



2010 - 2012 School Health Services Plan

Due by December 15, 2010

E-mail Plan as an Attachment to:

To: HSF_SH_Feedback@doh.state.fl.us

Cc: [Your County's School Health Services Program Liaison](http://www.doh.state.fl.us/Family/School/attachments/Lists/LiaisonList.pdf)
<http://www.doh.state.fl.us/Family/School/attachments/Lists/LiaisonList.pdf>

Contact Person

Below please indicate a contact person who was involved in the preparation of this plan and can answer questions if they arise.

Name: Maria LaRocca

Credentials: RN, BSN

Position: School Health Supervisor

Agency: Clay County Health Department

Mailing Address: PO Box 578

City: Green Cove Springs

County: Clay

State: FL

Zip Code: 32043

Phone/s: 904-529-2869

Email: maria_larocca@doh.state.fl.us

Fax: 904-529-2802

SUMMARY - SCHOOL HEALTH SERVICES PLAN 2010-12

Statutory Reference. Section 381.0056, F.S. requires each county health department 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. Chapter 64F—6.002, F.A.C requires the plan to be completed biennially.

Reason for Change. In 2008, a workgroup of CHD directors, including some members of the Florida Association of County Health Officers (FACHO), met by conference call to discuss school health issues. The workgroup was formed to address questions about the means to streamline operations while continuing to provide effective and efficient service delivery that meets the current and future preventive health needs of school children. The workgroup recommended that the School Health Services Plan template be reviewed and revised to clearly identify the minimum statutory requirements for the provision of school health services and responsible agencies.

Summary of Changes. The attached document represents a major revision of the plan to be implemented in 2010-12. It changes the format to clearly identify each of the statutory requirements that relate to mandated student health services (both DOH and DOE) by program area. The current version of the plan (2008-10) has undergone only minor corrections over the years, has been in place for at least 15 years, and is arranged by broad categories that contain various loosely related requirements. The format revisions were reviewed by FACHO workgroup members and school district counterparts and their input was incorporated into this document. DOH administration, DOH and DOE legal reviewed and approved the revisions.

The Plan format is arranged in 3 parts relating to the services provided and funding streams, as follows:

- **Part I: All public schools** – this section contains each of the Florida statutes (DOH and DOE) that relate to the mandated basic health services for students in all public schools.
- **Part II: Supplemental Health Services for Comprehensive Schools** – 46 counties receive state funding for comprehensive programs that provide enhanced services to high risk children. These services are in addition to the services identified in Part I.
- **Part III: Health Services for Full Service Schools (FSS)** – all counties receive funding for FSS serving high-risk students with limited access to services. These services are in addition to the basic services identified in Part I.

The Plan contains 4 columns, as follows:

- **Column 1 – Statutory Requirements.** This column is in order by statute and establishes the primary requirements and mandates.
- **Column 2 – Program Standards.** This column provides the standards that are related to the statutory requirements. Where rules are not available, standards are based on other guidelines (such the Florida School Health Administrative Guidelines (2007), current School Health Services Plan, or standard practice).
- **Column 3 – Local Agency(s) Responsible.** The local agencies (CHD, LEA, and SHAC) determine the responsibilities for providing the services described in each statutory requirement and program standard when the Plan is developed. These responsibilities will depend upon the county service/staffing model, funding sources, community partners, and collaboration.
- **Column 4 – Local Implementation Strategy & Activities.** The local agencies will define the activities and services provided to meet each statutory requirement and program standard identified.

2010 - 2012 School Health Services Plan Signature Page

My signature below indicates that I have reviewed and approved the 2010 - 2012 School Health Services Plan and it's local implementation strategies, activities, and designations of local agency responsibility as herein described:

Position	Name and Signature	Date
County Health Department Administrator / Director	Nancy Mills	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
County Health Department Nursing Director	Mary Jane McRae	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
County Health Department School Health Coordinator	Maria LaRocca	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Board Chair Person	Frank Farrell	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School District Superintendent	Ben Wortham	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School District School Health Coordinator	Donna Wethington	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Health Advisory Committee Chair Person	Mary Ann Steinberg	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Health Services Public / Private Partner	Tara Hackney, DDS	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>

DIRECTIONS**Please read these directions completely before entering information into the 2010 - 2012 School Health Services Plan Format.**

The 2010 - 2012 School Health Services Plan format is in a Microsoft Excel file. The cells where you enter information are "unlocked" and allow you to type information into them. Other cells are "locked" to prevent inadvertent changes to the Excel workbook/worksheet structure. Not overriding this security mechanism guarantees that worksheet cells remain in the correct location with intact links to the correct cells in the database worksheet. Your column in the database worksheet is pasted directly into a statewide school health plan database, so please do not add or delete any rows, columns or cells or alter the plan format in any way. If you have information that does not fit in the space provided in the plan format, please provide the extra information in a separate attachment to your plan.

- Do not work in the 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 another county.
- This Excel workbook has the following Worksheets: (1) FORMAT (formatted landscape) and (2) DATABASE (do not alter, not intended for printing)
- Before you start entering information in the plan FORMAT worksheet, put your county's name in the header by doing the following: go to your Windows menu at the top of the page, choose File, then Page Setup, then Header - Footer, and then Custom Header. In the right hand panel of the Custom Header screen, replace the underline to the left of the word "County" with your county's name and click O.K. This will ensure that your printed report pages are properly identified and do not get confused with those of other counties.
- So that you may view the column headers at all times while working on individual standards, place your cursor in the left hand
- To enter data in the FORMAT worksheet, click in the cell where you need to enter information, type the information, press Tab to move from one answer space to the next.
- Save often, just in case.
- If you have any programmatic questions regarding the plan, please contact your state school health program liaison for assistance (<http://www.doh.state.fl.us/Family/School/attachments/Lists/LiaisonList.pdf>). If you have an Excel related question not answered by these instructions, please contact Leslie Wurster at (850) 245-4444, Ext. 2936 (email: Leslie_Wurster@doh.state.fl.us).
- Prior to submitting the 2010 - 2012 School Health Services Plan, ensure that the designated parties sign a printout of the Signature Page. If you need signature spaces for additional school health partners, utilize a second printout of the signature page. Scan the signed signature page(s) and submit electronically with the completed plan format.
- Submit the 2010 - 2012 School Health Services Plan electronically (completed Excel file) by December 15, 2010 to the School Health mailbox at HSF_SH_Feedback@doh.state.fl.us and copy your county's state school health program office liaison.

Part	Statutory Requirements <i>(Legislative mandates that establish School Health Program requirements)</i>	Program Standards <i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i>	Local Agency(s) Responsible <i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i>	Local Implementation Strategy & Activities <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>
PART I: PREVENTIVE HEALTH SERVICES FOR ALL PUBLIC SCHOOLS				
I.	1. s. 381.001(2), F.S. It is the intent of the Legislature that the department, in carrying out the mission of public health, shall provide preventive and primary health care, including but not limited to, school health.	Each county health department (CHD) uses the annual schedule C funding allocation (General Appropriations Act) to provide school health services pursuant to the <i>School Health Services Act</i> .	CHD	Schedule C Funds- SCHSP, SCFLT, SCBST
I.	2. s. 381.0056(4), F.S. The Department of Health (DOH), in cooperation with the Department of Education (DOE), shall supervise the administration of the school health services program and perform periodic program reviews.	The CHD and local education agency (LEA) each designate one person to be responsible for the coordination of planning, development, implementation and evaluation of the local school health program. Those two individuals should collaborate throughout the school year to assure program compliance and to plan and assess the delivery of program services. (Ch. 64F-6.002(2)(i), F.A.C.)	CHD, LSD	CHD- Maria LaRocca, RN, BSN; LSD- Donna Wethington, MEd. BS, CAP
I.	3. s. 381.0056(5)(a), F.S. Each county health department (CHD) shall develop, jointly with the district school board (a.k.a. local educational agency or LEA) and the local school health advisory committee (SHAC), a school health services plan.	a. Complete the school health services plan biennially and approved and signed by the superintendent of schools, school board chairperson, CHD medical director or administrator. (Ch. 64F-6.002(3), F.A.C.)	CHD, LSD, SHAC	Plan reviewed and updated biennially and approved by SHAC and signed by appropriate individuals.

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		b. Review the school health services plan each year for the purpose of updating the plan. Amendments shall be signed by the school district superintendent and the CHD medical director or administrator. (Ch. 64F-6.002(3)(a), FAC)	CHD, LSD, SHAC	<i>Plan reviewed and updated yearly, revisions to policies and procedures implemented and approved by appropriate individuals.</i>
		c. Establish procedures for health services reporting in Health Management System (HMS) and the annual report, to include services provided by all partners. (Ch. 64F-6.002(2)(g), FAC)	CHD, LSD	<i>Data submitted by CHD, LSD and inputted into HMS by agreed upon time frame.</i>
I.	4. s. 381.0056(5)(a)(1), F.S. Health appraisal	a. Determine the health status of students.	LSD	<i>Records reviewed for health needs, Daily health needs of students assessed by school health room personnel.</i>
		b. Develop individualized health care plans (IHCP) for day-to-day or emergency care of chronic or acute health conditions.	CHD, LSD	<i>IHCP created by LSD RNs and by CHD RNs in those schools without a LSD RN.</i>
I.	5. s. 381.0056(5)(a)(2), F.S. Records review	a. Perform initial school entry review of student health records, to include school entry physical, immunization status (DH 680), cumulative health record, emergency information, etc. (Ch. 64F-6.005(1), FAC)	LSD	<i>Student health records are reviewed by LSD personnel (i.e. administration, registrars and/or nurse) for initial school entry requirements.</i>
		b. Perform annual review of each student's emergency information and medical status. An emergency information card for each student shall be updated each year. (CH. 64F-6.004(1)(a), FAC)	LSD	<i>LSD designee (school nurse) will perform an annual review of each student's emergency information and medical status. Emergency information is updated yearly by parent.</i>

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I.	6. s. 381.0056(5)(a)(3), F.S. Nurse assessment	Perform school entry and periodic assessment of student's health needs. (Ch. 64F-6.001(6), FAC)	LSD	Records reviewed for health needs by registrar, health room personnel. Periodic health needs assessed by LSD health room personnel through MMP, students' daily visits and parental input.
I.	7. s. 381.0056(5)(a)(4), F.S. Nutrition assessment	Identify students with nutrition related problems (Florida School Health Administrative Guidelines. (2007), Ch. 11)	LSD	Parental input and records reviewed for peanut and/or food allergies, food related health needs (diabetes, celiac disease, CF, etc.) Height, Weight and BMI noted on applicable students during mass health screenings.
I.	8. s. 381.0056(5)(a)(5), F.S. Preventive dental program	a. Provide preventive dental services.	Baker Clay Dental Clinic, CHD	Referral source for dental services for children on Medicaid or KidCare.
		b. Coordinate and link students to community dental services.	LSD	Paperwork for dental clinic and dental bus sent home via LSD.
I.	9. s. 381.0056(5)(a)(6), F.S. Vision Screening	a. Provide vision screening in gr. K, 1, 3 & 6 (minimum) and new students K-5. (Ch. 64F-6.003(1), FAC)	LSD	Vision screening coordinated by individual schools. Solicit potential volunteers from community agencies (i.e. Mercy Network, Seniors on a Mission, Lions Club, etc.).
		b. Track screening results and referrals.	CHD, LSD	Screening data entered into SHIP, results, referral letters and failure lists created and shared with parents, LSD teachers and health room personnel. Results followed up by LSD, CHD.
		c. Ensure all vision screening services are coded into HMS, to include FTTYs (First Time This Year), outcomes, and incomplete referrals.	CHD	Vision Screening results coded into HMS.
I.	10. s. 381.0056(5)(a)(7), F.S. Hearing Screening	a. Provide hearing screening in gr. K, 1, & 6, optional 3 (minimum) and new students K-5. (Ch. 64F-6.003(2), FAC)	LSD	Hearing screening coordinated by individual schools. Solicit potential volunteers from community agencies (i.e. Mercy Network, Seniors on a Mission, Lions Club, etc.).
		b. Track screening results and referrals.	CHD, LSD	Screening data entered into SHIP, results, referral letters and failure lists created and shared with parents, LSD health room personnel. Results followed up by LSD, CHD.

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		c. Ensure all hearing screening services are coded into HMS, to include FTTYs, outcomes, and incomplete referrals.	CHD	Hearing Screening results coded into HMS.
I.	11. s. 381.0056(5)(a)(8), F.S. Scoliosis Screening	a. Provide scoliosis screening in gr. 6 (minimum). (Ch. 64F-6.003(4), FAC)	LSD	Scoliosis screening coordinated by individual schools.
		b. Track screening results and referrals.	CHD, LSD	Screening data entered into SHIP, results, referral letters and failure lists created and shared with parents, LSD health room personnel. Results followed up by LSD, CHD.
		c. Ensure all scoliosis screening services are coded into HMS, to include FTTYs, outcomes, and incomplete referrals.	CHD	Scoliosis Screening results coded into HMS.
I.	12. s. 381.0056(5)(a)(9), F.S. Growth & Development (G&D) Screening	a. Provide G&D screening, using Body Mass Index (BMI), in gr. 1, 3, 6, optional 9 (minimum). (Ch. 64F-6.003(3), FAC)	LSD	Growth and Development screening coordinated by individual schools. Solicit potential volunteers from community agencies (i.e. Mercy Network, Seniors on a Mission, Lions Club, etc.).
		b. Track screening results and referrals.	CHD, LSD	Screening data entered into SHIP, results, referral letters and failure lists created and shared with parents, LSD PE teachers and health room personnel. Results followed up by LSD, CHD.
		c. Ensure all G&D screening services are coded into HMS, to include FTTYs, outcomes, and incomplete referrals.	CHD	Growth and Development, BMI Screening results coded into HMS.
I.	13. s. 381.0056(5)(a)(10), F.S. Health counseling	a. Provide health counseling as appropriate.	LSD, CHD	Health counseling provided by health room personnel as appropriate. Health counseling by CHD School Health Team, Epidemiology Dept. when requested.
		b. Document health counseling in the student health record.	LSD	Documentation by health room personnel in TERMS or in Student Health Room Visit Record.

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I.	14. s. 381.0056(5)(a)(11), F.S. Referral and follow-up of suspected and confirmed health problems	a. Provide referral and follow-up of abnormal health screenings, emergency health issues, and acute or chronic health problems.	LSD, CHD	First screening failure notice sent by CHD, Second failure letter sent by LSD, Third failure contact by CHD. Parents notified of acute and/or emergency health issues by LSD. Care planning meetings for chronic health problems attended by LSD, CHD.
		b. Coordinate and link to community health resources.	LSD, CHD	Families assisted with local community resources via LSD social workers and school nurses.
		c. Require child abuse reporting. (s. 1006.061, F.S.)	LSD, CHD	CHD, LSD mandatory reporters.
I.	15. s. 381.0056(5)(a)(12), F.S. Meeting emergency health needs in each school	a. Ensure written health emergency policies and protocols are maintained and include minimum provisions. (Ch. 64F-6.004(1), FAC)	LSD, CHD	Health Room policies and procedures updated yearly by CHD and LSD. Medical Emergency Plan created yearly by each school and posted at specific locations on each campus.
		b. Ensure health room staff and 2 staff in each school are currently certified in cardiopulmonary resuscitation (CPR) and first aid and a list posted in key locations. (Ch. 64F-6.004(2&3), FAC)	LSD	Medical Emergency Plan created yearly by each school and posted at specific locations on each campus.
		c. Assist in the planning and training of staff responsible for emergency situations. (Ch. 64F-6.004(4), FAC)	LSD	First Aid and CPR training is provided annually by LSD for health room personnel. LSD has a pool of First Aid and CPR trainers available to train school personnel.
		d. The school nurse shall monitor adequacy and expiration of first aid supplies, emergency equipment and facilities. (Ch. 64F-6.004(5), FAC)	LSD, CHD	LSD health room personnel maintain first aid bags with adequate supplies. CHD performs biannual QI visits assessing for expiration dates of student emergency meds and locations of AEDs.
		e. The school principal (or designee) shall assure first aid supplies, emergency equipment, and facilities are maintained. (Ch. 64F-6.004(6), FAC)	LSD	LSD health room personnel maintain first aid bags with adequate supplies.

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		f. Document all injuries or illnesses requiring emergency treatment & report to the principal. (Ch. 64F-6.004(7), FAC)	LSD	Injuries and illness documented in TERMS or in Student Health Room Visit Record by health room personnel. Principal notification and accident reporting done by LSD when indicated.
		g. It is the responsibility of each school that is a member of the Florida High School Athletic Association to: (1) have an operational automatic external defibrillator (AED), and (2) ensure employees expected to use the AED obtain appropriate training. (s. 1006.165, F.S.)	LSD	A minimum of 2 AEDs are located in each Jr. and Sr. High School, one is located in the athletic department and the other is located in the health room. Employees are offered training on AEDs annually. Individual school AED Maintenance Logs maintained by Department of Student Services.
I.	16. s. 381.0056(5)(a)(13), F.S. Assist in health education curriculum	Collaborate with schools, health staff and others in health education curriculum development.	LSD, CHD	CHD and LSD work collaboratively through Student Services to review and recommend health curriculum.
I.	17. s. 381.0056(5)(a)(14), F.S. Refer student to appropriate health treatment	a. Use community or other available referral resources.	LSD, CHD	Students and families referred as needed.
		b. Assist in locating referral sources for Medicaid or underinsured students (such as VisionQuest and community resources).	LSD, CHD	LSD Social workers and CHD provides yearly updated list of available community resources.
I.	18. s. 381.0056(5)(a)(15), F.S. Consult with parents or guardian regarding student's health issues	Provide consultation with parents, students, staff and physicians regarding student health issues. (Ch. 64F-6.001(1), FAC)	LSD, CHD	Forms available in School Health Services Manual for communication of health needs between physician (MMP), parent and school staff. Care Planning meetings held as needed.
I.	19. s. 381.0056(5)(a)(16), F.S. Maintain health-related student records	a. Maintain a cumulative health record for each student that includes required information. (Ch. 64F-6.005(1), FAC)	LSD	Health cums available in school district warehouse. Category A and B files maintained at each school.
		b. Maintain student health records per s. 1002.22, FS. (Ch. 64F-6.005(2), FAC)	LSD	Category A and B files maintained at each school. Daily health room charting in TERMS or in School Health Visit Record by school health room personnel.

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I.	20. s. 381.0056(5)(a)(17), F.S. Provision of health information for exceptional student education (ESE) program placement	Provide relevant health information for ESE staffing and planning according Ch. 6A-6.0331 and 64F-6.006, FAC.	LSD	Health information for ESE students included in annual IEPs. Info updated as needed. Vision and hearing screening done on by health room staff upon request.
I.	21. s. 381.0056(5)(a)(18), F.S. Notification of local nonpublic schools	a. Notify each private school annually of the school health services program and the opportunity to participate.	CHD	Each private school contacted yearly.
		b. Private schools participating in the program shall meet specified requirements per s. 381-0056(6)(a)-(g), F.S.	Private Schools	Private schools contact the CHD for specific needs.
I.	22. s. 381.0056(7)(a), F.S. The district school board shall include health services and health education as part of the comprehensive plan for the school district.		LSD	Health Education provided by LSD and documented in the Pupil Progression Plan.
I.	23. s. 381.0056(7)(b), F.S. The district school board shall provide in-service health training for school personnel.		LSD, CHD	CHD provides 4 hours of orientation to all new school health personnel. CHD assists with August Health Services Meeting. LSD provides yearly CPR, First Aid training to all school health and ESE assistant personnel. Online medication training course available for all school staff who assist with medication administration. Child Abuse and Blood Borne Pathogens trainings provided annually to faculty.
I.	24. s. 381.0056(7)(c), F.S. The district school board shall make available adequate physical facilities for health services.	Health room facilities in each school will meet DOE requirements. (State Requirements for Educational Facilities, December 2007)	LSD	Health room facilities available at each school.

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I.	<p>25. s. 381.0056(7)(d), F.S. The district school board shall, at the beginning of each school year, provide parents with information concerning ways that they can help their children to be physically active and eat healthful foods.</p>		LSD	<p>Information is disseminated to parents through school newsletters, PE curriculum and district website.</p>
I.	<p>26. s. 381.0056(7)(e), F.S. The district school board shall inform parents or guardians in writing at the beginning of each school year of the health services provided.</p>	<p>a. Provide the opportunity for parents or guardians to request an exemption in writing.</p>	LSD	<p>Information of Health Services is sent home annually with each student via the Code of Conduct Handbook and is also posted on the school district website under Student Services.</p>
		<p>b. Obtain parent permission in writing prior to invasive screening.</p>	N/A	N/A
I.	<p>27. s. 381.0056(11), F.S. School health programs funded by health care districts or entities defined in subsection (3) must be supplementary to and consistent with the requirements of this section and ss. 381.0057 and 3821.0059, F.S.</p>	<p>a. 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 funding source. (Ch. 64F-6.002(2)(j), FAC)</p>	N/A	N/A
		<p>b. 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. (Ch. 64F-6.002(2)(j)(1), FAC)</p>	LSD, CHD	<p>Direct supervision of school district personnel who perform school health services is the principals' responsibility. The CHD is responsible for the supervision of all of its personnel. The CHD provides oversight of the school health program and is available for consultative and support services for school district personnel.</p>

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		<p>c. 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, or the student's private physician. (Ch. 64F-6.002(2)(j)(2), FAC)</p>	<p>LSD, CHD</p>	<p>The CHD provide protocols for the delivery of school health services under the direction of a CHD medical director. The school board approves those protocols on a yearly basis. Student's medical needs addressed in MMP written by student's own health care provider.</p>
<p>I.</p>	<p>28. s. 1003.22(1), F.S. Each district school board shall require that each child who is entitled to admittance to kindergarten, or is entitled to any other initial entrance into a public school in this state, present a certification of a school-entry health examination performed within 1 year prior to enrollment in school.</p>	<p>The school health plan shall include initial school entry health examination policy. (Ch. 64F-6.002(2)(f), FAC) Note: Reference policy to Ch. 6A-6.024, FAC.</p>	<p>LSD, CHD</p>	<p>Physical Exam required within one year of entry into the school system. Registrars and/or health room personnel follow up as needed. Random audit of physicals done with biannual CHD QI visit.</p>
<p>I.</p>	<p>29. s. 1003.22(4), F.S. Each district school board shall establish and enforce as policy that, prior to admittance to or attendance in a public school, grades kindergarten through 12, or any other initial entrance into a Florida public school, each child present or have on file with the school a certification of immunization for the prevention of those communicable diseases for which immunization is required by the Department of Health.</p>	<p>The school health plan shall include immunization policies in each school that comply with Ch. 64D-3.046, FAC. (Ch. 64F-6.002(2)(e), FAC).</p>	<p>LSD, CHD</p>	<p>Immunization status assessed upon entry by Registrars and/or health room personnel with appropriate follow up as needed. Random audit of immunization status done with biannual CHD QI visit. Yearly audit by Bureau of Immunization on selected schools.</p>

Part	<p>Statutory Requirements (Legislative mandates that establish School Health Program requirements)</p>	<p>Program Standards (Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</p>	<p>Local Agency(s) Responsible (Identify the local agency or multiple agencies responsible for each plan requirement / standard)</p>	<p>Local Implementation Strategy & Activities (Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</p>
I.	<p>30. s. 1003.22(9), F.S. The presence of any of the communicable diseases for which immunization is required by the Department of Health in a Florida public or private school shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency.</p>	<p>The school health plan shall include communicable disease policies. (Ch. 64F-6.002(2)(d), FAC) Note: Policies need to provide for interagency coordination during suspected or confirmed disease outbreaks in schools.</p>	<p>LSD, CHD</p>	<p>Communicable Disease reporting requirements in School Health Services Manual with appropriate reporting paperwork available. Voluntary weekly surveillance sent to CHD by LSD health room staff.</p>
I.	<p>31. s. 1006.062(1)(a), F.S. Each district school board shall include in its approved school health services plan a procedure to provide training, by a licensed registered nurse, a practical nurse, a physician or a physician assistant (pursuant to chapter 458 or 459), to the school personnel designated by the school principal to assist students in the administration of prescribed medication.</p>	<p>Include provisions in the procedure for general and student-specific medication training.</p>	<p>LSD, CHD</p>	<p>Online medication course available for all school staff who assist with medication administration. Medication skills checkoff completed by LSD LPN or RN. Child specific training by LSD or CHD RN.</p>
I.	<p>32. s. 1006.062(1)(b), F.S. Each district school board shall adopt policies and procedures governing the administration of prescription medication by district school board personnel.</p>	<p>a. The district policy will be reviewed annually and updated as necessary to ensure student safety.</p>	<p>LSD, CHD</p>	<p>School Health Services Manual reviewed and updated annually with current medication form available on CD and/or district website.</p>
		<p>b. The district policy will address the use of designated school staff for medication administration and be consistent with delegation practices per Ch. 64B9-14, FAC.</p>	<p>LSD, CHD</p>	<p>School Health Services Manual has provisions for all school health personnel that will assist with medication administration to complete the online medication course and have a skills checkoff by LSD LPN or RN.</p>

Part	<p>Statutory Requirements <i>(Legislative mandates that establish School Health Program requirements)</i></p>	<p>Program Standards <i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i></p>	<p>Local Agency(s) Responsible <i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i></p>	<p>Local Implementation Strategy & Activities <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i></p>
		<p>c. The district policy shall include the requirement that asthmatic students whose parent and physician provide approval may carry a metered dose inhaler on their person while in school. (s. 1002.20(3)(h), F.S.)</p>	<p>LSD, CHD</p>	<p>School Health policies and procedures require that a student who carries medication on their person have a current medication administration form with parental signature and MMP with physician authorization.</p>
		<p>d. The district policy shall include the requirement that a student who is at risk for life-threatening allergic reactions may carry an epinephrine auto-injector and self-administer while in school, school-sponsored activities, or in transit if parental and physician authorization has been provided. (s. 1002.20(3)(i), F.S., & Ch. 6A-6.0251, FAC)</p>	<p>LSD, CHD</p>	<p>School Health policies and procedures require that a student who carries medication on their person have a current medication administration form with parental signature and MMP with physician authorization. Care planning meetings are held as needed where individual health care plans and emergency health care plans are created for those needs.</p>
		<p>e. The district policy shall include provisions that prohibit the assignment of diabetic students to certain schools for certain reasons, and authorize a student to manage diabetes while at school per s. 1002.20(3), F.S.</p>	<p>LSD, CHD</p>	<p>Clay County School District has no restrictions on which schools diabetics may attend and currently has diabetics at most schools. School Health policies and procedures require that a student who carries diabetes supplies on their person have a current MMP with physician authorization and parental signature. Care planning meetings are held as needed where individual health care plans and emergency health care plans are created for those needs.</p>

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		f. The district policy shall include provisions that allow a student who has experienced or is at risk for pancreatic insufficiency or who has been diagnosed as having cystic fibrosis may carry and self-administer a prescribed pancreatic enzyme supplement if parental and physician authorization has been provided per s. 1002.20(3), F.S.	LSD, CHD	School Health policies and procedures require that a student who carries medication on their person have a current medication administration form with parental signature and MMP with physician authorization. Care planning meetings are held as needed where individual health care plans and emergency health care plans are created for those needs.
I.	33. s. 1006.062(4), F.S. Nonmedical assistive personnel shall be allowed to perform health-related services upon successful completion of child specific training by a registered nurse or advanced registered nurse practitioner, physician or physician assistant.	a. Document health related child-specific training by an RN for delegated staff.	LSD, CHD	Documentation of child specific training done on skills checkoff sheets, in IHCP, and/or in TERMS
		b. Use of nonmedical assistive personnel shall be consistent with delegation practices per Ch. 64B9-14, FAC.	LSD, CHD	Delegation of procedures is done only after receiving appropriate training and only if RN is comfortable with that person who will be performing that procedure.
PART II: SUPPLEMENTAL HEALTH SERVICES FOR COMPREHENSIVE SCHOOLS (CSHSP)				
II.	1. s. 381.0057(1), F.S. Provides funding, in addition to that allocated under the School Health Services Act, for promoting the health of students, reducing risk-taking behavior, and reducing teenage pregnancy.	Use annual schedule C funding allocations (General Appropriations Act) provided to designated county health departments (CHD) for comprehensive school health services programs with the greatest potential for promoting the health of students and reducing teenage pregnancy.	LSD, CHD, Clay Action Coalition (CAC)	Back to school health events, health fairs to promote health issues to students and families, run-walk scholarships are available for start up costs of run-walk programs, bike safety programs with bike helmet giveaways, safe and drug free schools calendar, SWAT, Operation Medicine Cabinet, Town Hall meetings, health promotion activities.

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II.	2. s. 381.0057(6), F.S. A parent may, by written request, exempt a child from all or certain services provided by a school health services program described in subsection (4).		LSD, CHD	Parents notified of ability to opt out of school health services via Code of Conduct Handbook. CHD codes screening opt outs via HMS.
II.	3. s. 381.0057(7), F.S. Services provided under this section are in addition to the services provided under s. 381.0056 and are intended to supplement, rather than supplant, those services.	Provide all basic services in county designated comprehensive schools per Part I of this plan.	LSD	All basic school health services are provided at all schools in the county.
II.	4. s. 381.0057(7), F.S. The services provided by a comprehensive school health program, must focus attention on:	Provide comprehensive school health services to high risk students in county designated schools approved by the DOH school health services program office.	LSD, CHD	Currently 8 comprehensive schools in the county.
II.	5. s. 381.0057(7), F.S. Promoting the health of students.	a. Provide in-depth health management, interventions and follow-up through the increased use of professional school nurse staff.	LSD, CHD	Pre-School health outreaches provide free school and sports physicals along with immunizations on site. 7 out of 8 schools have an RN on site for the entire school day 5 days a week.
		b. Provide health activities that promote healthy living in each school.	LSD, CHD	Health promotion activities provided at each comprehensive school.
		c. Provide health education classes.	LSD, CHD	Health promotion classes provided at each comprehensive school with health promotion resources available upon request.
II.	6. s. 381.0057(7), F.S. Reducing risk-taking behavior.	a. Provide or coordinate counseling and referrals to decrease substance abuse.	LSD, Clay Behavioral Health Center (CBHC), Youth Crisis Center (YCC)	Students referred to local substance abuse center for services as needed. Family Education Program- Too Good For Drugs and Violence provided to students as needed. Student Assistance Program is provided as needed.

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		b. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.	LSD, CBHC, YCC	Annual training is provided to counselors on identification and referral concerning suicide prevention. Certified health educators provide individual counseling through LSD. Student Assistance Program is provided as needed.
		c. Provide or coordinate health education classes to reduce the incidence of substance abuse, suicide attempts and other high risk behaviors.	LSD, CBHC, YCC	Certified health educators provide educational classes covering topics to reduce the occurrence of high risk behavior. Student Assistance Program is provided as needed.
II.	7. s. 381.0057(7), F.S. Reducing teenage pregnancy.	a. Identify and provide interventions for students at risk for early parenthood.	LSD, NE Florida Healthy Start Coalition	Certified health educators provide individual counseling through LSD. Student Assistance Program is provided as needed. SAP counselors, guidance counselors, school psychologists and social workers work with students to identify needs and resources. Teen Task Force in place in NE Florida.
		b. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.	LSD, NE Florida Healthy Start Coalition	Certified health educators provide individual counseling through LSD. Student Assistance Program is provided as needed. SAP counselors, guidance counselors, school psychologists and social workers work with students to identify needs and resources. Teen Task Force in place in NE Florida.
		c. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.	LSD, NE Florida Healthy Start Coalition	LSD social workers and guidance counselors work with agencies to provide support, education and services. Teen Task Force in place in NE Florida. Healthy Start Services available at Bannerman Learning Center.
		d. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.	LSD, NE Florida Healthy Start Coalition	LSD social workers and guidance counselors work with agencies to provide support, education and services for the transition back into the school setting. Teen Task Force in place in NE Florida. Healthy Start Services available at Bannerman Learning Center.
PART III: HEALTH SERVICES FOR FULL SERVICE SCHOOLS (FSS)				

Part	Statutory Requirements <i>(Legislative mandates that establish School Health Program requirements)</i>	Program Standards <i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i>	Local Agency(s) Responsible <i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i>	Local Implementation Strategy & Activities <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>
III.	1. s. 402.3026(1), F.S. The State Board of Education and the Department of Health shall jointly establish full-service schools (FSS) to serve students from schools that have a student population at high risk of needing medical and social services.	a. Designate full service schools based on demographic evaluations.	LSD, CHD	Currently 10 full service schools in the county.
		b. Schedule C funding allocations (General Appropriations Act) provided to county health departments will be used to provide basic and specialized services in full service schools.	LSD, CHD	All basic school health services are provided at all schools in the county.
III.	2. s. 402.3026(1), F.S. The full-service schools must integrate the services of the Department of Health that are critical to the continuity-of-care process.	CHDs and school districts will plan and coordinate FSS program services.	LSD, CHD	FSS program planned and coordinated by LSD and CHD.
III.	3. s. 402.3026(1), F.S. The Department of Health (DOH) shall provide services to these high-risk students through facilities established within the grounds of the school.	a. DOH professionals shall 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 parents, and adult education.	LSD, CHD, CBHC	Referrals to local agencies for needed specialized services. Parenting and GED classes at various sites, summer nutrition program at selected school sites, Back to school health events at selected school sites, Social worker available at all school sites, SAP counselors for at risk students, Dental Bus located at one full service site.
		b. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.	LSD, CHD, CBHC, Baker Clay Dental Clinic, St. Vincent's Mobile Health Unit	Partnerships in place with multiple community agencies for health and social services.
PART IV: OTHER REQUIREMENTS				

Part	<p>Statutory Requirements <i>(Legislative mandates that establish School Health Program requirements)</i></p>	<p>Program Standards <i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i></p>	<p>Local Agency(s) Responsible <i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i></p>	<p>Local Implementation Strategy & Activities <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i></p>
IV.	<p>1. s. 381.0059, F.S. Pursuant to the provisions of chapter 435, any person who provides services under a school health services plan pursuant to s. 381.0056 must meet level 2 screening requirements as described in s. 435.04. A person may satisfy the requirements of this subsection by submitting proof of compliance with the requirements of level 2 screening conducted within 12 months before the date that person initially provides services under a school health services plan.</p>	<p>Collaborate with school district to ensure district background screening policies per s. 1012.465, F.S., do not result in duplicate or conflicting background screening requirements for staff providing school health services.</p>	<p>LSD, CHD, CBHC, Baker Clay Dental Clinic, St. Vincent's Mobile Health Unit, YCC</p>	<p>All school health employees from LSD, CHD and community agencies undergo Level 2 background screenings prior to employment and repeated every 5 years.</p>