



## 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](mailto: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>

## 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 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 Director                          | Karen A. Chapman, M.D., M.P.H.                              |                                   |
|  | <i>Karen A. Chapman</i><br><small>Printed Name</small>      |                                   |
|  | <i>Karen A. Chapman</i><br><small>Signature</small>         | 12-13-10<br><small>Date</small>   |
| County Health Department<br>Community Health Section chief | Cecilia K. Wagner, M.S., M.P.H., R.D.                       |                                   |
|  | <i>Cecilia K. Wagner</i><br><small>Printed Name</small>     |                                   |
|  | <i>Cecilia K. Wagner</i><br><small>Signature</small>        | 12-10-10<br><small>Date</small>   |
| County Health Department<br>School Health Coordinator      | Dawn E. Dziokonski, R.N.                                    |                                   |
|  | <i>Dawn E. Dziokonski RN</i><br><small>Printed Name</small> |                                   |
|  | <i>Dawn E. Dziokonski RN</i><br><small>Signature</small>    | 12-10-10<br><small>Date</small>   |
| School Board<br>Chair Person                               | Rodney Walker   |                                   |
|  | <i>Rodney Walker</i><br><small>Printed Name</small>         |                                   |
|  | <i>Rodney Walker</i><br><small>Signature</small>            | 10-11-10<br><small>Date</small>   |
| School District<br>Superintendent                          | Alexis Tibbetts, EdD.                                       |                                   |
|  | <i>Alexis Tibbetts</i><br><small>Printed Name</small>       |                                   |
|  | <i>Alexis Tibbetts</i><br><small>Signature</small>          | 10-11-10<br><small>Date</small>   |
| School District<br>School Health Coordinator               | Lois Handzo, B.S., M.A.                                     |                                   |
|  | <i>Lois Handzo</i><br><small>Printed Name</small>           |                                   |
|  | <i>Lois Handzo</i><br><small>Signature</small>              | 10-11-10<br><small>Date</small>   |
| School Health Advisory Committee<br>Chair Person           | Lois Handzo   |                                   |
|  | <i>Lois Handzo</i><br><small>Printed Name</small>           |                                   |
|  | <i>Lois Handzo</i><br><small>Signature</small>              | 10-11-10<br><small>Date</small>   |
| School Health Services<br>Public / Private Partner         | Jodi Kendrick, R.N., M.S.N.                                 |                                   |
|  | <i>Jodi Kendrick</i><br><small>Printed Name</small>         |                                   |
|  | <i>Jodi Kendrick</i><br><small>Signature</small>            | 10/11/2010<br><small>Date</small> |

| Part   | <b>Statutory Requirements</b><br><i>(Legislative mandates that establish School Health Program requirements)</i>  | <b>Program Standards</b><br><i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i>  | <b>Local Agency(s) Responsible</b><br><i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i> | <b>Local Implementation Strategy &amp; Activities</b><br><i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>   |
|--|---|---|--|---|
| <b>PART I: PREVENTIVE HEALTH SERVICES FOR ALL PUBLIC SCHOOLS</b> |   |   |  |   |
| 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  | Fund 3 R.N. positions at .75 FTE and one lead R.N. position at 1.0 FTE to provide monitoring, serve as a resource to public and private schools and Voluntary Pre-K programs, and assist with planning, evaluation, and reporting. Positions are located at the OCHD.   |
| 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 and LEA  | CHD representative: Cecilia K. Wagner, Community Health Section Chief<br>LEA representative: Lois Handzo, School Health Services Coordinator<br>The CHD and LEA representatives will be members of the SHAC and meet at least quarterly.  |
| 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, LEA, and SHAC   | The CHD will develop the School Health Services Plan in conjunction with the LEA and LEA contractor, PSA (Pediatric Services of America). The plan will be submitted to the SHAC for review and recommendations for revision. The CHD will be primarily responsible for completing the plan and obtaining signatures. |

| Part      | <p><b>Statutory Requirements</b><br/><i>(Legislative mandates that establish School Health Program requirements)</i></p> | <p><b>Program Standards</b><br/><i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i></p>  | <p><b>Local Agency(s) Responsible</b><br/><i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i></p> | <p><b>Local Implementation Strategy &amp; Activities</b><br/><i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i></p>   |
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|           |  | <p>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)</p> | <p>LEA , CHD, and SHAC</p>   | <p>The CHD and LEA will ensure the plan is prepared, reviewed, and approved as needed to meet statutory requirements. The CHD will submit the report to the DOH State Program Office as required.</p>   |
|           |  | <p>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)</p>  | <p>CHD<br/>PSA</p>   | <p>The CHD will data enter school health data into HMS on a quarterly basis. The LEA contractor, PSA, will provide summary data by school as follows to the CHD:<br/>                     July 1-Sept 30 submitted by Oct 15 Oct<br/>                     1-Dec 31 submitted by Jan 15 Jan1-<br/>                     Mar 31 submitted by Apr 15 Data for<br/>                     FTE week will be submitted by March 15. Apr1-Jun<br/>                     30 submitted by June 15.<br/>                     Revisions to the plan that substantially change reporting requirements will be submitted to the LEA and LEA contractor, PSA, by October 1 so that adequate notification to collect required data is given. Changes to data collection requirements not received by October 1 will be noted in the annual report as "data not available". This does not apply to plan and data changes mandated after October 1 by the FL Legislature. (See Attachment A-C to this Plan for SH data reporting requirements)</p> |
| <p>I.</p> | <p>4. s. 381.0056(5)(a)(1), F.S. Health appraisal</p>  | <p>a. Determine the health status of students.</p>  | <p>LEA and PSA</p>   | <p>The LEA will establish a health record for all students which contains, at a minimum:<br/>                     School Entry Health Examination (DH form 3040) Florida Certificate of Immunization (DH form 681) The<br/>                     LEA contractor, PSA will maintain documentation of allergies, health conditions, screening tests, results, follow-up, and referral outcomes, and student health care plan for day-to-day or emergency care of chronic or acute health conditions.</p>   |

| Part | Statutory Requirements<br><i>(Legislative mandates that establish School Health Program requirements)</i> | Program Standards<br><i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i>                                     | Local Agency(s) Responsible<br><i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i> | Local Implementation Strategy & Activities<br><i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>   |
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|      |   | b. Develop individualized health care plans (IHCP) for day-to-day or emergency care of chronic or acute health conditions.  | LEA<br>CHD-monitor for compliance   | The LEA contractor, PSA, will ensure IHCPs are developed by staff licensed in the State of FL to provide such service (R.N., A.R.N.P, M.D., D.O.) The health care plan is available to staff that have ongoing contact with the student, and who have a need to know. The IHCP includes at a minimum, appropriate RN delegation on student-specific care, nursing diagnosis, nursing assessment, and outcome goals. The IHCP process is monitored for effectiveness and chart audits are conducted at least biannually by OCHD RN to audit for compliance.             |
| 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) | LEA and PSA<br>CHD-monitor for compliance   | The LEA contractor, PSA, assures that each student has a health record, and that the record contains adequate and appropriate documentation to safeguard the health of the student while at school or on field trips. The CHD monitors and audits a selected sample of student health records at least biannually to ensure the health record is adequate, inclusive, and appropriate. The PSA supervisory RN will be present during monitoring of records. Results of the audit will be shared with the LEA, the LEA contractor, PSA, SHAC, and State Program Office. |
|      |   | 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)                      | LEA<br>CHD-monitor for compliance   | The LEA will maintain the health record and ensure that records reviews occur at least annually to verify or update health information. The CHD will monitor for compliance at least biannually. Results of the audit will be shared with the LEA, the LEA contractor, PSA, SHAC, and State Program Office.  |
| 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)   | LEA School Entry Health Examination<br>PSA-periodic assessment of student health needs  | The LEA assures that student health records contain a School Health Entry Health Examination (DH form 3040). Periodic assessment of student's health needs will be updated by PSA with screening data, referrals, outcomes, and IHCP as appropriate or when the student's health needs change.   |

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| 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)  | LEA and Sodexo   | The LEA has a contract with Sodexo to provide school food service. Sodexo employs a Registered/Licensed Dietitian. Health room staff will notify the contract dietitian when a student is identified with a nutrition-related concern so that appropriate nutrition assessment and counseling will be provided.   |
| I.   | 8. s. 381.0056(5)(a)(5), F.S. Preventive dental program  | a. Provide preventive dental services.   | CHD  | The CHD will provide dental health education at the request of the LEA contractor, PSA. The CHD will provide preventive dental health education to licensed child day care providers upon request and as resources allow.   |
|      |  | b. Coordinate and link students to community dental services.  | LEA, PSA, and CHD  | The CHD and LEA will collaborate with community partners that provide care for Medicaid-eligible students or assist with arranging volunteer services to provide dental care to eligible students. The CHD will maintain a list of dental referral resources and make it available to the LEA contractor, PSA. The LEA contractor PSA will make dental referrals. The CHD will provide similar linkages to dental care services for eligible children enrolled in child care programs.  |
| 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)   | LEA, PSA and CHD   | The LEA's contractor, PSA will:<br>Ensure mandated screenings are completed and results are recorded. Request CHD assistance with student screenings by the end of the second full week of school. Report screening data, referrals and outcomes to the CHD quarterly as described above in Part 1.3.c.<br>The CHD will:<br>Assist with student screenings with up to 1 RN for each scheduled screening day until the beginning of the Thanksgiving holiday. Additional RNs up to a total of 3 might be available with advance coordination between the LEA contractor, PSA, and the CHD. Audit for compliance with mandatory screenings. Ensure screening, results, and outcomes received from the LEA are entered in HMS quarterly. |

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|      |  | b. Track screening results and referrals.  | LEA and PSA  | The LEA contractor, PSA will ensure that screening results and referrals are tracked and reported to the CHD for data entry quarterly, as described above in Part 1.3.c.  |
|      |  | c. Ensure all vision screening services are coded into HMS, to include FTTYs (First Time This Year), outcomes, and incomplete referrals.   | CHD  | The CHD will ensure data entry into HMS within 30 calendar days of receipt of appropriate data from the LEA contractor, PSA.  |
| 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)  | LEA, PSA, and CHD  | The LEA's contractor, PSA will:<br>Ensure mandated screenings are completed and results are recorded. Request CHD assistance with student screenings by the end of the second full week of school. Report screening data, referrals and outcomes to the CHD quarterly as described above in Part 1.3.c.<br>The CHD will:<br>Assist with student screenings with up to 1 RN for each scheduled screening day until the beginning of the Thanksgiving holiday. Additional RNs up to a total of 3 might be available with advance coordination between the LEA contractor, PSA, and the CHD. Audit for compliance with mandatory screenings. Ensure screening, results, and outcomes received from the LEA are entered in HMS quarterly. |
|      |  | b. Track screening results and referrals.  | LEA and PSA  | The LEA contractor, PSA, will ensure that screening results and referrals are tracked and reported to the CHD for data entry quarterly as described above in Part 1.3.c.  |
|      |  | c. Ensure all hearing screening services are coded into HMS, to include FTTYs, outcomes, and incomplete referrals.   | CHD  | The CHD will ensure data entry into HMS within 30 calendar days of receipt of appropriate data from the LEA contractor, PSA.  |

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|------|--|--|--|---|
| 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)   | LEA, PSA and CHD   | The LEA's contractor, PSA will:<br>Ensure mandated screenings are completed and results are recorded. Request CHD assistance with student screenings by the end of the second full week of school. Report screening data, referrals and outcomes to the CHD quarterly as described above in Part 1.3.c.<br>The CHD will:<br>Assist with student screenings with up to 1 RN for each scheduled screening day until the beginning of the Thanksgiving holiday. Additional RNs up to a total of 3 might be available with advance coordination between the LEA contractor, PSA, and the CHD. Audit for compliance with mandatory screenings. Ensure screening, results, and outcomes received from the LEA are entered in HMS quarterly. |
|      |  | b. Track screening results and referrals.  | LEA and PSA  | The LEA contractor, PSA, will ensure that screening results and referrals are tracked and reported to the CHD for data entry quarterly as described above in Part 1.3.c.  |
|      |  | c. Ensure all scoliosis screening services are coded into HMS, to include FTTYs, outcomes, and incomplete referrals.   | CHD  | The CHD will ensure data entry into HMS within 30 calendar days of receipt of appropriate data from the LEA contractor, PSA.  |

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|------|--|--|--|---|
| 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)   | LEA, PSA, and CHD  | The LEA's contractor, PSA will:<br>Ensure mandated screenings are completed and results are recorded. Request CHD assistance with student screenings by the end of the second full week of school. Report screening data, referrals and outcomes to the CHD quarterly as described above.<br>The CHD will:<br>Assist with student screenings with up to 1 RN for each scheduled screening day until the beginning of the Thanksgiving holiday. Additional RNs up to a total of 3 might be available with advance coordination between the LEA contractor, PSA, and the CHD. Audit for compliance with mandatory screenings. Ensure screening, results, and outcomes received from the LEA are entered in HMS quarterly. |
|      |  | b. Track screening results and referrals.  | LEA and PSA  | The LEA contractor, PSA, will ensure that screening results and referrals are tracked and reported to the CHD for data entry quarterly as described above in Part 1.3.c.  |
|      |  | c. Ensure all G&D screening services are coded into HMS, to include FTTYs, outcomes, and incomplete referrals.   | CHD  | The CHD will ensure data entry into HMS within 30 calendar days of receipt of appropriate data from the LEA contractor, PSA.  |
| I.   | 13. s. 381.0056(5)(a)(10), F.S. Health counseling  | a. Provide health counseling as appropriate.   | LEA, PSA, and CHD  | The LEA contractor, PSA, will ensure that the provision of health counseling to students follows written protocols that are based on current best practices.<br>The CHD will assist with identifying and writing protocols at the request of the LEA and will monitor for compliance at least biannually.   |
|      |  | b. Document health counseling in the student health record.  | LEA, PSA, and CHD  | The LEA contractor, PSA will ensure that health counseling is documented in the student health record using standard protocols. The CHD will assist with identifying and writing protocols at the request of the LEA and will monitor for compliance at least biannually.   |

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| I.   | 14. s. 381.0056(5)(a)(11), F.S.<br>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.   | LEA,, PSA, and CHD   | The LEA contractor, PSA will have a written procedure for referral and followup of abnormal health screenings,emergency health issues, and acute or chronic health problems, and ensure that the procedures are being followed. The CHD will assist with identifying and writing policy and protocol at the request of the LEA and will monitor for compliance at least biannually. |
|      |  | b. Coordinate and link to community health resources.   | LEA and CHD  | The CHD will develop, maintain, and provide to the LEA a list of resources and contact information. The CHD will coordinate access to CHD health services for students eligible for specific health services routinely provided at the CHD. The LEA will maintain additional linkages to community health resources.  |
|      |  | c. Require child abuse reporting. (s. 1006.061, F.S.)   | LEA, PSA, and CHD  | Each entity shall follow state statute and organizational protocols to report child abuse.  |
| I.   | 15. s. 381.0056(5)(a)(12), F.S.<br>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)  | LEA , PSA, and CHD   | The LEA contractor, PSA will have a written health emergency policy and protocol and ensure that the procedures are being followed. The CHD will assist with identifying and writing policy and protocol at the request of the LEA and will monitor for compliance at least biannually.   |
|      |  | 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) | LEA<br>CHD-monitor for compliance  | The LEA will ensure that at least the health room staff and 2 additional staff persons are currently certified in first aid and CPR. Proof of certification and training will be maintained at the individual school. The CHD will monitor for compliance at least biannually by reviewing proof of certification and training and ensuring the list is posted in key locations.    |
|      |  | c. Assist in the planning and training of staff responsible for emergency situations. (Ch. 64F-6.004(4), FAC)   | LEA and PSA<br>CHD-monitor for compliance  | The LEA contractor, PSA, will ensure that staff responsible for emergency situations are adequately trained and meet minimum competencies required to perform emergency duties. The CHD will monitor for compliance and review skills training documentation for each staff person at least biannually.   |

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|------|--|--|--|---|
|      |  | d. The school nurse shall monitor adequacy and expiration of first aid supplies, emergency equipment and facilities. (Ch. 64F-6.004(5), FAC)   | LEA and PSA<br>CHD-monitor for compliance  | The LEA contractor, PSA, will ensure school health room staff follows written protocols to ensure expired first aid supplies are disposed of properly and that emergency equipment and facilities are in good repair. The CHD will monitor for compliance at least biannually.                                |
|      |  | e. The school principal (or designee) shall assure first aid supplies, emergency equipment, and facilities are maintained. (Ch. 64F-6.004(6), FAC)   | LEA and CHD  | The LEA will assure adequacy of first aid supplies, emergency equipment, and facility maintenance. The CHD will assist in determining adequacy of supplies, equipment and facilities by providing minimum acceptable standards at the request of the LEA and will monitor for compliance at least biannually. |
|      |  | f. Document all injuries or illnesses requiring emergency treatment & report to the principal. (Ch. 64F-6.004(7), FAC)   | LEA  | The LEA contractor, PSA, will follow School Board Policy 4-24 and utilize MIS Form 5063.  |
|      |  | g. It is the responsibility of each school that is a member of the Florida High School Athletic Association to:<br>(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.) | LEA  | The LEA will ensure compliance by maintaining an inventory of the AEDs, by performing quarterly checks on the AEDs to ensure they are in working order, and by maintaining written documentation of skills training on staff who are expected to use the AED.   |
| 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.  | LEA and CHD  | The LEA will request assistance from the CHD in health curriculum development. CHD staff will assist as requested.  |
| I.   | 17. s. 381.0056(5)(a)(14), F.S. Refer student to appropriate health treatment                                    | a. Use community or other available referral resources.  | LEA  | The LEA will maintain a resource and referral system including that provided by the CHD.  |
|      |  | b. Assist in locating referral sources for Medicaid or underinsured students (such as VisionQuest and community resources).  | CHD  | The CHD will assist in locating referral sources for Medicaid and underinsured students. Each school will be assigned a CHD school health resource nurse to coordinate community referrals. The CHD will assist families to apply for Florida KidCare and Medicaid.   |

| Part | <b>Statutory Requirements</b><br><i>(Legislative mandates that establish School Health Program requirements)</i>  | <b>Program Standards</b><br><i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i> | <b>Local Agency(s) Responsible</b><br><i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i> | <b>Local Implementation Strategy &amp; Activities</b><br><i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>  |
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| 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)   | LEA  | The LEA will have a written policy regarding consultation on student health issues to ensure that FERPA regulations are met and that adequate documentation is maintained.   |
| 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)  | LEA<br>CHD-monitor for compliance  | The LEA will maintain all aspects of the cumulative health record.<br>The CHD will monitor for compliance at least biannually to ensure that all required documents are in the cumulative health record.   |
|      |   | b. Maintain student health records per s. 1002.22, FS. (Ch. 64F-6.005(2), FAC)   | LEA and PSA<br>CHD-monitor for compliance  | The LEA contractor, PSA, will maintain student health records.<br>The CHD will monitor for compliance at least biannually to ensure the student health record meets the requirements of the statute.   |
| 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.  | PSA  | The LEA contractor, PSA, will provide relevant health information for ESE staffing and planning.   |
| 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  | The CHD will notify all private schools annually in writing about available health services including training, student health screening, and referral resources. Services will be provided either free of charge or as a fee for service. The notification letter will explain how to obtain services and include a descriptive list of services and applicable fees. |
|      |   | b. Private schools participating in the program shall meet specified requirements per s. 381-0056(6)(a)-(g), F.S.  | CHD  | The CHD will ensure that private schools meet specified requirements prior to providing services. Schools not meeting the requirements will be notified in writing of why the services will not be provided.   |
| 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. |  | LEA  | Health services are provided through a contract with PSA. The LEA health education plan is included in the Pupil Progression Plan and complies with required state curriculum.   |

| Part | <p><b>Statutory Requirements</b><br/><i>(Legislative mandates that establish School Health Program requirements)</i></p>   | <p><b>Program Standards</b><br/><i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i></p>  | <p><b>Local Agency(s) Responsible</b><br/><i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i></p> | <p><b>Local Implementation Strategy &amp; Activities</b><br/><i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i></p>   |
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| I.   | <p>23. s. 381.0056(7)(b), F.S. The district school board shall provide in-service health training for school personnel.</p>  |   | LEA and CHD  | <p>SB policy 1-21 and 6-36.<br/>The CHD will serve as a resource for health information, education, and training at the request of the LEA.</p>   |
| I.   | <p>24. s. 381.0056(7)(c), F.S. The district school board shall make available adequate physical facilities for health services.</p>  | <p>Health room facilities in each school will meet DOE requirements. (State Requirements for Educational Facilities, December 2007)</p>   | LEA and CHD  | <p>The LEA will ensure that each school meets DOE requirements.<br/>The CHD will serve as a resource for renovation or new construction of health rooms at the request of the LEA.</p>  |
| 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>    |   | LEA and Sodexo   | <p>The LEA food service contractor, Sodexo maintains a link on the school district website that has information for families on ways to help children be physically active and eat healthy foods. The web link is advertised in the schools and information is sent home with links to on-line newsletters from Sodexo.</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>  | LEA  | <p>The LEA maintains information on parental opt out from health services in the Pupil Progression Plan.</p>  |
|      |  | <p>b. Obtain parent permission in writing prior to invasive screening.</p>  | LEA  | <p>The LEA will obtain parental permission in writing prior to performing invasive screening.</p>   |
| 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> | NOT APPLICABLE   |   |

| Part | <b>Statutory Requirements</b><br><i>(Legislative mandates that establish School Health Program requirements)</i>   | <b>Program Standards</b><br><i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i>  | <b>Local Agency(s) Responsible</b><br><i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i> | <b>Local Implementation Strategy &amp; Activities</b><br><i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i> |
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|      |  | 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)   | NOT APPLICABLE   |   |
|      |  | 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) | NOT APPLICABLE   |   |
| I.   | 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. | The school health plan shall include initial school entry health examination policy. (Ch. 64F-6.002(2)(f), FAC)<br>Note: Reference policy to Ch. 6A-6.024, FAC.   | LEA<br>CHD-monitor for compliance  | SB policy 4-2.<br>The CHD will monitor for compliance at least biannually. Results of the monitoring will be shared with the LEA and SHAC.  |

| Part | <p><b>Statutory Requirements</b><br/> <i>(Legislative mandates that establish School Health Program requirements)</i></p>   | <p><b>Program Standards</b><br/> <i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i></p>                                   | <p><b>Local Agency(s) Responsible</b><br/> <i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i></p> | <p><b>Local Implementation Strategy &amp; Activities</b><br/> <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i></p>   |
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| I.   | <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>LEA and CHD</p>  | <p>SB policy 4-2.<br/>                     The CHD will provide Florida SHOTS training at the request of the LEA. The CHD will sample records for compliance with immunization statutes at least biannually. Results will be shared with the LEA and SHAC.</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>LEA and CHD</p>  | <p>SB policy 10-1.<br/>                     Upon report of a suspected or confirmed disease outbreak by the LEA, the CHD will follow accepted and standard practice in investigating suspected or confirmed disease outbreaks in schools.</p>                  |

| Part | <p><b>Statutory Requirements</b><br/><i>(Legislative mandates that establish School Health Program requirements)</i></p>   | <p><b>Program Standards</b><br/><i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i></p>                                 | <p><b>Local Agency(s) Responsible</b><br/><i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i></p> | <p><b>Local Implementation Strategy &amp; Activities</b><br/><i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i></p>  |
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| 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>LEA and CHD</p>   | <p>SB Policy 4-25. The LEA contractor, PSA, will ensure that health room staff are trained on medication administration annually. Documentation of training will be maintained by PSA. Documentation of training will include the name and signature of the trainer, the date of the training, names and credentials of those attending training, and course curriculum. Documentation of student-specific medication administration training will be maintained by PSA on-site in the student health record at each school and will be made available for review by the CHD. The CHD will monitor for compliance with this requirement at least biannually. Results will be shared with the LEA and SHAC. PSA will develop a written corrective action plan to address non-compliance issues identified through monitoring reviews.</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>LEA and CHD</p>   | <p>SB Policy 4-25. The LEA and CHD will jointly review written policy annually and update as needed.</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>LEA and PSA<br/>CHD-monitor for compliance</p>  | <p>SB Policy 4-25. Documentation of student-specific medication administration training will be maintained by PSA on-site in the student health record at each school and will be made available for review by the CHD. The CHD will monitor for compliance with this requirement at least biannually. Results will be shared with the LEA and SHAC.</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>LEA, PSA and CHD</p>  | <p>SB Policy 4-25. The LEA, PSA, and the CHD will review this policy every 3 years or when medical practice or legislative mandates require the policy be updated.</p>   |

| Part | <b>Statutory Requirements</b><br><i>(Legislative mandates that establish School Health Program requirements)</i> | <b>Program Standards</b><br><i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i>  | <b>Local Agency(s) Responsible</b><br><i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i> | <b>Local Implementation Strategy &amp; Activities</b><br><i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>                                |
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|      |  | 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) | LEA, PSA, and CHD  | The LEA, PSA, and the CHD will jointly develop a written policy. The LEA, PSA, and the CHD will review this policy every 3 years or when medical practice or legislative mandates require the policy be updated. |
|      |  | 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.  | LEA, PSA, and CHD  | The LEA, PSA, and the CHD will jointly develop a written policy. The LEA, PSA, and the CHD will review this policy every 3 years or when medical practice or legislative mandates require the policy be updated. |
|      |  | 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.           | LEA, PSA, and CHD  | The LEA, PSA, and the CHD will jointly develop a written policy. The LEA, PSA, and the CHD will review this policy every 3 years or when medical practice or legislative mandates require the policy be updated. |

| Part   | <b>Statutory Requirements</b><br><i>(Legislative mandates that establish School Health Program requirements)</i>   | <b>Program Standards</b><br><i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i>   | <b>Local Agency(s) Responsible</b><br><i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i> | <b>Local Implementation Strategy &amp; Activities</b><br><i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>  |
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| 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.   | LEA, PSA, and CHD  | The LEA, PSA, and the CHD will jointly develop a written policy. The LEA, PSA, and the CHD will review this policy every 3 years or when medical practice or legislative mandates require the policy be updated.   |
|  |  | b. Use of nonmedical assistive personnel shall be consistent with delegation practices per Ch. 64B9-14, FAC.   | LEA and PSA<br>CHD-monitor for compliance  | The LEA contractor, PSA will have written procedures for RN's delegating authority to administer medication and for maintaining documentation of training in the student health record. The CHD will monitor for compliance with this requirement at least biannually. Results will be shared with the LEA and SHAC. |
| <b>PART II: SUPPLEMENTAL HEALTH SERVICES FOR COMPREHENSIVE SCHOOLS (CSHSP)</b> |  |  |  |  |
| 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. | NOT APPLICABLE   |  |
| 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).  |  | NOT APPLICABLE   |  |

| Part | <b>Statutory Requirements</b><br><i>(Legislative mandates that establish School Health Program requirements)</i>  | <b>Program Standards</b><br><i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i> | <b>Local Agency(s) Responsible</b><br><i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i> | <b>Local Implementation Strategy &amp; Activities</b><br><i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i> |
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| 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.   | NOT APPLICABLE   |   |
| 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.                         | NOT APPLICABLE   |   |
| 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.   | NOT APPLICABLE   |   |
|      |   | b. Provide health activities that promote healthy living in each school.   | NOT APPLICABLE   |   |
|      |   | c. Provide health education classes.   | NOT APPLICABLE   |   |
| II.  | 6. s. 381.0057(7), F.S. Reducing risk-taking behavior.  | a. Provide or coordinate counseling and referrals to decrease substance abuse.   | NOT APPLICABLE   |   |
|      |   | b. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.   | NOT APPLICABLE   |   |
|      |   | c. Provide or coordinate health education classes to reduce the incidence of substance abuse, suicide attempts and other high risk behaviors.                                      | NOT APPLICABLE   |   |

| Part  | <b>Statutory Requirements</b><br><i>(Legislative mandates that establish School Health Program requirements)</i>  | <b>Program Standards</b><br><i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i>   | <b>Local Agency(s) Responsible</b><br><i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i> | <b>Local Implementation Strategy &amp; Activities</b><br><i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i> |
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| II.   | 7. s. 381.0057(7), F.S. Reducing teenage pregnancy.   | a. Identify and provide interventions for students at risk for early parenthood.   | NOT APPLICABLE   |   |
|   |   | b. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.   | NOT APPLICABLE   |   |
|   |   | c. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.  | NOT APPLICABLE   |   |
|   |   | d. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.  | NOT APPLICABLE   |   |
| <b>PART III: HEALTH SERVICES FOR FULL SERVICE SCHOOLS (FSS)</b> |   |  |  |   |
| 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.  | NOT APPLICABLE   |   |
|   |   | 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. | NOT APPLICABLE   |   |
| 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.   | NOT APPLICABLE   |   |

| Part                               | <b>Statutory Requirements</b><br><i>(Legislative mandates that establish School Health Program requirements)</i>   | <b>Program Standards</b><br><i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i>   | <b>Local Agency(s) Responsible</b><br><i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i> | <b>Local Implementation Strategy &amp; Activities</b><br><i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>  |
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| 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. | NOT APPLICABLE   |  |
|                                    |  | b. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.   | NOT APPLICABLE   |  |
| <b>PART IV: OTHER REQUIREMENTS</b> |  |  |  |  |
| IV.                                | 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. | 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.   | LEA  | The LEA will ensure that all staff have received Level 2 background screening to comply with this statute. The CHD requires all staff to have Level 2 background screening prior to beginning work. Documentation of the screening is maintained in the CHD personnel file. The LEA will recognize CHD background screening and allow CHD staff to provide school health services on campus as described in this plan. |