



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

2016 – 2018 School Health Services Plan

for

Suwannee County

Due by September 15, 2016

E-mail Plan as an Attachment to:

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 2016 - 2018

Statutory Authority: 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

- 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.
- If you need clarification on the programmatic items in the plan, please email the School Health mailbox at: hsf.sh_feedback@flhealth.gov

REFERENCES

Florida School Health Laws and Rules: http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/_documents/statutory-rules-schoolhealth-2015-2016.pdf

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

Florida School Health Administrative Guidelines (2012): http://www.floridahealth.gov/healthy-people-and-families/childrens-health/school-health/_documents/adminstrative-guidelines.pdf

Guidelines for the Care and Delegation of Care for Students with Asthma in Florida Schools (2013): http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/_documents/asthma-guidelines-2013.pdf

Guidelines for the Care and Delegation of Care for Students with Diabetes in Florida Schools (2015): http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/_documents/diabetes-guidelines-for-the-care-delegation-of-care-for-students-with-diabetes-in-florida-schools.pdf

The Role of the Professional School Nurse in the Delegation of Care in Florida Schools: http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/_documents/role-of-rn-in-delegation-of-care-in-florida-schools.pdf

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

Promoting Health and Academic Success Through Collaboration and Partnership: A Guide for Florida's School Health Advisory Committees: http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/_documents/fl-shac-manual-2013.pdf

State Requirements for Educational Facilities (2014): <http://www.fldoe.org/core/fileparse.php/7738/urlt/srefrule14.pdf>

School Health Program Coding Manual: http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/_documents/school_health_coding_manual_2016-17.pdf

2016 - 2018 School Health Services Plan Signature Page

My signature below indicates that I have reviewed and approved the 2016 - 2018 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	Kerry Waldron	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
Local Department of Health Nursing Director	Cindy Morgan	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
Local Department of Health School Health Coordinator	Jessica Hadden	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Board Chair Person	Ed DaSilva	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School District Superintendent	Jerry A. Scarborough	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School District School Health Coordinator	Michele Howard	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Health Advisory Committee Chairperson	Patricia Nixon	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Health Services Public / Private Partner	<i>Printed Name</i>	

	Signature	Date
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Part	Statutory Requirements <i>(Legislative mandates that establish School Health Program requirements)</i>	Program Standards <i>(Standards and Administrative Code that support statutory requirements, are identified)</i>	Local Agency(s) Responsible <i>(Identify the local agency(s) responsible for each requirement)</i>	Local Implementation Strategy & Activities <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>
PART I: PREVENTIVE HEALTH SERVICES FOR ALL PUBLIC SCHOOLS				
I.	1. s. 381.0056, 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 Scope of Work.	DOH - Suwannee: Administrator, School Health Coordinator, Community Health Nursing Director, and Business Manager; SCSB: School Health Coordinator, School Nurses, and School Administrators.	Schedule C Funding allocations are used to provide Comprehensive SH Services to all seven public schools in Suwannee County. These funds allow the school nurses to expand their roles in promoting the health of students, reducing risk-taking behavior, and reducing teen pregnancy. The Schedule C funding pays for a full time RN to staff clinic at Branford High School, a half time School Health Coordinator, a health aide, and a LPN. The presence of the Health Aid and the LPN at district schools enables the school nurses to plan, coordinate, and/or deliver health promotion and health education activities aimed at reducing risk-taking behaviors and reducing teen pregnancy. The half time School Health Coordinator is available to teach classes or assist in the school health offices.
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.)	DOH - Suwannee; Suwannee County School Board	The DOH - Suwannee and Suwannee District Schools each designate one person to be responsible for the coordination of planning, development, implementation and evaluation of the local school health program. The School Health Services Coordinators from DOH - Suwannee and Suwannee District Schools are the persons designated. Compliance is assured by the designated persons being in frequent communication and meeting on a regular basis to review Employee Activity Reports, daily health room log summaries, screening activities, scheduling and conducting annual sites visits (or as needed), and any other matters pertaining to implementation of the school health program

		<p>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.)</p>	<p>DOH - Suwannee; Suwannee County School Board</p>	<p>Employment- The SCSB and DOH-Suwannee, follow Equal Opportunity guidelines that comply with federal, state, and local guidelines, in hiring and employing all health related staff. The Suwannee County School Board will employ six full time registered nurses and one part time School Health Services Coordinator. The DOH-SUWANNEE shall make available the following personnel and/or other resources to provide the services required under the annual MOA between DOH- Suwannee and the SCSB:</p> <ol style="list-style-type: none"> 1. Provide a part-time Registered Nurse (RN) to serve as the School Health Coordinator, as a resource to school clinic personnel. The School Health Coordinator will be an employee of DOH-SUWANNEE. 2. Provide a Licensed Practical Nurse (LPN) or Health Support Aid in either a Career Service or Other Personnel Services position at designated school under control of DOH-SUWANNEE. Recruitment of these positions is the responsibility of the DOH-SUWANNEE Community Health Nursing Director. Vacant positions will be advertised through DOH-SUWANNEE human resources office 3. Provide a full time Registered Nurse position at Branford High School 4. Provide a full time Licensed Practical Nurse or Health Support Aid to provide support to SHS, SES, SPS, BES, BHS, SIS, SMS <p>Supervision- school health staff members employed by SCSB will be supervised by the schools' site administrators and the School Health Coordinator employed by SCSB; school health staff members employed by the DOH-Suwannee are supervised by the schools' site administrators in matters pertaining to school board policy, and the DOH-Suwannee Director of Nursing in matters related to school health/nursing statutory requirements and professional standards. An annual MOA is signed by the DOH-Suwannee and the LEA. The MOA outlines and establishes the terms and conditions under which the DOH-Suwannee shall deliver or perform services indicated for the School Board according to state statutes and the annual school health services plan.</p>
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		<p>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</p>	<p>DOH- Suwannee, in collaboration with the SCSB School Health Coordinator will: (1) Provide oversight of the school health program and delivery of school health services as outlined in the School Health Services Plan and in accordance with Florida Statutes. (2) Assure that all nurses work within the scope of their practice and in accordance with</p>
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		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).		the Florida Nurse Practice Act and be licensed as an RN/LPN in accordance with Chapter 464, Florida Statutes. (3). Assure that DOH-SUWANNEE school health staff is knowledgeable of competencies and performance evaluation tools. (4). Assure that DOH-SUWANNEE school health staff is knowledgeable of Florida Statutes related to student health and welfare. (5). Assure that DOH-SUWANNEE school health staff follow all SCSB District policies and procedures, including adherence to all applicable confidentiality laws, both federal and state governing school and health records. All Registered Nurses provide service in accordance with the Florida Nurse Practice Act; LPNs and unlicensed assistive personnel work under the supervision of a Registered Nurse.
		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.)	DOH-Suwannee SCSB, SHAC, Students' Private Physicians	Medical Protocols signed by the medical director of the DOH-Suwannee apply only to DOH-Suwannee school health personnel. No standing orders are in place from the DOH-Suwannee medical director for DOH-Suwannee or LSD school health personnel. Medical protocols used in the delivery of health services by SCSB and DOH-Suwannee employees are based on best practices, state statute, regulatory requirements and professional standards, input from local SHAC, and students' private physicians. The SCSB has no medical consultant. The LSD has been unable to hire a medical consultant due to availability in the area and cost of hiring.
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.	DOH-Suwannee SCSB SHAC Chairperson	The School Health Services plan is completed biennially and approved and signed by the superintendent of schools, school board chairperson, and DOH-Suwannee administrator. The School Health Services Plan is developed by gathering information throughout the school year from school health staff, school staff, parents, students, and the SHAC.

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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.).	SDOH-Suwannee SCSB SHAC Committee School Health Services Staff	The school health services plan is reviewed each year by the SHAC and School Health Staff, for the purpose of updating the plan. Amendments are signed by the school district superintendent and the DOH-Suwannee administrator.
		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.).	DOH-Suwannee SH Coordinator SCSB-SH Coordinator DOH - Suwannee Director of Nursing, School Health Services Staff	DOH-Suwannee employees input health services data into HMS; SCSB School Health Staff complete a monthly Employee Activity Report, which is input into HMS by a DOH-Suwannee School Health Employee.
		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.	School Health Services Staff DOH-Suwannee SCSB Local SHAC Committee	The Local SHAC strives to include members who represent the eight components of the Centers for Disease Control and Prevention's Coordinated School Health (CSH) model. The eight components are addressed in the SCSB Wellness Policy.
I.	4. s. 381.0056(4)(a)(1), F.S. Health appraisal	a. Determine the health status of students.	School Health Services Staff	A registered nurse is scheduled to be on site daily at each of the seven public schools in Suwannee County to provide health appraisal for students seen in the school health clinic or referred by staff, parents, or the students themselves. Review of annual emergency information forms and physicals is done by school nurses to help determine the health status of students. In addition, the LPN and Health Aid provide health services to students which helps determine the health status of students.

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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.)	School Health Services Staff School Registrars	The school nurses perform initial school entry review of student health records to verify presence of: cumulative health record, school entry physical, immunization status (DH 680), emergency information, etc. The school nurses log all record reviews in the students' cumulative health records and note any health issues discovered during review of student records. Student health issues are also documented in FOCUS in students' individual health record and/or student treatment record. Any incomplete health records or emergency forms are tracked for completion. Each school nurse works with their school's registrar; previous school of enrollment; and/or the students' parents to try to obtain needed records for school entry and emergency information.
		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.)	School Health Services Staff School Administrators Schools' Front Desk Personnel Teachers	An Emergency Information and Health Update form is part of the annual enrollment packet. School nurses perform annual review of each student's emergency information and medical status. School nurses try everything possible to obtain an updated emergency information form/card for each student each year. School nurses work with teachers to aide in process of obtaining an information card.
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.).	School Health Services Staff	School nurses assess students' health needs by performing a record review on each new enrollee and an annual record review for returning students.
		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).	Registered Nurse assigned to each school	IHCPs and EAPS are developed according to guidelines outlined in the School Nurse Delegation Technical Assistance Guidelines and School Nursing: Scope and Standards of Practice, (2nd Edition 2011).
		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.	Registered Nurse assigned to each school	IHCPs and EAPS are developed according to guidelines outlined in the School Nurse Delegation Technical Assistance Guidelines and School Nursing: Scope and Standards of Practice, (2nd Edition 2011). ECPs/EAPS are distributed to teachers and staff who are in contact with the student.

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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).	Registered Nurse assigned to each school and School Health Services Teams.	School nurses identify students with nutrition related problems through: observing students for physical signs and other outward indications of nutrition related problems, performing growth and development screening(s) and nutritional assessment (s). School nurses also identify students with nutrition related problems based on information received from parents, teachers, staff, and student peers.
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.	School Nurses, Teachers, Local Dental Offices	There are presently no preventative dental services provided in Suwannee District Schools. School nurses arrange dental hygiene classes for elementary age students through local dental offices or educational videos. School nurses give a dental resource list to parents of students who need dental services. DOH Suwannee provides dental services to children 0-20 years of age who are on Medicaid at DOH-Suwannee fixed base operation/clinic.
		b. Mid-range - oral health screenings, fluoride varnish or rinse program (both recommended for either 2nd or 3rd grades).		There are presently no preventative dental services provided in Suwannee District Schools.
		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.		There are presently no preventative dental services provided in Suwannee District Schools. There are no community partners or liaison from local DOH available.
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	LEA and DOH-Suwannee School Nurses: LEA and DOH-Suwannee SH Coordinators	a. Parents are provided with a list of healthcare providers who provide vision, hearing, growth and development, and scoliosis health care. A list of vision providers who provide low/no cost exams and glasses is also provided. (1) Mass mandated vision screenings are done each year for grades K, 1, 3, & 6 by a trained screening team. Mandated screenings are completed by the end of the first semester each year. Screening for newly enrolled students are provided as students enroll by the school nurse or trained school health staff. School Health personnel strive to complete screenings

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		<p>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.)</p>		<p>within a month of school enrollment (if no record of vision screening having been done in latest, mandated grade level, is found in cumulative or other health records. Or if a failed screening is recorded with no documentation of a completed referral).</p> <p>(2) Mass mandated hearing screenings are done each year for grades K, 1, & 6 by a trained screening team. Mandated screenings are completed by the end of the first semester each year. Screening for newly enrolled students are provided as students enroll by the school nurse or trained school health staff. School Health personnel strive to complete screenings within a month of school enrollment (if no record of hearing screening having been done in latest, mandated grade level is found in cumulative or other health records. Or, if a failed screening is recorded with no documentation of a completed referral).</p> <p>(3) Mass mandated G & D screenings are done each year for grades 1, 3, & 6 by a trained screening team. Mandated screenings are completed by the end of the first semester each year. Screening for newly enrolled students are provided as students enroll by the school nurse or trained school health staff. School Health personnel strive to complete screenings within a month of school enrollment (if no record of hearing screening having been done in latest, mandated grade level is found in cumulative or other health records. Or, if a failed screening is recorded with no documentation of a completed referral).</p> <p>(4) Mass mandated scoliosis screenings are done each year for 6th graders, by a trained screening team. Mandated screenings are completed by the end of the first semester each year. Screening for newly enrolled students are provided as students enroll by the school nurse or trained school health staff. School Health personnel strive to complete screenings within a month of school enrollment (if no record of hearing screening having been done in latest, mandated grade level is found in cumulative or other health records. Or, if a failed screening is recorded with no documentation of a completed referral).</p>

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		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.	School nurses/LSD and DOH-Suwannee School Health Coordinators; SHAC	Parents are provided a list of referral providers that includes local healthcare providers; children's specialty hospitals within driving distance, and state contracted vision service providers.
		c. Establish a system to document and track screening results and referrals.	School Nurses/LSD and DOH-Suwannee School Health Coordinators	School nurses log all screening results, send letters home via U. S. Mail if screening results are abnormal, and track all screening referrals. A minimum of three (3) parental contacts are made to those parents who fail to provide evidence of examination by an appropriate healthcare provider for the screening referral. School nurses provided parents with information on local healthcare providers and financial assistance (if available).
		d. Ensure all screening services are coded into HMS to include initial screenings, re-screenings, abnormal results/referrals, outcomes, and incomplete referrals after three attempts.	School Nurses/LSD and DOH-Suwannee School Health Coordinators	All screening services are coded into HMS by a DOH-Suwannee School Health Services Employee after receiving a monthly EAR from each school nurse. The coding includes initial screenings, rescreening's, abnormal results/referrals, outcomes, and incomplete referrals after three attempts.
I.	10. s. 381.0056(4)(a)(10), F.S. Health counseling	a. Provide health counseling as appropriate.	School Nurses	Each school nurse is responsible for providing and/or referring for identified counseling needs of students as identified through health appraisal and assessment.
		b. Document health counseling in the student health record.	School Nurses	Health counseling that is documented in the student health record.
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.	School Nurses and or DOH-Suwannee School Health Coordinator	Referral and follow up of abnormal health screenings, emergency health issues, and acute or chronic health problems is done by each school nurse. Abnormal health screenings are first referred via a letter sent to parents by U.S. Mail. A minimum of three contacts via phone, letter, or face to face is made for failed screenings that are not completed by a health care provider. Emergency health issues or severe injuries are referred to 911 for transport to

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				the nearest ER. Parents are notified ASAP of the 911 transport. Acute and chronic health problems that are not life threatening are referred for medical care by speaking in person or via telephone call to parents.
		b. Coordinate and link to community health resources.	LEA, DOH-Suwannee and SHAC	LEA, DOH-Suwannee and SHAC will update the list of community health resources on annual basis. LEA and DOH-Suwannee School Health Coordinators and SHAC will seek to identify partnerships in the healthcare community. School nurses will utilize the Community Health Resources List to assist in directing parents to local providers.
		c. Require child abuse reporting. (s. 1006.061, F.S.)	LEA and DOH-Suwannee School Health Coordinators; LEA and DOH-Suwannee School Nurses	1006.061 Child abuse, abandonment, and neglect policy along with reporting web site, telephone number and fax number is posted in each school clinic and throughout each school in prominent places. LEA and DOH-Suwannee require mandatory reporting of suspected or actual child abuse, abandonment, and/or neglect by all school and school health staff. School Health Staff will document reported abuse/neglect in a confidential health file. Staff receives annual training during orientation of reporting procedures.
		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, Suwannee County Sheriff's Office	Refer students to Meridian Behavioral Health for counseling services and substance abuse treatment; assist families with Medicaid or Florida Kid care application for medical services; provide students educational opportunities and support; refer to DCF/SRO if trafficking/child abuse is suspected.
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 and DOH-Suwannee School Health Coordinators; LEA and DOH-Suwannee School Nurses;; LEA School Administrators	Per Ch. 64F-6.004(1), F.A.C. (1) Policies, procedures and protocols for the management of health emergencies shall be in writing and kept on file at the local school district, each school, and the DOH-Suwannee, and include, at a minimum, the following provisions: Protocols used are from Emergency Guidelines for Schools, 2011 Edition (a) An emergency information card, updated annually, shall be completed for each student listing contact person, family physician, allergies, significant health history and permission for emergency care; and

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				<p>The LSD has in place, a coordinated procedure that aims to receive an updated emergency information card for each student, every school year.</p> <p>(b) The locations of emergency supplies and equipment and a list of persons currently certified by a nationally recognized certifying agency to provide first aid and cardiopulmonary resuscitation shall be posted in several areas throughout the school plant.</p> <p>The school district has a procedure in place to assure the names of certified staff are posted and the location of emergency supplies and equipment. Each school nurse maintains and post a list of CPR certified staff in the clinic, main office, cafeteria, gym, lounges, multipurpose room, and at AED locations.</p>
		<p>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.</p>	<p>LEA Administrators; DOH-Suwannee and LEA School Health Coordinators and School Nurses</p>	<p>Each school nurse posts the location of emergency supplies and equipment, along with the names of persons at each site, who are currently certified by a nationally certifying agency to provide first aid and/or CPR in the clinic, main office, cafeteria, gym, lounges, multipurpose room, and at AED locations. The LEA pays for any school nurse who wishes to be a certified CPR /First Aid Instructor to be aligned with a local training center. The LEA pays for school nurses to provide CPR/First Aid training after hours to LEA staff. LEA staff are not charged for the classes.</p>
		<p>c. Assist in the planning and training of staff responsible for emergency situations. (Ch. 64F-6.004(4), F.A.C.)</p>	<p>LEA Administrators; DOH-Suwannee and LEA School Health Coordinators and School Nurses</p>	<p>School nurses assist in planning for emergency situations by notifying school administrators and teacher of students who have IHCPs and EAPS. School nurses train staff responsible for care of students who have IHCPs and EAPS in emergency situations. School Nurses also work with the LEA administrators to maintain at least two additional staff certified in CPR and First Aid. School Staff work collaboratively with LEA Administrators to develop emergency response plan.</p>
		<p>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.)</p>	<p>School Nurse, School Health Staff, PE Staff, Office Staff, LEA School Health Coordinator</p>	<p>School nurses, school health staff , PE staff (who are responsible for an AED), and office staff (where/when no health staff available) monitor AEDs on daily basis and sign daily AED checklist as to condition of AED. Non-functioning AEDs are reported to LEA School Heath Coordinator. First Aid supplies, equipment, and facilities are monitored frequently by school health staff.</p>

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		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 Administrators; DOH-Suwanee and LEA School Health Coordinators and School Nurse	Each school nurse is provided with an annual health supplies budget that is furnished by the LEA. School nurses are free to order supplies as the budget allows and the LEA School Health Coordinator and Principal approve. Supplies or equipment that exceed the LEA annual budget are presented to the school principal for consideration (based on their budget situation) to purchase. Medicaid reimbursement funds can be used for school health supplies. Facilities maintenance is funded through each principal's' school site budget.
		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.)	School Health Staff School Staff providing first aid	The school nurses complete the portion of the SCSB Accident/Incident Form that pertains to treatment (if any rendered by SH staff) and submits to the principal. SCSB Accident/Incident Form is completed for those injuries that require or may require medical treatment; person witnessing the event is responsible for completing the form. Principals, Superintendent, and LEA School Health Coordinator are notified via phone call/in person by school nurse when 911 call is made to their designated school. All injuries and episodes of sudden illness treated by the school nurse is documented students' health record in FOCUS.
		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, and 3) and register the AEDs with the county emergency medical services director. (s. 1006.165, F.S.)	SCSB Athletic Director/ SCSB School Health Coordinator	SCSB School Health Coordinator purchases AEDs and supplies with LEA funds and registers the AEDS with the local EMS Medical Director. SCSB School Health Coordinator along with the local EMS. Director or their designee, make annual site visits to install any AED computer chip updates, audit supplies and completed daily AED checklists. The SCSB Athletic Director ensures appropriate training is provided to those employees expected to use the AED. SHS and BHS have an AED that is carried to every home FHSAA event by the Athletic Directors.
I.	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.	SHAC, SCSB and DOH-Suwanee Coordinators, SCSB Curriculum Coordinators	SHAC, SCSB and DOH-Suwanee Coordinators are available to collaborate as requested by LEA.
I.	14. s. 381.0056(4)(a)(14), F.S. Refer student to appropriate health treatment	a. Use community or other available referral resources.	School Staff School Nurses	School Staff and School Nurses will utilize developed community resource list and other available referral resources as appropriate.

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		b. Assist in locating referral sources for Medicaid eligible or underinsured students (community health and social service providers).	School Nurses, SCSB/DOH-Suwannee Health, Coordinators, DOH-Suwannee Nursing Director, School Guidance Counselors	Responsible parties will work collaboratively to identify additional resources above and beyond those listed in the developed community resource list. These resources include but are not limited to Shands, Gainesville, Nemours and Wolfson's Children's Hospitals.
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.)	School Administrators, School Nurses, Guidance Counselors, ESE Staff, School Health Coordinators	School administrators, school nurses, guidance counselors, school health coordinators, teachers consult with parents, students, staff, and physicians as needed regarding student health issues or suspected health issues to aid in development of IHCP, EAPS, IEPS, and share resource information.
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.)	School Nurses; SCSB	School nurses maintain cumulative health records for every student. Cumulative health records include required information per Ch. 64F-6.005 (1), F.A.C. Maintenance of Record to include:(a) Immunization status and certification; (b) Health history, including any chronic conditions and treatment plan; (c) Screening tests, results, follow-up and corrective action; (d) Health examination report; (e) Documentation of injuries and documentation of episodes of sudden illness referred for emergency health care; (f) Documentation of any nursing assessments done, written plans of care, counseling in regards to health care matters and results; (g) Documentation of any consultations with school personnel, students, parents, guardians or service providers about a student's health problem, recommendations made and results; and (h) Documentation of physician's orders and parental permission to administer medication or medical treatments given in school.
		b. Maintain student health records per s. 1002.22, F.S. (Ch. 64F-6.005(2), F.A.C.)	School Nurses; SCSB	Per 1002.22, F.S. (Ch. 64F-6.005(2), F.A.C.): records for documented confidential health information that are not part of the student cumulative health record shall be maintained in the private professional's office or the office of the school health nurse and shall be used only in connection with the provision of treatment to the student and be available only to persons providing such treatment as defined in Section 228.093(2)(e)4., F.S.

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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.	School Nurses	School Health Staff will gather and provide relevant health information for ESE staffing and planning as requested per ESE staff to include provision for a current screening for vision and hearing and a review of the student health records to ensure that physical health problems are considered in such placements. School nurses are to be invited to attend all ESE Staffing's to provide input and signature if health services are part of the IEP.
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.	DOH-Suwannee School Health Coordinator	At the beginning of each new school year, the DOH-Suwannee School Health Coordinator will notify private schools in writing via U.S.Mail of the opportunity to participate in the school health services program. The notification letter will outline the services available (to the private schools), and give them an opportunity of participate in the development of the cooperative health services plan.
		b. A nonpublic school may request to participate in the school health services program provided they meet requirements pursuant to s. 381-0056(5)(a)-(g), F.S.	Private School Administration; DOH-Suwannee School Health Coordinator	A nonpublic school may request to participate in the school health services program. A nonpublic school voluntarily participating in the school health services program shall: (a) Cooperate with the county health department and district school board in the development of the cooperative health services plan; (b) Make available adequate physical facilities for health services; (c) Provide in service health training to school personnel; (d) Cooperate with public health personnel in the implementation of the school health services plan; (e) Be subject to health service program reviews by the Department of Health and the Department of Education; (f) At the beginning of each school year, provide parents and guardians with information concerning ways that they can help their children to be physically active and to eat healthful foods; and (g) At the beginning of each school year, inform parents or guardians in writing that their children who are students in the school will receive specified health services as provided for in the district health services plan. A student will be exempt from any of these services if his or her parent or guardian requests such exemption in writing. This paragraph shall not be construed to authorize invasive screening; if there is a need for such procedure, the consent of the student's parent or guardian shall be obtained in

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				<p>writing prior to performing the screening. However, the laws and rules relating to contagious or communicable diseases and sanitary matters shall not be violated.</p> <p>(g) At the beginning of each school year, inform parents or guardians in writing that their children who are students in the school will receive specified health services as provided for in the district health services plan. A student will be exempt from any of these services if his or her parent or guardian requests such exemption in writing. This paragraph shall not be construed to authorize invasive screening; if there is a need for such procedure, the consent of the student's parent or guardian shall be obtained in writing prior to performing the screening. However, the laws and rules relating to contagious or communicable diseases and sanitary matters shall not be violated.</p>
I.	<p>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.</p>	<p>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).</p>	<p>SCSB; Public Charter School Admin</p>	<p>School-based health services are provided to public school children in grades pre-kindergarten through twelve. Health services will be provided to public charter schools, based upon the charter, local contracts, and agreements. 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.</p>

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		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).	DOH-Suwannee	DOH-Suwannee will act as a resource for topics related to student health and wellness and provide input on content and curriculum (as requested by SCSB curriculum coordinators), in their particular specialty areas that are relevant to school health.
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.	SCSB School Health Coordinator/School Nurses; SCSB IT Dept.	General awareness information re: Asthma, Diabetes, Epilepsy/Seizure Disorders, Life threatening allergies, and Epi-Pens is made available to all school personnel via online Safe Schools Training. Child specific training is provided by school nurses and/or school health coordinator.
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).	SCSB	SCSB School Site Principal and District Facilities Director will work collaboratively to ensure health room facilities in each school will meet DOE requirements. (State Requirements for Educational Facilities, December 2012) School Nurses will notify school administrators of any compliance issues they discover. Annual health room site assessments by DOH-Suwannee and/or SCSB School Health Coordinator will also help identify any non-compliance issues related adequate physical facilities for health services.

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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.	SCSB	http://students.fueluptoplay60.com/demo/tracker; www.mypyramid.gov.; http://www.nutritionexplorations.org/kids/activities-main.asp SCSB Food Service provides healthy eating information on the monthly menus; posts information on bulletin boards located in cafeterias; school nurses provide bulletin boards with healthy eating and physical activity information; school administration sends home monthly parent bulletins that include information on ways to be physically active, and prepare healthy meals. SCSB health and food service web sites will include information concerning ways parents can help their children be physically active and eat healthful foods when these sites are completed. DOH-Suwannee School Health Coordinator presents Nurse Obesity Intervention curriculum to eligible students
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.	SCSB DOH-Suwannee	Mandatory Health Screenings/services are explained in the Code of Conduct with directions for "opt out".
		b. Obtain parent permission in writing prior to invasive screening.	SCSB DOH-Suwannee	Suwannee County School District no longer provides invasive screenings. Scoliosis screenings are done with a scoliometer. Students do not have to remove their shirts.
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.	SCSB DOH-Suwannee	School principals enforce school entry physical examination per FAC. School registrars are trained in s. 1003.22(1), F.S. School nurses review new enrollee records to ensure required physical examination is present and complete. Newly enrolling students from a state other than Florida, who do not present a school-entry health examination, completed within 1 year prior to enrollment, are denied enrollment until such time as the health exam or proof of a pending appointment to receive a health exam can be provided. All students who provide a pending appointment verification are tracked to completion by the school nurse. Entry requirements are provided in writing to parents at the time of enrollment and are posted on the SCSB website.

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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.	SCSB	School principals enforce compulsory immunizations for admittance and attendance under the following authority: public/non-public preschools and schools, K-12: section 1003.22, Florida Statutes, and Rule 64D-3.046. School health staff assist in ensuring compliance. Parents of students whose children do not present an up to date certificate of immunization are denied entrance until such time as the child receives the immunizations. Students whose immunizations are out of compliance, are tracked to completion. Parents are sent reminders of upcoming expirations via US Mail or personal phone calls from school health staff. The local Department of Health director/administrator is provided with an annual compliance report.
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.	SCSB DOH-Suwannee	School nurses are provided with a list of reportable diseases by SCSB/DOH-Suwannee School Health Coordinator School nurses maintain a daily health services log of all student and staff visits. If a student or staff member is suspected of having a reportable disease, it is reported to DOH-Suwannee EpiNurse by the school nurse.
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.	SCSB	School Nurses (R.N.s), provide general, annual training and periodic monitoring to at least two school staff who are designated by the principal to provide oral, topical, or inhaled medication administration. Additionally, the school nurse provides or arranges for child specific medication administration training and periodic monitoring of trained staff on a child by child basis for students who may require medication administration that is child specific.

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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.	SCSB	Annual review of school district's policy and procedures governing medication administration by school personnel.
		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.	SCSB	The district policy addresses the use of designated school staff for medication administration and is consistent with delegation practices per Ch. 64B9-14, FAC. School Nurses provide annual training and periodic monitoring to at least two school staff who are designated by the principal to provide medication administration. Additionally, the school nurse provides or arranges for child specific medication administration training and periodic monitoring on a child by child basis.
	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.	SCSB	Authorization for Administration of Medication must be signed by prescribing physician and parent(s). To ensure safe use of inhalers by students, school nurses develop IHCPs and EAPs for each student who has asthma and requires the use of an inhaler. SCSB Policy sets guidelines for student with asthma to carry MDI while in school.
	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.)	SCSB	To ensure safe use of epinephrine auto injectors by students who may carry one, school nurses develop IHCPs and EAPs for each student who has life threatening allergies and requires the use of an epinephrine auto injector. IHCPs and EAPS direct staff to call 911 immediately for an anaphylaxis event. If the student is unable to self-administer, there are at least two trained staff members available to administer the epinephrine auto injector. SCSB Policy 5.15, VII, sets guidelines for students who may carry an epinephrine auto-injector at school.
	31. s. 1002.20(3)(i)(2), F.S. A public school may purchase a supply of	a. If the school district has chosen to maintain supplies of epinephrine		NA

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	epinephrine auto-injectors from a wholesale distributor or manufacturer as defined in s. 499.003 for the epinephrine auto-injectors at fair-market, free, or reduced prices for use in the event a student has an anaphylactic reaction. The epinephrine auto-injectors must be maintained in a secure location on the public school's premises. 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.	auto-injectors, a standing order and written protocol has been developed by a licensed physician and is available at all schools where the epinephrine auto-injectors are stocked.		
	32. s. 381.88, F.S. Educational training programs required by this section must be conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity or individual approved by the department. The curriculum must include at a minimum: (a) Recognition of the symptoms of systemic reactions to food, insect stings, and other allergens; and (b) The proper administration of an epinephrine auto-injector.	a. Ensure that school staff that are designated by the principal (in addition to school health staff in the school clinic) to administer stock epinephrine auto-injectors (not prescribed to an individual student) are trained by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity approved by the Department of Health.		NA

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	<p>33. 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 enroute 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>SCSB</p>	<p>Diabetes Medical Management Plan, Authorization for Medication Administration, and Medical Procedures must be signed by prescribing physician and parent(s), To ensure safe self-management of students who have diabetes, school nurses develop IHCPs and EAPs. SCSB Policy sets guidelines for students with diabetes who carry diabetic supplies and equipment and self-manage their diabetes while enroute to and from school (bus), in school, or at school sponsored activities.</p>
	<p>34. 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 in-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.</p>	<p>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.</p>	<p>SCSB</p>	<p>To ensure safe, self-management of students who have conditions requiring pancreatic enzyme supplements, school nurses develop IHCPs and EAP/ECPs. SCSB Policy sets guidelines for students who have permission to self-administer a pancreatic enzyme while enroute to and from school (on the bus), in school, or at school sponsored events.</p>

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I.	35. 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), F.A.C. The documentation of training and competencies should be signed and dated by the RN and the trainee.	SCSB	School nurses (R.N.s) will provide and document health related, child specific training to delegated UAP per s.1006.062 (4). F.S. Skills and competency checklists will be used to verify the UAP understanding of the task or activity, desired outcome, limits of authority, the time frame of delegation, and the nature of supervision required. Periodic monitoring will be done by the school nurse to verify ongoing competencies or need for additional training.
		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).	SCSB	Each school nurse is provided with DOH Technical Assistance Guideline "The Role of the Professional School Nurse in the Delegation of Care in Florida Schools". Use of nonmedical assistive personnel is consistent with delegation practices per Ch. 64B9-14, FAC and per the Technical Assistance Guidelines - The Role of the Professional School Nurse in the Delegation of Care in Florida Schools (Rev. 2010).

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PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)

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.	DOH-Suwannee	Schedule C Funding allocations are used to provide Comprehensive SH Services to all seven public schools in Suwannee County. These funds allow the school nurses to expand their roles in promoting the health of students, reducing risk-taking behavior, and reducing teen pregnancy. The Schedule C funding pays for a half time School Health Coordinator, full time RN at BHS, a health aide, and a LPN. The presence of the Health Aid and the LPN at assigned schools enables the school nurses to plan, coordinate, and/or deliver health promotion and health education activities aimed at reducing risk-taking behaviors and reducing teen pregnancy. The half time School Health Coordinator is available to teach classes or assist in the school health offices.
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.	DOH- Suwannee SCSB	DOH-Suwannee School Health Services Coordinator, LPN, and SH Aide will be available to assist the school nurses so they can provide in-depth health management, interventions, and follow-up on a case by case basis as needed/required.
		b. Provide health activities that promote healthy living in each school.	DOH- Suwannee SCSB	DOH-Suwannee School Health Services Coordinator, LPN, and SH Aide are available to assist the school nurses in providing activities that promote healthy living. The school nurses plan, coordinate, and/or deliver various health education classes throughout the year that promote the health of students.
		c. Provide health education classes.	DOH- Suwannee SCSB	DOH-Suwannee School Health Coordinator will provide health education classes to 5th, grade classes. Other health classes will be provided as requested and as time allows.
II.	3. s. 381.0057(6), F.S. Reducing risk-taking behavior.	a. Provide or coordinate counseling and referrals to decrease substance abuse.	SCSB/DOH-Suwannee School Health Staff	Students identified as at risk will be referred to school guidance counselors and/or local mental health providers available to students at no cost.
		b. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.	SCSB/DOH-Suwannee School Health Staff, Suwannee Co Sheriff Office	School nurses will refer at risk students to the school guidance counselors and/or local mental health providers available to students at no cost.

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		c. Provide or coordinate health education classes to reduce the incidence of substance abuse, suicide attempts and other high risk behaviors.	SCSB/DOH-Suwannee School Health Staff, Suwannee Co Sheriff's Office	School Nurses plan, coordinate, and/or deliver various health education classes and activities throughout the year that are aimed at reducing the incidence of substance abuse, suicide attempts, and other high risk behaviors.
II.	4. s. 381.0057(6), F.S. Reducing teenage pregnancy.	a. Identify and provide interventions for students at risk for early parenthood.	SCSB/DOH-Suwannee School Health Staff SCSB Guidance Counselors	School staff maintain open communication with students and other staff members. School staff are trained in procedure to refer students to guidance and/or school nurse, who exhibit behaviors indicative of risk for early parenthood. School health and guidance staff provide individual counseling, education, and community resource information to identified students. School nurses coordinate referral to DOH-Suwannee Healthy Start Program for identified pregnant teens. Guidance Counselors provide students with assistance in credit retrieval, graduation options, TAPP, and mentoring services. TAPP provides daycare for babies of teen parents.
		b. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.	SCSB/DOH-Suwannee School Health Staff SCSB Guidance Counselors	School staff maintain open communication with students and other staff members. School staff are trained in procedure to refer students to guidance and/or school nurse, who exhibit behaviors indicative of involvement in sexual activity. School nurse and teachers plan, coordinate, and/or deliver various educational activities throughout the year that aim to reduce teen pregnancy.
		c. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.	DOH-Suwannee	Provide school health staff and guidance counselors with Healthy Start and Family Planning Services information. Annual Teen Health Fairs provide opportunities for students to talk to community agencies that strive to reduce teen pregnancy and prevent risky behaviors.
		d. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.	DOH-Suwannee SCSB DOH-Suwannee Healthy Start Staff	Utilize pregnancy and birth tracking tool, assist with teen parents and babies in obtaining medical care if needed; provide TAPP information to teen parents and their families re: provision of childcare and assistance with credits and class scheduling; refer teen parents to Healthy Start
		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.	DOH-Suwannee SCSB	Provide all pregnant students known to staff to Healthy Start, WIC and prenatal services.

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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.	SCSB	Parents are informed annually via letter home and via SCSB Student Code of Conduct of health services provided. Parents are told in these communications that they may exempt their child from any or all services by sending a letter to the school, indicating which services from which they wish their child to be exempt. Parents are provided with an additional notification of screenings which are invasive, giving them explicit information regarding how to opt out of services. Written documentation from parents refusing health services is filed and noted in students' cumulative health records. Screening rosters and class rosters are cross checked with the exemption letters to assure students are not included in services for which parents have requested exemption.
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PART III: HEALTH SERVICES FOR FULL SERVICE SCHOOLS (FSS)

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.	DOH-Suwannee	Four of Suwannee County's seven schools have been designated Full Service (Suwannee Primary, Suwannee Intermediate, Suwannee Middle, and Suwannee High). This designation has been based on the need for additional nursing services to work with the medically and socially underserved. This has been approved by DOH School Health Services Program Office.
		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.	DOH-Suwannee	Schedule C Funding provides for one OPS, full time LPN with Full Service Funding.
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.	DOH-Suwannee SCSB	The OPS full time LPN's work schedule is divided between Suwannee Primary, Suwannee Intermediate, Suwannee Middle, and Suwannee High to provide nursing services to the medically and socially underserved.
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.	SCSB SPS and SMS School Nurses	The OPS full time LPN's work schedule is divided between Suwannee Primary, Suwannee Intermediate, Suwannee Middle, and Suwannee High, enabling those school nurses to provide services to the high risk students at those schools.
		b. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.		There are currently no local agreements with partners to provide in-kind health and social services on school grounds.

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PART IV: OTHER REQUIREMENTS

IV.	<p>1. s. 381.0059, F.S. Pursuant to the provisions of chapter 435, any person who provides services under a school health services plan pursuant to s. 381.0056, F.S. must meet level 2 screening requirements as described in s. 435.04, F.S. A person may satisfy the requirements of this subsection by submitting proof of compliance with the requirements of level 2 screening conducted within 12 months before the date that person initially provides services under a school health services plan.</p>	<p>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.</p>	<p>SCSB DOH-Suwannee</p>	<p>School district ensures 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. Pursuant to the provisions of Chapter 435, any person who provides services under the SH Services Plan must meet level 2 screening requirements. Level 2 Electronic finger printing & background screenings are required for all SCSB & DOH-Suwannee employees at time of initial employment and every 5 yrs. thereafter. To avoid duplication or conflicting background screening, DOH-Suwannee provides annually, a list of HD employees who have had Level 2 background screening to the Suwannee County Superintendent of Schools.</p>
IV.	<p>2. s. 381.0056(4)(a)(19), F.S. Immediate notification to a student's parent, guardian, or caregiver if the student is removed from school, school transportation, or a school-sponsored activity and taken to a receiving facility for an involuntary examination pursuant to s. 394.463, including the requirements established under ss. 1002.20(3), F.S. and 1002.33(9), F.S., as applicable.</p>	<p>The school health services plan shall include policies and procedures for implementing the requirements of: s. 381.0056(4)(a)(19), F.S., s. 1002.20(3), F.S., and s. 1002.33(9), F.S. that must be followed when a student is removed for involuntary examination.</p>	<p>SCSB and Charter School Principals or their designees.</p>	<p>The SCSB/Charter school's principal or the principal's designee shall immediately notify the parent of a student who is removed from school, school transportation, or a school sponsored activity and taken to a receiving facility for an involuntary examination pursuant to s. 394.463. The principal or the principal's designee may delay notification for no more than 24 hours after the student is removed if the principal or designee deems the delay to be in the student's best interest and if a report has been submitted to the central abuse hotline, pursuant to s. 39.201, based upon knowledge or suspicion of abuse, abandonment, or neglect.</p>