to specific school personnel	<input type="checkbox"/>	<input type="checkbox"/>
3. Counted by 2 personnel weekly	<input type="checkbox"/>	<input type="checkbox"/>
Best Practices:	Yes	No
1. Patient Treatment Record (PTR's) secured	<input type="checkbox"/>	<input type="checkbox"/>
2. Chemicals locked or out-of-reach of students	<input type="checkbox"/>	<input type="checkbox"/>
3. Safety Data Sheets (SDS/MSDS) present or knows how to access	<input type="checkbox"/>	<input type="checkbox"/>
4. Access to Davis Drug Handbook	<input type="checkbox"/>	<input type="checkbox"/>
5. Poison Control Sticker / knows how to access	<input type="checkbox"/>	<input type="checkbox"/>
Observations (Back to Basics):	Yes	No
1. Handwashing/sanitizing between students	<input type="checkbox"/>	<input type="checkbox"/>
2. Sanitizing beds between students	<input type="checkbox"/>	<input type="checkbox"/>
3. Medication Rights (8) being completed with each student	<input type="checkbox"/>	<input type="checkbox"/>
4. Asking student allergies prior to treatment	<input type="checkbox"/>	<input type="checkbox"/>
5. MAR being used & documenting in real time	<input type="checkbox"/>	<input type="checkbox"/>
6. No prior medication preparation noted	<input type="checkbox"/>	<input type="checkbox"/>
PIPs Follow-up:	Yes	No
1. Pending PIP's Completed	<input type="checkbox"/>	<input type="checkbox"/>
Comments / Questions:		

Please Note: Minimum of 3 Sections will be reviewed at each visit.

NOTES:

EXAMPLE OF SCHOOL HEALTH SERVICES FOCUS VISIT TOOL (CONTINTUED)

Health Room Focus Visit 2023-2024 References

Resources Available in Health Room:
♦ SHARM (School Health Administrative Resource Manual)
♦ School Health Guidelines and Reports
♦ School Health Wellness Advisory Council Meeting Recommendation from 4/7/2021
♦ MOA
Documentation Available in Health Room:
♦ 1006.062 (4), F.S.
♦ 64B9-14.001, F.A.C.
♦ MOA
♦ Role of RN and Delegation of Care
Students with Chronic Health Conditions: Have the following in Health Room
♦ 1006.062, F.S.
♦ 1006.0626, F.S.
♦ 1002.20(h)(i)(j), F.S.
♦ 381.0056, F.S.
♦ 64F-6.004, F.A.C.
♦ 64F-6.005, F.A.C.
♦ 6A-06.0251, 6A-8.60252, 6A-8.0253, F.A.C.
♦ NASN
♦ SHARM
Verification of Documentation:
♦ 1014.06, F.S.
♦ 64F-6.004, F.A.C.
♦ SHARM
♦ CCDS
Refrigerator:
♦ Joint Commission
♦ 499.0121, F.S.

Monthly Reports:
♦ 381.0056, F.S. / 1002.22, F.S.
♦ 64F-6.005(1)(e), F.A.C.
♦ SHARM
♦ MOA
♦ SH Coding Manual
Controlled Substances:
♦ DEA (Drug Enforcement Administration)
♦ SHARM, pg 21
♦ NASN
♦ School Nursing-A Comprehensive Text, 2019, pg 901
Best Practices:
♦ PTR's: 1002.22, 1003.22, 228.093 F.S.
64F-6.005, F.A.C.
FERPA/HIPPA
HHS Privacy Act
Lippincott "Manual of Nursing Practice" 10 th Edition, 2014, Legal Aspects of Professional Nursing Practice, pg 15
♦ Chemicals: EPA
AAP "Managing Infectious Diseases" 5 th Edition, 2020, pg 27
♦ Safety Data Sheets (SDS/MSDS): OSHA / OSHA
♦ Drug Book Access
♦ Poison Control Center
Observations (Back to Basics):
♦ Handwashing: CDC ; NIH / NIH
♦ Sanitizing Environmental Services: Infection Prevention In Schools
♦ Medication Rights: NIH-NLM
♦ Allergies: Lippincott "Manual of Nursing Practice" 10 th Edition, 2014, Legal Aspects of Professional Nursing Practice, pg 1386, 1387
♦ MAR: School Nursing Evidenced Based Clinical Practice Guideline Medication Administration In Schools, pg 18, 83
♦ Medication Preparation: School Nursing-A Comprehensive Text, 2019, pg 901

Legend:

Florida Statue (F.S.); Florida Administrative Code (F.A.C.); National Institute of Health (NIH); Registered Nurse (RN); Clay County District Schools (CCDS); National Institute of Health (NIH); School Health (SH); Health Insurance Portability & Accountability Act of 1996 (HIPAA); Family Educational Rights & Privacy Act (FERPA); Memorandum of Agreement (MOA between DCH-Clay & CCDS); Department of Health (DOH); National Association of School Nurses (NASN); Department of Health & Human Services (HHS); Centers for Disease Control & Prevention (CDC); Scope of Work (SoW from the SH Program Office); National Institute of Health – Library of Medicine (NIH-NLM); Occupational Safety & Health Administration (OSHA); School Health Administrative Resource Manual (SHARM); School Health Wellness Advisory Council (SHWAC); Environmental Protection Agency (EPA); Medication Administration Record (MAR)

Exhibit VIII

EXAMPLE OF MASS SCREENING ASSISTANCE REQUEST TRACKER

Mass Health Screening Assistance Request Tracker 2024-2026 SY (Due on 9/6/2024)									
School	Screening Information			Requesting screening assistance from DOH-Clay <small>(DOH-Clay will assist for one screening date. Assistance is typically requested to conduct 1st grade screenings)</small>			Type of Assistance Requested (Enter Yes or No)		
	Date(s)	Start Time	End Time	Enter Yes or No	Specify the Screening Date DOH-Clay will assist on	Screening Time(s) <small>(Specify a time range, for example, 9:30-10:30)</small>	Volunteer Training	Managing Screening Station <small>(Create the station, Manage/Student)</small>	Managing Student Flow
Example Elementary	10/9/2024 10/10/2024	8:30AM	2:00PM	Yes	10/10/2024	9AM-10PM	Yes	Yes - Staff only	No
AES									
CEB									
CCA									
CHE									
CGE									
DOE									
DIS									
FIE									
GPE									
KHE									
LAE									
LES									
MRE									
MSE									
MCE									
OVE									
OPE									
PES									
PCE									
ROE									
RVE									
SBJ									
SLE									
SPS									
SJCA - FI									
SJCA - OP									
SPC									
TBE									
TES									
WEC									
WES									

Please email the completed tracker to DOH-Clay's School Health Coordinator by September 6, 2024. DOH-Clay will assist with screenings between September 16, 2024 to October 11, 2024, as available.

MASS HEALTH SCREENING RESULTS SPREADSHEET

MASS HEALTH SCREENING RESULTS 2024-2025
(Due: 12/2/2024)

Student Membership/Enrollment*

School Name:							
KG		1st		3rd		5th	

* Obtain the student membership/enrollment numbers from the CCDS electronic database.

Instructions: Enter information **only in the yellow boxes**.

Please do not leave any box unfilled. Enter zero ("0") if you have no number to report.

2023-2024 VISION SCREENING REPORT (0510)								
Grade	Total Students	No Referral	Referrals (#Res)	Rescreens	Opted-Out	Unable to Screen	FTTY	Total Tests (#Srv)
					(0610)			
KG							0	0
1st							0	0
3rd							0	0
5th							0	0

Total Students = No Referral + Referrals + Opted-Out + Unable Screen

If a "Grade" box turns red after entering screening results, please recheck the numbers and ensure that the formula listed above is followed.

2023-2024 HEARING SCREENING REPORT (0515)								
Grade	Total Students	No Referral	Referrals (#Res)	Rescreens	Opted-Out	Unable to Screen	FTTY	Total Tests (#Srv)
					(0615)			
KG							0	0
1st							0	0
3rd (optional)							0	0
5th							0	0

Total Students = No Referral + Referrals + Opted-Out + Unable Screen

If a "Grade" box turns red after entering screening results, please recheck the numbers and ensure that the formula listed above is followed.

2023-2024 SODIUM SCREENING REPORT (0561)								
Grade	Total Students	No Referral	Referrals (#Res)	Rescreens	Opted-Out	Unable to Screen	FTTY	Total Tests (#Srv)
					(0661)			
5th							0	0

Total Students = No Referral + Referrals + Opted-Out + Unable Screen

If a "Grade" box turns red after entering screening results, please recheck the numbers and ensure that the formula listed above is followed.

2023-2024 GROWTH AND DEVELOPMENT (BMI) SCREENING REPORT (0520)								
Grade	Total Students	Underweight (0522)	Healthy Weight (0521)	Overweight (0523)	Obese (0524)	Opted-Out	Unable to Screen	FTTY (0520 / #Srv)
		(0621)						
1st								0
3rd								0
5th								0

Total Students = Underweight + Healthy Weight + Overweight + Obese + Opted-Out + Unable Screen

If a "Grade" box turns red after entering screening results, please recheck the numbers and ensure that the formula listed above is followed.

Definitions and Reminders	
Total Students	No Referral + Referrals + Opted-Out + Unable Screen
FTTY	Underweight + Healthy Weight + Overweight + Obese + Opted-Out + Unable Screen
Referrals for Growth & Development (BMI)	Students screened minus opt-out and unable to screen
Outcomes (OC)	Underweight and Obese
Non-Outcomes (NOC)	Student receives appropriate follow-up, evaluation, and correction for the screening they were referred
Rescreens and Referrals	Student has an upcoming scheduled appointment with a healthcare provider
	Parents/guardian non-response to follow-up attempts to a screening referral
	Parents/guardian refusal to obtain a comprehensive examination or treatment for their child
	Student withdrawn from school
	The number of rescreens must be ≥ the number of referrals

INITIAL SCREENING OUTCOMES SPREADSHEET

Initial Screening Outcomes 2024-2025
(Due: 1/20/2025)

School	
Instructions:	Enter the student name, ID, and grade on the list below in the applicable screening group if a student was sent a referral letter <u>and</u> the parent/guardian did not respond to it. Forward this list to DOH-Clay on or before the due date. DOH-Clay will generate screening referral follow-up letters, which will be sent back electronically to the school nurse/health room designee for distribution to parents/guardians.

School		Student ID	Grade	Notes
V I S I O N	Student Last Name, First Name			
H E A R I N G				
S C O L L O S I S				

INITIAL SCREENING OUTCOMES SPREADSHEET (CONTINUED)

	Student Last Name, First Name	Student ID	Grade	Notes
B M I				
O B E S E				
B M I				
U N D E R W E I G H T				

Revised 3/2022

Revised 3/2024

Initial Screening Outcomes 2024-2025

FINAL SCREENING OUTCOMES SPREADSHEET

Final Screening Outcomes 2024-2025
(Due: 3/14/2025)

Outcomes (OC)	Student receives appropriate follow-up, evaluation, and correction for the screening they were referred. Student has an upcoming scheduled appointment with a healthcare provider.
Non-outcomes (OC)	Parents/guardian non-response to follow-up attempts to a screening referral. Parents/guardian refusal to obtain a comprehensive examination or treatment for their child. Student withdrawn from school.

School Name: _____

Instructions: Enter final screening outcomes information in appropriate boxes with the blue border. The boxes with the blue borders will turn orange when the Number of Vision, Hearing, Scoliosis, BMI-Obese, and BMI-Underweight Referrals boxes become populated. The boxes will turn white when the number of referrals equal the number of outcomes and non-outcomes. Please do not leave any box unfilled. Enter zero ("0") if you have no number to report. Submit this report to your assigned DOH-Clay Public Health Nurse on or before the due date.

VISION SCREENING			
Grade	Number of Vision Referrals (From the Mass Health Screening Breakdown)	Final Outcomes	
		Vision Outcomes (0510)	Vision Non-Outcomes (9510)
KG	0		
1st	0		
3rd	0		
6th	0		

Number of Vision Referrals = Vision Outcomes + Vision Non-Outcomes

HEARING SCREENING			
Grade	Number of Hearing Referrals (From the Mass Health Screening Breakdown)	Final Outcomes	
		Hearing Outcomes (0515)	Hearing Non-Outcomes (9515)
KG	0		
1st	0		
3rd (optional)	0		
6th	0		

Number of Hearing Referrals = Hearing Outcomes + Hearing Non-Outcomes

SCOLIOSIS SCREENING			
Grade	Number of Scoliosis Referrals (From the Mass Health Screening Breakdown)	Final Outcomes	
		Scoliosis Outcomes (0561)	Scoliosis Non-Outcomes (9561)
6th	0		

Number of Scoliosis Referrals = Scoliosis Outcomes + Scoliosis Non-Outcomes

OBESE (GROWTH AND DEVELOPMENT / BMI) SCREENING			
Grade	BMI - Obese (From the Mass Health Screening Breakdown)	Final Outcomes	
		BMI Obese Outcomes (0524)	BMI Obese Non-Outcomes (9524)
1st	0		
3rd	0		
6th	0		

Number of BMI Obese = BMI Obese Outcomes + BMI Obese Non-Outcomes

UNDERWEIGHT (GROWTH AND DEVELOPMENT / BMI) SCREENING			
Grade	BMI - Underweight (From the Mass Health Screening Breakdown)	Final Outcomes	
		BMI Underweight Outcomes (0522)	BMI Underweight Non-Outcomes (9522)
1st	0		
3rd	0		
6th	0		

Number of BMI Underweight = BMI Underweight Outcomes + BMI Underweight Non-Outcomes

Exhibit XIII RECOMMENDED EVIDENCE-BASED PRACTICE RESOURCES FOR THE SCHOOL HEALTH SERVICES PROGRAM

Title27	Author	Edition	Sources	Cost
Lippincott Manual of Nursing Practice	Sandra M. Nettina, MSN, ANP-BC	11 th Edition	Amazon.com Barnesandnoble.com	\$101.02 \$115.99
School Nurse Resource Manual: Evidence Based Guide to Practice	Vicki Taliatferro, BSN, RN, NCSN Cheryl Resha, EdD, MSN, RN, FNASN	10 th Edition	Barnesandnoble.com Schoolnurse.com	\$97.00 \$47.00 (thumb drive) \$89.00
Wong's Essentials of Pediatric Nursing	Marilyn Hockenberry, PhD, RN, PPCNPBC, FAAC Cheryl Rodgers, PhD, RN, CPNP, CPON, David Wilson, MS, RNC-NIC	11 th Edition	Amazon.com	\$100.57
Managing Infections Diseases in Child Care and Schools: A Quick Reference Guide (By AAP)	Timothy R. Shope, MD, MPH, FAAP Andrew N. Hashikawa, MD, MS, FAAP,	6 th Edition	Amazon.com Schoolhealth.com	\$62.95 \$71.99
Managing Chronic Health Needs in Child Care and Schools: A Quick Reference Guide (By AAP)	Elaine A. Donoghue, MD, FAAP, Colleen A. Kraft, MD, MBA, FAAP	2 nd Edition	Amazon.com Schoolnursesupply.com Barnesandnoble.com	\$62.95 \$72.00 \$62.95
Advanced Pediatric Assessment	Ellen M. Chiocca, PhD, CPNP, RNC-NIC	3 rd Edition	Amazon.com Springerpub.com Barnesandnoble.com	\$69.59 \$116.00 \$132.00
School Nursing Scope and Standards of Practice	American Nurses Association and National Association of School Nurses	4 th Edition	Amazon.com Barnesandnoble.com	\$26.99 \$27.49 ebook

Rvsd 3.2024

