



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

## **2014 - 2016 School Health Services Plan**

**Due by September 15, 2014**

**E-mail Plan as an Attachment to:**

[HSF\\_SH\\_Feedback@flhealth.gov](mailto:HSF_SH_Feedback@flhealth.gov)

### Contact Person

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

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### SUMMARY - SCHOOL HEALTH SERVICES PLAN 2014 - 2016

**Statutory Reference. Section 381.0056, F.S. requires each local Department of Health 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, Florida Administrative Code (F.A.C.) requires the plan to be completed biennially.**

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

- **Part I: Basic School Health Services - All Public Schools** – this section contains each of the Florida statutes (Department of Health (DOH) and Department of Education (DOE) that relate to the mandated basic health services for students in all public schools.
- **Part II: Comprehensive School Health Services** – 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 as the Florida School Health Administrative Guidelines (May 2012), current School Health Services Plan, or standards of practice).
- **Column 3 – Local Agency(s) Responsible.** The local agencies (local Department of Health, Local Educational Agency (LEA), and School Health Advisory Committee (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 provide implementation strategy and activities to meet each statutory requirement and program standard identified.

### GENERAL INSTRUCTIONS

- The 2014 - 2016 plan format is in a Microsoft Excel file. The cells where you enter information are "unlocked" and allow you to type information into them. The cells with references from statute, rule or program standards are locked.
- Please make sure that you only open the 2014 - 2016 School Health Services Plan format in Microsoft Excel.
- Do not work in this file until you have opened and saved it to your network drive or a flash/travel drive. When saving for the first time, use the "Save As" function and add your county's name to the beginning of the file name so your plan will not be confused with that of another county.
- Insert your county's name into the file "Header" by choosing "File", "Page Set-Up", Header/Footer", "Custom Header".
- If you need clarification on the programmatic items in the plan, please email the School Health mailbox at: [hsf\\_sh\\_feedback@flhealth.gov](mailto:hsf_sh_feedback@flhealth.gov)
- If you have any technical questions about the Excel format not answered by these instructions, please contact your Program Office School Health liaison for assistance.

### REFERENCES

Florida School Health Laws and Rules: <http://www.floridahealth.gov/healthy-people-and-families/childrens-health/school-health/laws-rules.html>

Center for Disease Control and Prevention Coordinated School Health Model: <http://www.cdc.gov/HealthyYouth/CSHP/>

Florida School Health Administrative Guidelines: [http://www.floridahealth.gov/healthy-people-and-families/childrens-health/school-health/\\_documents/adminstrative-guidelines.pdf](http://www.floridahealth.gov/healthy-people-and-families/childrens-health/school-health/_documents/adminstrative-guidelines.pdf)

Emergency Guidelines for Schools (Florida Edition, 2010): [http://www.floridahealth.gov/provider-and-partner-resources/emsc-program/\\_documents/egs2011fl-edtion.pdf](http://www.floridahealth.gov/provider-and-partner-resources/emsc-program/_documents/egs2011fl-edtion.pdf)

State Requirements for Educational Facilities (2012): <http://www.fldoe.org/edfacil/pdf/sref-rule.pdf>

**2014 - 2016 School Health Services Plan Signature Page**

*My signature below indicates that I have reviewed and approved the 2014 - 2016 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
Local Department of Health Administrator / Director	Karen A. Chapman, MD, MPH	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
Local Department of Health Nursing Director		
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
Local Department of Health School Health Coordinator	Dawn E. Dziokonski, RN, BSN	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Board Chair Person	Rodney Walker	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School District Superintendent	Mary Beth Jackson, MEd	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School District School Health Coordinator	Lois Handzo, BS, MA	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Health Advisory Committee Chairperson	Russell Frakes, BS, MBA	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Health Services Public / Private Partner	Jodi Kendrick, RN, MSN, EdD	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>

Part	<b>Statutory Requirements</b> <i>(Legislative mandates that establish School Health Program requirements)</i>	<b>Program Standards</b> <i>(Standards and Administrative Code that support statutory requirements, are identified)</i>	<b>Local Agency(s) Responsible</b> <i>(Identify the local agency(s) responsible for each requirement)</i>	<b>Local Implementation Strategy &amp; Activities</b> <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. 381.0056, F.S. School Health Services Program.	a. Each local Department of Health uses the annual schedule C funding allocation (General Appropriations Act) to provide school health services pursuant to the School Health Services Act (s. 381.0056(1), F.S.) and the requirements of the Schedule C Attachment I.	CHD	Fund school health personnel including one School Health Program Manager at 1.0 FTE and three RN positions (Senior Community Health Nurse) at .75 FTE to provide monitoring, serve as a resource to public and private schools, and Voluntary Pre-K programs as well as assist with planning, evaluation, and reporting. Positions are located at FDOH in Okaloosa County
I.	2. s. 381.0056(3), 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.	a. The local Department of Health 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: Dawn E. Dziokonski, School Health Program Manager LEA representative: Lois Handzo, Student Intervention Services Program Director The CHD and LEA representatives will be members of the SHAC and the SHAC will meet at least three times a year.
		b. 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), F.A.C.)	LEA and PSA	Okaloosa County School Board has a contractual agreement with Pediatric Services of America (PSA) to provide on-site health services in each school. In-school personnel are supervised by registered nurses. PSA is responsible for employing and supervising their employees.

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		c. 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), F.A.C.), and consistent with the Nurse Practice Act (Ch.464 F.S.) and the Technical Assistance Guidelines - The Role of the Professional School Nurse in the Delegation of Care in Florida Schools (Rev. 2010).	LEA and PSA	The LEA contractor, PSA, has protocols in place to supervise school health personnel to assure services are provided in accordance with statutory and regulatory requirements. LEA and PSA will ensure that services provided are in accordance with statutory and regulatory requirements and professional standards and consistent with the Nurse Practice Act (Ch.464 F.S.) and the Technical Assistance Guidelines - The Role of the Professional School Nurse in the Delegation of Care in Florida Schools (Rev. 2010).
		d. Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the local Department of Health 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), F.A.C.	LEA, PSA, and CHD	The LEA contractor, PSA, shall be in compliance with School Board Policies and have existing health services protocols, approved by the PSA Medical Director, as listed in the Okaloosa County School Health Services Manual. The CHD Medical Director will act as a resource, as requested, by either the LEA or PSA.
I.	3. s. 381.0056(4)(a), F.S. Each local Department of Health 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. Each local school health services plan shall be completed biennially and approved and signed by at a minimum the superintendent of schools, school board chairperson, local Department of Health medical director or administrator.	LEA, CHD and SHAC	The CHD will develop with School Health Services Plan in conjunction with the LEA and the LEA contractor, PSA. The plan will be submitted to the SHAC for review and recommendations for revision. The CHD will take the lead on routing the School Health Services Plan.

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		b. The local school health services plan shall be reviewed each year for the purpose of updating the plan. Amendments shall be signed by the school district superintendent and the local Department of Health medical director or administrator. (Ch. 64F-6.002(3)(a), F.A.C.).	LEA, CHD, and SHAC	The CHD and LEA will ensure that the plan is prepared, reviewed and approved as needed to meet the statutory requirements. The CHD will assure that any amendments will have the required signatures and submit the document to the DOH State Program Office.
		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), F.A.C.).	CHD and PSA	The CHD will enter the school health data into HMS on a quarterly basis. The LEA contractor, PSA, will provide school health services data as follows to the CHD: Jul 1 - Sept 30 submitted by October 15 Oct 1 -Dec 31 submitted by January 15 Jan 1 - Mar 31 submitted by April 15 Apr 1-Jun 30 submitted by July 15 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 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 Florida Legislature.
		d. As per s. 381.0056(4)(a)(18)(b), F.S., each School Health Advisory Committee (SHAC) should include members representing the eight components of the Centers for Disease Control and Prevention's Coordinated School Health (CSH) model. The SHAC is encouraged to address the eight CSH components in the school district's wellness policy pursuant to s. 1003.453, F.S.	LEA	The LEA will ensure that all eight components of the CSH model are represented on the SHAC. The CHD will make recommendations for potential members at the request of the LEA.

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I.	4. s. 381.0056(4)(a)(1), F.S. Health appraisal	a. Determine the health status of students.	LEA and PSA	THE LEA will establish a health record for all students which contains at a minimum: School Entry Health Examination (DH 3040 or equivalent) Florida Certification of Immunization (DH 680) or Religious Exemption from Immunization (DH 681) The LEA contractor, PSA will maintain documentation of allergies, health conditions, screening test results, follow-up, and referral outcomes as well as student health care plan for day-to-day and/or emergency care of acute and chronic health conditions.
I.	5. s. 381.0056(4)(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), F.A.C.)	LEA, PSA, and CHD	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 annually to ensure the health record is adequate, inclusive and appropriate. A PSA supervisory RN will be present during monitoring of records. Results of the audit will be shared with the LEA, PSA, SHAC and, upon request, the 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), F.A.C.)	LEA and CHD	The LEA will maintain the health record and ensure that records review occur at least annually to verify or update health information. The CHD will monitor for compliance a selected sample of student records for compliance at least annually. Results of the audit will be shared with the LEA, PSA, SHAC and, upon request, the State Program Office.
I.	6. s. 381.0056(4)(a)(3), F.S. Nurse assessment	a. Perform school entry and periodic assessment of student's health needs. (Ch. 64F-6.001(6), F.A.C.)	PSA and CHD	Periodic assessment of students health needs will be updated by PSA with screening data, referrals, outcomes and an IHCP as appropriate or when a student's health needs change. The CHD will monitor for compliance a selected sample of student records at least annually. Results of the audit will be shared with the LEA, PSA, SHAC and, upon request, the State Program Office.



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		b. For day-to-day and emergency care of students with chronic or acute health conditions at school, the registered nurse (RN) develops an individualized healthcare plan (IHP),	PSA and CHD	PSA will ensure that ICHPs are developed by staff licensed in the State of Florida to provide such service (RN, ARNP, MD, DO). 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 CHD will monitor for compliance a selected sample of student records at least annually.
		c. The RN utilizes the IHP to develop an emergency action plan (EAP) and/or an Emergency Care Plan (ECP) for use by unlicensed assistive personnel and school staff.	PSA and CHD	PSA will ensure that ECPs are developed by staff licensed in the State of Florida to provide such service (RN, ARNP, MD, DO) for use by unlicensed assistive personnel and school staff. The ECP is available to staff that have ongoing contact with the student and who have a need to know. The CHD will monitor for compliance a selected sample of student records at least annually.
I.	7. s. 381.0056(4)(a)(4), F.S. Nutrition assessment	a. Identify students with nutrition related problems (Florida School Health Administrative Guidelines. May 2012, Ch. 11).	LEA ,contracted food services provider, and PSA	OCSD has a contracted food services provider who employs a Registered/Licensed Dietician. Health room staff will notify the contract dietician 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(4)(a)(5), F.S. Preventive dental program	a. Recommended services include: Minimally - age appropriate oral health education to all grades and referral system.	LEA	FQHC (North Florida Medical Centers, Inc., Dental Outreach Program) provides dental educational resources to the following elementary schools: Edwins, Elliott Point, Longwood, and Wright. Services include oral health education (classroom), chair side oral hygiene instructions, nutritional counseling, and referrals to a dental home. Dental Health Curriculum for First and Second Grades delivered to all elementary schools by FQHC. FQHC is partnering with Leadership classes as Fort Walton Beach High School to incorporate oral health education and youth activities into their outreach and community service projects.

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		b. Mid-range - oral health screenings, fluoride varnish or rinse program (both recommended for either 2nd or 3rd grades).	LEA	Program with FQHC Dental Outreach Program at four elementary schools, Edwins, Elliott Point, Longwood, and Wright. Services provided include oral assessments and as indicated, application of fluoride varnish. All students seen in the clinic are referred to a dental home and students who require additional services are case managed.
		c. Best practice - school-based or school-linked dental sealant program and primary dental services as available. Recommend a licensed dental professional liaison from the local Department of Health or community partner to provide screenings, preventive oral health services and referrals.	LEA, PSA, and CHD	Licensed dental hygienists from FQHC Dental Outreach Program provide dental screenings/oral assessments, preventative oral health services, and , as indicated application dental sealants and prophylaxis (cleanings) at four elementary schools, Edwins, Elliott Point, Longwood, and Wright. All students seen in the dental outreach program are referred to a dental home and students who require additional services are case managed. Families needing assistance enrolling/applying for state health/dental insurance are linked to the dental outreach program enrollment worker. PSA will make dental referrals and/or provide information to parents for dental resources. Primary dental services for children with Medicaid are available at the CHD.

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I.	9. s. 381.0056(4)(a)(6-9), F.S. Provisions for Screenings	a. Provide screenings and a list of all providers. Screenings: (1) Vision screening shall be provided, at a minimum, to students in grades kindergarten, 1, 3 and 6 and students entering Florida schools for the first time in grades kindergarten through 5. (2) Hearing screening shall be provided, at a minimum, to students in grades kindergarten, 1 and 6; to students entering Florida schools for the first time in grades kindergarten through 5; and optionally to students in grade 3. (3) Growth and development screening shall be provided, at a minimum, to students in grades 1, 3 and 6 and optionally to students in grade 9. (4) Scoliosis screening shall be provided, at a minimum, to students in grade 6. (Ch.64F-6.003(1-4), F.A.C.	PSA	The LEA contractor, PSA will: Ensure mandated screenings are completed, the results are recorded, and maintained in the students health record. Report screening data, referrals, and outcomes to the CHD quarterly as described in Part I.3.c. Data is entered quarterly into the HMS system by the CHD
		b. Assist in locating referral sources for additional evaluation and/or treatment for students with abnormal screening results. Referral sources may include, but are not limited to, state contracted vision service providers (provided the student meets eligibility requirements), other service providers and local resources. (1) Provide a list of all referral providers.	LEA, PSA, and CHD	PSA will make referrals and /or provide information to parents. The CHD will maintain and make available to the LEA and PSA a list of referral resources that address the health screenings.

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		c. Establish a system to document and 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 I.3.c.
		d. Ensure all screening services are coded into HMS to include initial screenings, rescreenings, abnormal results/referrals, outcomes, and incomplete referrals after three attempts.	CHD	The CHD will ensure data entry into HMS within 30 days of receipt of appropriate data from the LEA contractor, PSA.
I.	10. s. 381.0056(4)(a)(10), F.S. Health counseling	a. Provide health counseling as appropriate.	LEA and PSA	The LEA contractor, PSA, will ensure that the provision of health counseling to students and parents follows written protocols that are based on current best practices.
		b. Document health counseling in the student health record.	LEA and PSA	The LEA contractor, PSA, will ensure that health counseling is documented in the electronic student health log maintained by PSA using standard protocols.
I.	11. s. 381.0056(4)(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.	LEA, PSA, and CHD	The LEA contractor, PSA, will have a written procedure for referral and follow up of abnormal health screenings, emergency health issues and acute or chronic health conditions, and ensure that the procedures are being followed. The CHD will monitor for compliance a selected sample of student records at least annually.
		b. Coordinate and link to community health resources.	LEA, PSA, and CHD	The LEA will maintain and share additional linkages to community health resources. The CHD will develop, maintain, and provide to the LEA a list of resources with contact information to include 211 Northwest Florida. The CHD will coordinate access to CHD health services for students eligible for specific health services routinely provided at the CHD.
		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.

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		d. Provide referral to services to sexually exploited children including: counseling, healthcare, substance abuse treatment, educational opportunities, and a safe environment secure from traffickers (Ch. 39.001 (4) (a-d), F.S.) and report as child abuse (s.1006.061, F.S.).	LEA, and PSA	Each entity shall follow state statute and organizational protocols to report sexual exploitation as child abuse. School Board Policy 4-43 - Prohibition of Bullying and Harassment, includes sexual harassment and School Board Policy 4-46 is the Prohibition of Teen Dating Violence or Abuse.
I.	12. s. 381.0056(4)(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), F.A.C.). List protocols used (i.e. Emergency Guidelines for Schools 2011 Florida Edition).	LEA, PSA, and CHD	The LEA will have written health emergency policies and protocols in place and will ensure that the procedures are being followed by all staff to include PSA. The CHD will monitor for compliance a selected sample of health emergency policies and protocols at least annually. Okaloosa County Emergency Guidelines for Schools & Child Care Centers 2011 Edition Crisis Management Flip Chart Suicide Prevention Chart
		b. Ensure health room staff and two additional staff in each school are currently certified in cardiopulmonary resuscitation (CPR) and first aid and a list is posted in key locations. (Ch. 64F-6.004(2&3), F.A.C.). Include on the list location and phone numbers of these staff members.	LEA and CHD	The LEA will ensure that at least the health room staff and two additional staff members are currently certified in cardiopulmonary resuscitation (CPR) and first aid. Proof of certification and training will be maintained at the individual school. List of those certified will be posted in key locations within the school and will include location and phone numbers of staff member. The CHD will monitors a selected sample of records at least annually.
		c. Assist in the planning and training of staff responsible for emergency situations. (Ch. 64F-6.004(4), F.A.C.)	LEA, PSA, and CHD	The LEA and 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 a selected sample of training records at least annually.

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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), F.A.C.)	LEA, PSA, and CHD	The LEA will ensure that emergency equipment and facilities are in good repair. The LEA contractor, PSA, will ensure that health room staff follow written protocols to ensure expired first aid supplies are disposed of properly. The CHD will monitor for compliance a selected sample of first aid supplies, emergency equipment, and facilities at least annually.
		e. The school principal (or designee) shall assure first aid supplies, emergency equipment, and facilities are maintained. (Ch. 64F-6.004(6), F.A.C.)	LEA and CHD	The LEA will assure adequacy of first aid supplies, emergency equipment and facility maintained. The CHD can 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 a selected sample least annually.
		f. All injuries and episodes of sudden illness referred for emergency health treatment shall be documented and reported immediately to the principal or the person designated by the principal or the acting principal. (Ch. 64F-6.004(7), F.A.C.)	LEA and PSA	The LEA and 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: 1) have an operational automatic external defibrillator (AED) 2) ensure employees expected to use the AED obtain appropriate training 3) and register the AEDs with the county emergency medical services director. (s. 1006.165, F.S.)	LEA	The LEA will ensure compliance by maintaining an inventory of the AEDs, by performing quarterly checks on AEDs to ensure they are in working order, and by maintaining written documentation of skills training of staff who may be called upon to use the AED.
<b>I.</b>	13. s. 381.0056(4)(a)(13), F.S. Assist in health education curriculum	a. Collaborate with schools, health staff and others in health education curriculum development.	LEA and CHD	The CHD can assist with the development of health curriculum upon request from the LEA.

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I.	14. s. 381.0056(4)(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 those provided by the CHD.
		b. Assist in locating referral sources for Medicaid eligible or underinsured students (community health and social service providers).	LEA and CHD	The LEA and CHD can provide families information on Florida KidCare and Medicaid.
I.	15. s. 381.0056(4)(a)(15), F.S. Consult with parents or guardian regarding student's health issues	a. Provide consultation with parents, students, staff and physicians regarding student health issues. (Ch. 64F-6.001(1), F.A.C.)	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.	16. s. 381.0056(4)(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), F.A.C.)	LEA and CHD	The LEA will maintain all aspects of the cumulative health record and ensure that the record included the required information. The CHD will monitor for compliance a selected sample of student records at least annually.
		b. Maintain student health records per s. 1002.22, F.S. (Ch. 64F-6.005(2), F.A.C.)	LEA, PSA, and CHD	The LEA and the LEA contractor, PSA, will maintain student health records according to statute. The CHD will monitor a selected sample of student records at least annually.
I.	17. s. 381.0056(4)(a)(17), F.S. Provision of health information for Exceptional Student Education (ESE) program placement	a. Provide relevant health information for ESE staffing and planning according Ch. 6A-6.0331 and 64F-6.006, F.A.C.	PSA	The LEA contractor, PSA, will provide relevant health information for ESE staffing and planning.
I.	18. s. 381.0056(5)(a)(18), F.S.	a. Notification to the local nonpublic schools of the school health services program and the opportunity for representatives of the local nonpublic schools to participate in the development of the cooperative health services plan.	CHD	The CHD will notify all private schools annually of the opportunity to participate in the School Health Services Plan.

Part	<b>Statutory Requirements</b> <i>(Legislative mandates that establish School Health Program requirements)</i>	<b>Program Standards</b> <i>(Standards and Administrative Code that support statutory requirements, are identified)</i>	<b>Local Agency(s) Responsible</b> <i>(Identify the local agency(s) responsible for each requirement)</i>	<b>Local Implementation Strategy &amp; Activities</b> <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>
		b. A nonpublic school may request to participate in the school health services program provided they meet requirements per s. 381-0056(5)(a)-(g), F.S.	CHD	The CHD will notify private schools of participation requirements.
I.	19. s. 381.0056(6)(a), F.S. The district school board shall include health services and health education as part of the comprehensive plan for the school district.	a. School-based health services are provided to public school children in grades pre-kindergarten through twelve. Health services are provided to public charter schools, based upon the charter, local contracts, and agreements. Counties offer school health services to private schools, based upon their participation in the School Health Services Plan, and the availability of staff and local resources. (Florida School Health Administrative Guidelines. May 2012, Section I-2).	LEA	Health services are provided through a contact with Pediatric Services of America (PSA) The LEA health education plan is included in the annual Pupil Progression Plan and complies with required state curriculum.



Part	<b>Statutory Requirements</b> <i>(Legislative mandates that establish School Health Program requirements)</i>	<b>Program Standards</b> <i>(Standards and Administrative Code that support statutory requirements, are identified)</i>	<b>Local Agency(s) Responsible</b> <i>(Identify the local agency(s) responsible for each requirement)</i>	<b>Local Implementation Strategy &amp; Activities</b> <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>
		b. Describe how CHD staff will assist school personnel in health education curriculum development. Since the CHD staff includes health professionals with expertise in many disciplines, they should be considered a primary resource for topics related to student health and wellness. County health department staff may serve as content and curriculum experts in their particular specialty (i.e. dental health, nutrition, hygiene and communicable disease prevention, injury prevention, human growth and development, sexually transmitted diseases, and other health topics relevant to school-age children and adolescents). (Florida School Health Administrative Guidelines. May 2012, Section III, Ch.15-1).	LEA and CHD	The CHD will work with the LEA to identify public health issues of importance to school age children. The CHD can provide the LEA with expertise in the priority public health issues.
I.	20. s. 381.0056(6)(b), F.S. The district school board shall provide in service health training for school personnel.	a. Please list providers of in service health training for school personnel.	LEA and CHD	SB policy 1-21 and 6-36 PSA provides health training for school personnel. The CHD can serve as a resource for health information, education, and training at the request of the LEA.
I.	21. s. 381.0056(6)(c), F.S. The district school board shall make available adequate physical facilities for health services.	a. Health room facilities in each school will meet DOE requirements. (State Requirements for Educational facilities, December 2012 and/or State Requirements for Existing Educational Facilities 2012).	LEA and CHD	The LEA will ensure that each school meets DOE Requirements. The CHD can serve as a resource for the planning of renovation or new construction of health rooms as the request of the LEA. The CHD will monitor for compliance a selected sample of facilities at least annually.

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I.	22. s. 381.0056(6)(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.	a. List programs and/or resources to be used.	LEA, contracted food service provider, and PSA	The LEA food service contractor 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 link is advertised in the schools and information is sent home with links to on-link newsletters from the food services contractor. Each school has a Wellness Committee to promote student and staff wellness. Each school decides what program(s) to utilize that meet their school needs. Examples include Fuel Up to Play 60, Miler Club, Jump Rope for Heart, and Relay for Life as well as curriculum-based programs on nutrition and Boy Scouts of America Summer Safety.
I.	23. s. 381.0056(6)(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.	a. Provide the opportunity for parents or guardians to request an exemption in writing.	LEA	The LEA maintains information on parental opt out from health services in the annual Pupil Progression Plan.
		b. Obtain parent permission in writing prior to invasive screening.	LEA	NOT APPLICABLE
I.	24. 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.	a. The school health plan shall include initial school entry health examination policy. (Ch. 64F-6.002(2)(f), F.A.C.) Note: Reference policy to Ch. 6A-6.024, F.A.C.	LEA and CHD	SB policy 4-2 The CHD will monitor for compliance at least annually. Results of the monitoring will be shared with the LEA and SHAC.

Part	<b>Statutory Requirements</b> <i>(Legislative mandates that establish School Health Program requirements)</i>	<b>Program Standards</b> <i>(Standards and Administrative Code that support statutory requirements, are identified)</i>	<b>Local Agency(s) Responsible</b> <i>(Identify the local agency(s) responsible for each requirement)</i>	<b>Local Implementation Strategy &amp; Activities</b> <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>
I.	25. 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.	a. The school health plan shall include immunization policies in each school that comply with Ch. 64D-3.046, F.A.C. (Ch. 64F-6.002(2)(e), F.A.C.). Each public school, including public kindergarten, and each private school, including private kindergarten, shall be required to provide to the local Department of Health director or administrator annual reports of compliance with the provisions of this section per s. 1003.22 (8) F.S.	LEA and CHD	SB policy 4-2 The CHD will provide Florida SHOTS training at the request of the LEA. The CHD will monitor for compliance a selected sample of student records at least annually. Results of the monitoring will be shared with the LEA and SHAC.
I.	26. 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.	a. The school health plan shall include communicable disease policies. (Ch. 64F-6.002(2)(d), F.A.C.) Note: Policies need to provide for interagency coordination during suspected or confirmed disease outbreaks in schools.	LEA and CHD	SB policy 10-1 Upon the 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.
I.	27. 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.	a. Include provisions in the procedure for general and student-specific administration of medication training.	LEA and CHD	SB policy 4-25 The LEA contractor, PSA, will ensure that health 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 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 a selected sample of training records at least annually.

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I.	28. 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.	a. The school district medication policy will be reviewed annually and updated as necessary to ensure student safety.	LEA and PSA	SB policy 4-25. The LEA and PSA will jointly review written policy annually and update as needed.
		b. The school district medication policy will address the use of designated school staff for medication administration and be consistent with delegation practices per Ch. 64B9-14, F.A.C.	LEA, PSA, and CHD	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 a selected sample of records at least annually.
	29. s. 1002.20(3)(h), F.S. Students with asthma whose parent and physician provide approval may carry a metered dose inhaler on their person while in school.	a. Develop and implement an Individualized Healthcare Plan (IHP) and Emergency Action Plan (EAP) to ensure safe use of inhaler by student.	LEA, PSA, and CHD	SB policy 4-25 The LEA, PSA and CHD will review this policy every two years or when medical practice or legislative mandates require the policy to be updated. The LEA contractor, PSA, will identify and implement and ICHP/ECP for those students with written physician approval to carry and administer metered dose inhalers. The CHD will monitor for compliance a selected sample of student health records at least annually.
	30. s. 1002.20(3)(i), F.S. 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 written parental and physician authorization has been provided.	a. For students with life threatening allergies, the RN shall develop an annual IHP that includes an EAP, in cooperation with the student, parent/guardians, physician, and school staff. The IHP shall include child-specific training to protect the safety of all students from the misuse or abuse of auto-injectors. The EAP shall direct that 911 will be called immediately for an anaphylaxis event and have a plan of action for when the student is unable to perform self-administration of the epinephrine auto-injector. (Ch. 6A-6.0251, F.A.C.)	LEA, PSA, and CHD	SB policy 4-25 The LEA, PSA and CHD will review this policy every two years or when medical practice or legislative mandates require the policy to be updated. The LEA contractor, PSA, will identify and implement and ICHP/ECP for those students with written physician approval to carry and self-administer epinephrine auto-injectors. The CHD will monitor for compliance a selected sample of student records at least annually.

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	<p>31. A public school may purchase from a wholesale distributor as defined in s. 499.003 and maintain in a locked, secure location on its premises a supply of epinephrine auto-injectors for use if a student is having an anaphylactic reaction. The participating school district shall adopt a protocol developed by a licensed physician for the administration by school personnel who are trained to recognize an anaphylactic reaction and to administer an epinephrine auto-injection. s. 1002.20(3)(i)(2), F.S.</p>	<p>a. If the school district has chosen to maintain supplies of epinephrine auto-injectors, a written protocol has been developed by a licensed physician and is available at all facilities where supplies are kept.</p>	<p>LEA</p>	<p>NOT APPLICABLE</p>
	<p>32. s. 1002.20(3)(j), F.S. Students with diabetes that have physician and parental approval may carry their diabetic supplies and equipment and self-manage their diabetes while en-route to and from school (bus), in school or at school sponsored activities. The written authorization shall identify the diabetic supplies, equipment and activities the student is capable of performing without assistance for diabetic self-management, including hypoglycemia and hyperglycemia.</p>	<p>a. Maintain a copy of the current physician's diabetes medical management plan, and develop and implement an IHP and ECP to ensure safe self management of diabetes pursuant to Ch. 6A-6.0253, F.A.C.</p>	<p>LEA, PSA, and CHD</p>	<p>SB policy 4-25 The LEA and PSA will review this policy every two years or when medical practice or legislative mandates require the policy to be updated. The LEA contractor, PSA, will identify and implement and ICHP/ECP for those students with written physician approval to carry diabetes supplies and to self-manage their diabetes. The CHD will monitor for compliance a selected sample of student records at least annually.</p>

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	33. s. 1002.20(3)(k), F.S. 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 while en-route to and from school (bus), in school or at school sponsored activities if the school has been provided with authorization from the student's parent and prescribing practitioner.	a. Develop and implement an IHP and ECP for management of the conditions requiring pancreatic enzyme supplements and to ensure that the student carries and self-administers such supplements as prescribed by the physician pursuant to Ch. 6A-6.0252, F.A.C.	LEA, PSA, and CHD	SB policy 4-25 The LEA and PSA will review this policy every two years or when medical practice or legislative mandates require the policy to be updated. The LEA contractor, PSA, will identify and implement and ICHP/ECP for those students with conditions requiring pancreatic enzymes supplements to include written physician approval to self-carry and self-administer of supplements. The CHD monitors selected sample of student records for compliance at least annually.
I.	34. 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. The delegation process shall include communication to the UAP which identifies the task or activity, the expected or desired outcome, the limits of authority, the time frame for the delegation, the nature of the supervision required, verification of delegate's understanding of assignment, verification of monitoring and supervision per Ch. 64B9-14.002(3). The documentation of training and competencies should be signed and dated by the RN and the trainee.	LEA, PSA, and CHD	LEA and PSA will jointly develop a written policy. The LEA, PSA, and the CHD will review this policy every two years for when medical practice or legislative mandates require the policy to be updated. THE CHD monitors selected sample of student records for compliance at least annually.
		b. Use of nonmedical assistive personnel shall be consistent with delegation practices per Ch. 64B9-14, F.A.C. and per the Technical Assistance Guidelines - The Role of the Professional School Nurse in the Delegation of Care in Florida Schools (Rev. 2010).	LEA, PSA, and CHD	The LEA contractor, PSA, will have written procedures for RN's delegating authority for medication administration and for maintaining documentation of training. The CHD monitor selected sample of training records for compliance at least annually.

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<b>PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)</b>				
II.	1. s. 381.0057(6), F.S. The services provided by a comprehensive school health program must focus attention on promoting the health of students, reducing risk-taking behavior, and reducing teen pregnancy. Services provided under this section are in addition to the services provided under s. 381.0056, F.S. and are intended to supplement, rather than supplant, those services.	a. Use annual schedule C funding allocations (General Appropriations Act) provided to designated county health departments (local Department of Health) for comprehensive school health programs that provided basic school health services as specified in Part I of this plan and promote student health, reduce risk-taking behaviors, and reduce teen pregnancy.	NOT APPLICABLE	
II.	2. s. 381.0057(6), 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.	3. s. 381.0057(6), 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	
II.	4. s. 381.0057(6), F.S. Reducing teenage pregnancy.	a. Identify and provide interventions for students at risk for early parenthood.	NOT APPLICABLE	

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		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	
		e. Refer all pregnant students who become known to staff for prenatal care and Healthy Start services, in accordance with s.743.065, F.S.	NOT APPLICABLE	
II.	5. s. 381.0057(5), 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 (3).	a. Provide a description of the mechanism for parental exemption of the child from all or certain services and describe the process of informing parents of this right.	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	



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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.	a. Local Departments of Health and school districts will plan and coordinate FSS program services.	NOT APPLICABLE	
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.	a. 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 employment. 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.