

Office of District Operations
Mr. Luis E. Diaz, Chief Operating Officer

**SUBJECT: REQUEST SCHOOL BOARD APPROVAL OF THE 2026-2028
M-DCPS SCHOOL HEALTH SERVICES PLAN**

**COMMITTEE: PERSONNEL, STUDENT, SCHOOL AND COMMUNITY
SUPPORT**

**LINK TO STRATEGIC PLAN: SAFE, HEALTHY AND SUPPORTIVE LEARNING
ENVIRONMENT**

Section 381.0056, Florida Statutes, requires each county health department to develop, jointly with the district school board and the local School Health Advisory Committee (SHAC), a School Health Services Plan outlining the provisions and responsibilities for providing mandated health services in public schools. Rule 64F-6.002, Florida Administrative Code (F.A.C.), requires the plan to be completed biennially and reviewed annually for updates. The Plan establishes the framework for the delivery, coordination, oversight, and reporting of school health services.

Additionally, as a part of school board policy 2410 – *SCHOOL HEALTH SERVICE PROGRAM*, The District, the local school health advisory council, and the Miami-Dade County Health Department shall jointly develop a school health services plan. The plan shall be completed biennially. Upon recommendation of the Superintendent, the plan shall be submitted to the Board for approval. Following Board approval, the plan shall be signed by the Superintendent and School Board Chairperson, County Health Department medical director or administrator and the district administrator of the County Health Department.

The 2026-2028 School Health Services Plan has been developed and approved by the county health department, the Children's Trust who represents public/private partnership and the School Health Advisory Committee.

The plan in its entirety will be submitted under separate cover.

RECOMMENDED: That The School Board of Miami-Dade County, Florida, approve the 2026-2028 School Health Services Plan for Miami-Dade County.



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

2026-2028 School Health Services Plan

for

Miami- Dade County

Drafted Plan Due by September 15, 2026.

Completed Signature Page is due by November 20, 2026.

**Drafted plan and signature page must be submitted to the respective county health department [SharePoint](#)
[folder](#) on the State Health Office, School Health Program [SharePoint site](#).**

2026-2028 School Health Services Plan Signature Page

My signature below indicates that I have reviewed and approved the 2026-2028 School Health Services Plan and its local implementation strategies, activities, and designations of local agency responsibility as herein described:

Position	Name and Signature	Date
County Health Department Health Officer	Yesenia Diaz DNP, APRN	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
County Health Department Nursing Director	Iris Jackson DNP, APRN, FNP-BC	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
County Health Department School Health Coordinator	Ingrid Suazo MSN, APRN, FNP-C	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School District School Board Chairperson	Mari Tere Rojas	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School District Superintendent	Rafael A. Villalobos	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School District School Health Coordinator	Brenda L. Wilder MSN, RN	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Health Advisory Committee Chairperson	Elizabeth R. Pulgaron PhD	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>
School Health Services Public/Private Partner	James R. Haj	
	<i>Printed Name</i>	
	<i>Signature</i>	<i>Date</i>

SUMMARY – SCHOOL HEALTH SERVICES PLAN 2026-2028

Statutory Authority: Section (s.) 381.0056, Florida Statutes (F.S.) requires each county health department (CHD) 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. Rule 64F-6.002, Florida Administrative Code (F.A.C.) requires the plan to be completed biennially. Please note that items that are colorized blue are internet links that enable you to directly view the relevant reference material.

The Plan format is arranged in 4 parts relating to the services provided and funding streams, as follows:

- Part I: Basic School Health Services- General school health services which are available to all students in Florida’s public and participating non-public schools in all 67 school districts.
- Part II: Comprehensive School Health Services- Includes increased services in section 381.0057, F.S., for student health management, interventions and classes. These services promote student health; reduce high-risk behaviors and their consequences (substance abuse, unintentional/intentional injuries and sexually transmitted diseases); provide pregnancy prevention classes and interventions; and provide support services to promote return to school after giving birth.
- Part III: Full Service School (FSS) Health Services- Includes basic school health services and additional specialized services that integrate education, medical, social and/or human services such as nutrition services, basic medical services, Temporary Assistance for Needy Families (TANF), parenting skills, counseling for abused children, counseling for children at high risk for delinquent behavior and their parent/guardian and adult education to meet the needs of the high-risk student population and their families. These services are required of schools as defined in section 402.3026, F.S.
- Part IV: Detailed Description of Local Agency(s) Roles and Responsibilities: The local agencies determine their roles and responsibilities for providing the services as described. Local agencies include CHD, Local Educational Agency (LEA), School Health Advisory Committee (SHAC), and other public and private partners providing school health services described within parts I-III.

The Plan contains 3 columns, as follows:

- Column 1 – Statute and/or Rule References. This column includes Florida Statutes, administrative rules, and references demonstrating best practices related to school health.
- Column 2 – Program Standard/Requirement. This column provides specific requirements related to the statutes, administrative rules, and references listed in column 1.
- Column 3 – Local Implementation Strategy and Activities. This column describes the implementation strategies and activities to fulfill requirements in columns 1 and 2.

Plan submission:

- (1) The draft plan and signature page must be submitted to the respective CHD SharePoint Folder on the State Health Office, School Health Program SharePoint site by listed due dates.

PART I: BASIC SCHOOL HEALTH SERVICES

Statute and/or Rule References	Program Standard/Requirement	Local Implementation Strategies and Activities
1. School Health Services Plan; Basic School Health Services; Comprehensive School Health Services and Full-Service Schools: Rule 64F-6.002, F.A.C.; ss. 381.0056, 381.0057; 402.3026, F.S.	1a. Each local School Health Services Plan shall be completed biennially and approved and signed by, at a minimum, the superintendent of schools, the school board chairperson, and the CHD health officer.	- Florida Department of Health in Miami-Dade County, in conjunction with Miami-Dade County Public School (MDCPS) and the School Health Advisory Committee, will schedule meetings to complete the school health service plan. - Route the plan with signature page and designated approvers to review/revise/recommend changes to the school health services plan before final approver. - Maintain attendance rosters and agenda of meetings.
	1b. 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 CHD health officer and submitted to the respective CHD SharePoint Folder on the State Health Office, School Health Program SharePoint site.	- Conduct annual reviews of the school health services plan by August 15. - Make amendments, as needed, by May 30th. - Maintain attendance rosters and agenda of all meetings
	1c. 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 the funding source.	- Florida Department of Health in Miami-Dade, MDCPS, the Children's Trust, and Community partners will be responsible for recruiting and securing employment for staff and supervision regardless of funding. - The school principal will be responsible for supervision of school health, as outlined in Florida Statutes.
	1d. Each CHD uses annual Schedule C funding allocation to provide school health services pursuant to the School Health Services Act and the requirements of the Schedule C Scope of Work.	- Florida Department of Health in Miami-Dade County will conduct monthly meetings with the budget liaison to review and discuss spending allocations and rejections. - Recruit and hire staff in a timely manner to guarantee all positions are filled to help ensure all allocated scheduled C funding is spent.

	1e. The CHD and LEA shall each designate one person, RN recommended, to be responsible for the coordination of planning, development, implementation and evaluation of the program. These individuals should collaborate throughout the school year to assure program compliance and to plan and assess the delivery of program services.	• Conduct school health planning meetings before the beginning of each school year. • Conduct at least two site visits during the school year, December and May, to monitor and assess program compliance and school health services delivery. • Meet at least monthly to discuss concerns, recommendations, and evaluate issues affecting school health services delivery. • Evaluate program compliance and school health services delivery at the end of each school year and make recommendations for the next year. • Florida department of Health in Miami-Dade County and MDCPS will be responsible for the Quality Improvement Plan to monitor the delivery of school health services.
	1f. 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 and are consistent with Chapter 464 F.S., Nurse Practice Act.	• Each agency will ensure they have developed protocols outlining the supervision of school health services personnel, in accordance with statutory requirements and professional standards. These protocols should be shared with MDCPS and Florida Department of Health in Miami-Dade County school health program. • MDCPS and Florida Department of Health in Miami-Dade County will maintain and keep all submitted protocols from each agency on file.
	1g. Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the CHD medical director in conjunction with district school boards, local school health advisory committees, the school district medical consultant (if employed), or the student's private physician.	• No standing orders.

	1h. Establish procedures for health services reporting in Health Management System (HMS) and the annual report, to include services provided by all partners.	• Florida department of Health in Miami-Dade County/ School Health Program will be responsible to update the data collection protocols and other data collection system when required. • Conduct monthly data meetings. • Ensure that data pertaining to school health services is submitted to the Florida Department of Health in Miami-Dade on a monthly basis by the 15th of each month. • It is imperative that the consolidated data pertaining to school health services for the annual report is submitted to the Florida Department of Health in Miami- Dade by June 30th.
	1i. Each 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.	• Florida Department of Health in Miami-Dade County, MDCPS and the School Health Advisory Committee's chairperson and co-chairperson will review existing membership and ensure memberships reflect representation from the ten components of the coordinated School Health Model by September 15th.
2. Health Appraisal s. 381.0056(4)(a)(1), F.S.	2a. Determine the health status of students.	• School Health programs will review emergency contact/student data cards annually and School Health Entry Examination records for documentation of existing and/or chronic health conditions, or other health related issues. • Review cumulative health records for abnormal screening results. • Conduct nursing assessments as needed. • Develop chronic condition list and report data findings. • Monitor and case manage student's, as indicated.
3. Records Review s. 381.0056(4)(a)(2), F.S.; s.1003.22(1)(4) F.S.; Rules 64F-6.005(1), F.A.C.; 64F-6.004(1)(a), F.A.C.	3a. Perform initial school entry review of student health records, to include school entry physical, immunization status, cumulative health record, emergency information, school health screenings, and student-specific health related documents.	• Review newly enrolled student health records, including the DH680 immunization record, DH 3040 school health entry examination, DH3041 cumulative health record, emergency contact/student data card

		information, and screenings follow-up/referral (complete and incomplete outcomes). • Conduct at least annual record reviews on all kindergarten students, 7th grade students, and students new to the school in grade KG-5th.
	3b. Emergency information card/form for each student shall be updated each year.	• The School district will ensure that all students submit an emergency contact/student data card with current information upon school entrance. • Health Team/Registered Nurse will review emergency contact/student data card for health conditions and concerns.
	3c. Ensure initial school entry health examination and immunization policies meet statutory and rule requirements.	• The school district will guarantee that the policies related to health examinations and immunizations for school entry comply with the necessary statutes and regulations.
4. Nurse Assessment s. 381.0056(4)(a)(3), F.S.; Rules: 64F-6.001(6), F.A.C.; 6A-6.0253, F.A.C; 6A-6.0252, F.A.C.; 6A-6.0251, F.A.C.	4a. Perform nursing assessment of student health needs by a Registered Nurse (RN).	• Registered Nurse/Health Team will review emergency contact cards to obtain student medical status to develop a chronic conditions list. The chronic conditions list should be completed as follows: minimum of 5% of students by September 30th, a minimum of 45% of students by December 31st, and a minimum of 90% of students by March 31st. • Registered Nurse/Health Team will review records of all Kindergarten students, 7th grade students, and students new to the school in grades KG-5.
	4b. For day-to-day and emergency care of students with chronic and/or complex health conditions at school, the RN develops an individualized health care plan (IHP) and Emergency Action Plan (EAP).	• Registered Nurse will develop, when required and authorized by parent/legal guardian, an individual health Care Plan (IHCP). • Develop the IHCP in collaboration with the student, school community, and others, as appropriate, ensuring that the IHCP provides directives to the school team, complies with current applicable laws and standards of practice, considers economic impact, and uses standardized nursing language.

5. Nutrition Assessment s. 381.0056(4)(a)(4), F.S.; http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/documents/2017-school-health-resource-manual.pdf	5a. Identify students with nutrition related problems and refer to an appropriate health care provider.	• Conduct record reviews to identify abnormal Body Mass Index (BMI) and perform BMI assessments to all students visiting the health rooms to identify students who need follow-up for further evaluation. • Refer students with nutritional related problems to a health care provider or to other related resources. • Provide nutritional education. • Follow-up and document action taken.
6. Preventive Dental Program s. 381.0056(4)(a)(5), F.S.	6a. Provide services such as oral health education, screenings and referrals, dental sealants, fluoride varnish, and/or fluoride rinse as appropriate.	• Conduct dental health classes. • Florida Department of Health in Miami-Dade County/ Seals on Wheels Dental Program provides dental services in select elementary schools. • The Children's Trust/Community Partners provide preventative dental health services and education in their schools.
7. Health Counseling s. 381.0056(4)(a)(10), F.S.	7a. Provide health counseling as appropriate.	• Medical providers and social workers will provide health counseling. • School Health Team will provide school health services utilizing the Administrative Resource Manual, Emergency Guidelines for Schools (2019 edition), and Communicable Disease Manual, https://cshs.dadeschools.net/ and https://miamidade.floridahealth.gov • Link students with suspected or confirmed health problems with community health providers.
8. Referral and Follow-up of Suspected and Confirmed Health Problems s. 381.0056(4)(a)(11), F.S.	8a. Provide referral and follow-up for abnormal health screenings, emergency health issues, and acute or chronic health problems. Coordinate and link to community health resources.	• Utilize a tracking system for the referral and follow-up of abnormal health findings, emergency health issues, and acute and chronic health problems. • Consult with parents/legal guardians, as needed. • Link students with abnormal health screenings and suspected or confirmed health problems with Community Health Providers. • Refer Students to medical health care providers.

		All referrals must receive a follow-up and the follow-up must be documented. Three attempts must be documented before documenting a “loss to follow-up”.
9.Provisions for Screenings s. 381.0056(4)(a)(6-9), F.S.; Rule 64F-6.003(1-4), F.A.C.	9a. Provide mandated screenings unless the parent requests in writing an exemption: - Vision screening shall be provided, at a minimum, to non-exempted students in grades kindergarten, 1, 3, 6, and students entering Florida schools for the first time in grades kindergarten – 5. - Hearing screening shall be provided, at a minimum, to non-exempted students in grades kindergarten, 1, 6, and to students entering Florida schools for the first time in grades kindergarten – 5; and optionally to students in grade 3. - Growth and development screening shall be provided, at a minimum, to non-exempted students in grades 1, 3, and 6; and optionally to students in grade 9. - Scoliosis screening shall be provided, at a minimum, to non-exempted students in grade 6.	- MDCPS will assist health care providers in creating a master schedule for all screenings. - Obtain a class list of students to be screened from school principal. - Check for opt-out letters, alert Health Team of students with opt-out letters, document and file in student’s Cumulative Health Record indicating an opt-out letter was received and the screening was not conducted. - Plan to screen students who were absent. - Document screening results in each student’s Cumulative Health Record. - Send screening results data to Florida Department of Health in Miami-Dade for data input in HMS. - Report and document students unable to be screened due to illness and/or profound disability. - Do not screen students who are currently under the care of a medical provider and undergoing treatment, and report data to Florida Department of Health in Miami–Dade County. - Conduct vision screenings on students in grades KG, 1, 3, 6 and to new students entering Florida schools in KG-5. - Conduct hearing screenings on students in grades KG, 1, 6 and to new students entering Florida schools in KG-5. - Conduct Growth & Development screening with Body Mass Index (BMI) in grades 1, 3 and 6. - Conduct Scoliosis screenings for students in grade 6. - Assess if screening conduction rates for vision, hearing, BMI and scoliosis have reached mandated grade levels: 45% by December 31st and 95% by March 31st.

		• Send screening results to the Florida Department of Health in Miami-Dade County for data input.
	9b. Provide screening services to all specified students pursuant to s. 381.0056(4)(a) unless a parent/guardian requests exemption from the screening services in writing.	• Florida Department of Health in Miami-Dade County, MDCPS, The Children's Trust, and Community Providers will send home consent forms with students explaining screenings to be performed and process of requesting an exemption for their child.
	9c. The school shall obtain parent/guardian permission in writing prior to any invasive screening, (e.g. comprehensive eye exam, screening procedures in which the skin or any body orifice is penetrated).	• Florida Department of Health in Miami-Dade County, MDCPS, The Children's Trust, and Community Providers will ensure parent/guardian permission is provided in writing prior to performing any invasive screening.
	9d. Refer students with abnormal screening results to service providers for additional evaluation and/or treatment (e.g. state contracted vision service providers).	• Students with abnormal screening results will be referred for additional evaluation. • In the case of abnormal vision screening, the vision resource list can be found on the MDCPS- Comprehensive Student Health Services website. This list will also be distributed to the Community Partners.
10. Meeting Emergency Health Needs s. 381.0056(4)(a)12., F.S.; s.1001.43(7), F.S.; s. 1003.02(1)(k), F.S. s.1003.457, F.S. ; https://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=1000-1099/1006/Sections/1006.165.html Rule 64F-6.004(1), F.A.C.;	10a. Ensure written health emergency policies and protocols are maintained and include minimum provisions. Ensure that student emergency information forms/cards are updated annually and completed for each student listing contact person, family physician, allergies, significant health history, and permission for emergency care.	• MDCPS will ensure students data cards/emergency contact cards are updated at least annually. • MDCPS will ensure a process is in place to provide emergency management on site and during school activities. • MDCPS and Florida Department of Health in Miami-Dade County will create Emergency Guidelines for all principals in public school sites available.

Emergency Guidelines for Schools, 2019 Florida Edition	10b. Ensure health room staff and two additional staff in each school are currently certified in cardiopulmonary resuscitation (CPR) and first aid and a list of the certified staff is posted in key locations.	• All health care providers will ensure their staff are trained in First Aid and CPR and have current certifications. • MDCPS will ensure that at least 2 of their staff are current with CPR and First Aid certifications. • Health care providers and MDCPS will post the names of trained CPR and First Aid staff at the following locations within each school: the health room, school office, cafeteria, gymnasium, Family and Consumer Science classrooms, Industrial Arts classrooms, and other areas that pose an increased potential for injuries. • Copy of First Aid & CPR certifications will be kept in the health room or office.
	10c. Assist in the planning and training of staff responsible for emergency situations.	• School Nurse on site, in cooperation with the school principal/designee, will assist in planning for the training of those persons who provide daily care to students who become ill during school hours. • MDCPS will arrange First Aid and CPR training sessions at school sites for staff to be currently trained and certified in First Aid and CPR. • Registered Nurse will provide Child Specific trainings to staff responsible for potential student emergencies.
	10d. The school nurse shall monitor adequacy and expiration of first aid supplies, emergency equipment, and facilities.	• School Nurse on site will monitor the quantity and expiration dates of first aid supplies and emergency equipment in the Health Room. • School Nurse will discuss the importance of monitoring first aid supplies and emergency equipment that are to be maintained in each school with the principal.

	10e. The school principal (or designee) shall assure first aid supplies, emergency equipment and facilities are maintained.	• School principal will be responsible for ensuring that first aid supplies, emergency equipment, and facilities are well maintained. • School principal will be made aware through briefings of the check list of recommended first aid supplies and emergency equipment that are to be maintained in each school.
	10f. All injuries and episodes of sudden illness referred for emergency health treatment shall be documented and reported immediately to the principal or their designee.	• Providers of school health services will document and report all injuries and illnesses that require emergency treatment to the principal.
	10g. A poster that contains step-by-step instructions on how to provide emergency first aid for choking on conscious individuals must be posted in each public school cafeteria within the school district. The poster must be easily visible and prominently placed.	• MDCPS will be tasked with ensuring that the poster detailing the step-by-step emergency first aid procedures for choking in conscious individuals is displayed in every public school cafeteria.
	10h. Each public school shall develop a plan for urgent life-saving emergencies (PULSE) that addresses the appropriate use of school personnel to respond to incidents involving an individual experiencing sudden cardiac arrest or a similar life threatening emergency while on school grounds. Each PULSE must integrate evidence-based core elements and consider those elements recommended by the American Heart Association for schools responding to cardiac emergencies, including but not limited to: 1. Establishing a life-threatening medical emergencies response team. 2. Protocols and procedures for activating the team in response to a suspected emergency.	• In partnership with Nicklaus Children's Hospital – Project ADAM South Florida, Miami-Dade County Public Schools requires every school to have an established Cardiac Emergency Response Team (CERT) that is trained to respond to sudden cardiac arrest and other life-threatening medical emergencies. • The District implements evidence-based emergency response protocols, strategically places Automated External Defibrillators (AEDs) throughout school campuses, and partners with ZOLL Rescue Ready, to ensure AEDs are routinely monitored, maintained, and compliant with manufacturer and regulatory requirements. In addition, schools communicate the CERT plan to staff and completes annual cardiac emergency drills to ensure preparedness and a coordinated response to life-threatening medical emergencies.

	3. Implementing AED placement and routine maintenance. 4. Disseminating and communicating the plan throughout the school. 5. Maintaining ongoing and appropriate staff training. 6. Coordinating and practicing emergency drills, including use of AEDs.	
	10i. School officials must work directly with local emergency service providers to integrate the PULSE into the community's emergency responder protocols. Recommendations made by the emergency service responders, such as, but not limited to, school personnel training, drills, medical oversight, equipment procurement, placement, and maintenance must be considered in each public schools' PULSE and in accordance with evidence-based core elements.	• M-DCPS School Police Department collaborates with local emergency medical service providers and municipal police departments to integrate the District's Plan for Urgent Life-Saving Emergencies (PULSE) into community emergency response protocols. The District maintains a master inventory of all Automated External Defibrillators (AEDs), including each device's serial number and location, and through Miami-Dade Schools Police Department has shared this information with the appropriate emergency medical services providers and law enforcement agencies to support a coordinated emergency response. Any recommendations from emergency responders will be incorporated into PULSE.
	10j. No later than July 1, 2027, each public school, including charter schools, must have at least one operational automated external defibrillator on school grounds. The defibrillator must be available in a clearly marked and publicized location. Schools must maintain the defibrillator according to the manufacturer's recommendations and maintain all verification records for such defibrillators. 1. Appropriate school staff must be trained in first aid, cardiopulmonary resuscitation, and defibrillator use.	• Each school campus is equipped with one or more Automated External Defibrillators (AEDs) located in clearly marked and accessible areas.

	2. The location of each defibrillator must be registered with a local emergency medical services medical director.	Through the Office of Risk and Benefits Management, the District maintains an emergency communication and AED management program to ensure routine monitoring, timely replacement of AED supplies, and compliance with manufacturer maintenance requirements.
11. Assist in Health Education Curriculum s. 381.0056(4)(a)(13), F.S.	11a. Collaborate with schools, health staff and others in health education curriculum development.	School Health providers will collaborate with MDCPS personnel in health education curriculum development
12. Refer Student to Appropriate Health Treatment s. 381.0056(4)(a)(14), F.S.	12a. Use community or other available referral resources. Assist in locating referral sources for Medicaid eligible, uninsured and underinsured students.	- MDCPS and Florida Department of Health in Miami-Dade County will generate a list of health/mental care providers in the community that can be used as referral sources. - Refer, document, and follow-up with parents regarding available community resources to assist student's health care needs.
13. Consult with Parent/Guardian Regarding Student's Health Issues s. 381.0056(4)(a)(15), F.S.; Rule 64F-6.001(1), F.A.C.	13a. Provide consultation with parent/guardian, students, staff and physicians regarding student health issues.	- The School Health staff, upon identification of a student's health issues, will consult with the parent/legal guardian, staff, and/or health care provider, and provide appropriate intervention for students with health needs. - Communicate with parents/legal guardians by telephone, in writing, or through personal contact concerning a student's health problem or suspected health problem. - Maintain documentation of consultations.
14. Maintain Health-Related Student Records s. 381.0056(4)(a)(16), F.S.; s. 1002.22, F.S.; Rule 64F-6.005(1)(2), F.A.C.	14a. Maintain a cumulative health record for each student that includes required information.	- School principal will designate a staff member to maintain Cumulative Health records for each student. - Health teams will document relevant information on the Cumulative Health record according to Chapter 64F-6.005 (1) (2), F.A.C. - Immunization status and certification. - Health history, including any chronic conditions and treatment plan.

		• Screenings, referrals, follow-ups and corrective actions. • Health examination report. • Documentation of injuries and documentation of episodes of sudden illness referred for emergency health care. • Documentation of student's Emergency Action Plan. • Documentation of student's consultations with school personnel regarding a student's health problem and recommendations made, as well as results. • Documentation of medical provider's orders and parental permission to administer medication or medical treatment given in school. • If applicable, it should be noted in the student's Cumulative Health record that a separate record of health information exists.
15. Nonpublic School Participation s. 381.0056(4)(a)(18), F.S.; s. 381.0056(5)(a)-(g), F.S.	15a. Notify the local nonpublic schools of the school health services program, allowing the nonpublic school to request participation in the school health services program provided they meet requirements.	• Florida Department of Health in Miami Dade will develop a current listing of all Non-Public Schools in Miami-Dade County. • Florida Department of Health in Miami- Dade will contact all known non-public schools in the county through an information letter describing the School Health Services Program, pertinent Florida Statutes, and roles and responsibilities, should they choose to participate in the local School Health Services Program
16. Provision of Health Information for Exceptional Student Education (ESE) Program Placement s. 381.0056(4)(a)(17), F.S.; Rules 6A-6.0331, F.A.C.; 64F-6.006, F.A.C.	16a. The District School Board will ensure that relevant health information for ESE staffing and planning is provided.	• Ensure health information is provided, as needed, by the school health nurses regarding the consideration and placement of students in exceptional student programs and the re-evaluation at periodic intervals of students placed in related programs. • Exceptional Students Education Program will consult with the Florida Department of Health in Miami-Dade County, Comprehensive Student Health Services, and/or other school health service providers as needed. Provide current vision and hearing screening results and review of the student records to ensure

		that physical health issues are considered in student placements.
17. Provide In-service Health Training for School Personnel s. 381.0056(6)(b), F.S.; Rule 64F-6.002, F.A.C.	17a. The District School Board will ensure that district staff are provided with training to assist with the day-to-day and emergency health needs of students.	Comprehensive Student Health Services will ensure that school staff are provided with training to assist with the day-to-day and emergency health needs of students.
18. Health Services and Health Education as Part of the Comprehensive Plan for the School District. s. 381.0056(6)(a), F.S.; Rule 64F-6.002, F.A.C.	18a. The District School Board will ensure that school-based health services and health education are provided to public school children in grades pre-kindergarten - 12.	- School Health service providers and Health Teams will provide services in grades pre-K through 12. - Florida Department of Health in Miami-Dade County will provide consultation and technical support to private schools upon request and available resources.
19. Physical Facilities for Health Services s. 381.0056(6)(c), F.S.; s.1001.43(7)(a), F.S.; State Requirements for Educational facilities, 2014 and/or State Requirements for Existing Educational Facilities 2014	19a. The District School Board will ensure that adequate health room facilities are made available in each school and meet the Florida Department of Education requirements.	- MDCPS will ensure principals are aware through briefings of the mandates regarding adequate health room space and minimum health room specifications for the provision of health services. - Encourage new and renovated school facilities to meet minimum health room specifications.
20. Helping Children be Physically Active and Eating Healthy s. 381.0056(6)(d), F.S.	20a. The District School Board will ensure that at the beginning of each school year, a list of programs and/or resources is made available to the parent/guardian so they can help their children be physically active and eat healthy foods.	Each health care provider will develop educational material concerning ways that can help students be physically active and eat healthy foods.
21. Inform Parent/Guardian of the Health Services Provided; . Parental Consent for Health Care Services	21a. The District School Board will ensure that at the beginning of each school year, the parent/guardian will be informed in writing that their children will receive specified health	Adhere to the MDCPS written plan, which outlines the procedures for informing parents about the School Health services available, as well as the

s.1014.06, F.S.; s.1001.42(8)(c), F.S. s. 381.0056(6)(e), F.S. s. 1001.43(7), F.S. s.1004.06, F.S.	services as provided for in the district health services plan and the opportunity to request an exemption of any service(s) in writing. 21b. The District School Board must ensure that it develops policies and procedures for the implementation of the Parent’s Bill of Rights. Address the following statutory requirements: 1. Obtain written parental consent prior to providing, soliciting or arranging to provide health care services or prescribe medicinal drugs to a minor child. 2. Obtain written parental consent prior to a medical procedure to be performed on a minor child in its facility.	process for parents or legal guardians to submit a written request for an exemption. • At the beginning of each school year, parents are notified of the health services available at their child's school, the anticipated schedule for those services, and their right to decline any specific service. Written parental consent is obtained before any invasive physical examination or procedure.
22. Declaring a Communicable Disease Emergency s. 1003.22(9), F.S.; Rule 64F-6.002(2)(d), F.A.C.	22a. The CHD Health Officer, or the State Health Officer may declare a communicable disease emergency in the event of any communicable disease for which immunization is required by the Florida Department of Health in a Florida public or private school. A communicable disease policy must be developed and needs to provide for interagency coordination during suspected or confirmed disease outbreaks in schools.	• All providers will adhere to 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, administrator, or the State Health Officer to declare a communicable disease emergency. The declaration of such emergency shall mandate that all students in attendance in the school who are not in compliance with the provisions of this section be identified by the district school board or by the governing authority of the private school; and the school health and immunization records of such children shall be made available to the county health department director or administrator. Those children identified as not being immunized against the disease for which the emergency has been declared shall be temporarily excluded from school by the district school board, or the governing authority of the private school, until

		such time as is specified by the county health department director or administrator.
23. Administration of Medication and Provision of Medical Services by District School Board Personnel s. 1006.062(1)(a), F.S. ;	23a. The District School Board will include provisions to provide training, by an RN, a licensed practical nurse, a physician, or a physician assistant (pursuant to Chapter 458 or 459, F.S.), to the school personnel designated by the school principal to assist students in the administration of prescribed medication.	• Follow the MDCPS policies for medication administration • Utilize a standardized training manual to train designated school personnel on medication administration and to minimize medication risks. • Follow the MDCPS policies for medication administration • Research best practice curriculum to provide up-to-date trainings. • Increase outreach efforts to schools that have not participated in trainings for more than two years. • Florida Department of Health in Miami-Dade County, The Children's Trust/Health Connect to provide child specific training to unlicensed assistive personnel (UAP).
24. Policy and Procedure Governing the Administration of Prescription Medication s. 1006.062(1)(b), F.S. ; Rule 64B9-14, F.A.C.	24a. The District School Board will adopt policies and procedures governing the administration of prescription medication by district school board personnel and be consistent with delegation practices.	• Medication Administration Policy and Procedures shall be reviewed on a yearly basis. • Share a copy of the Medication Administration Policy and Procedures with school health providers and school principals.
25. Policy and Procedure for Allowing Qualified Patients to use Marijuana. s. 1006.062(8), F.S. ; s. 381.986, F.S.	25a. Each District School Board shall adopt a policy and a procedure for allowing a student who is a qualified patient, as defined in s. 381.986, F.S., to use marijuana obtained pursuant to that section.	• Review the medical Marijuana Administration Policy and Procedures on a yearly basis. • Follow the MDCPS policies for medical marijuana administration during school hours.

		• Share a copy of the Medication Policy and Procedures with school health providers and school principals.
	25b. Pursuant to the district policy, develop procedures to follow when parents of students, that are qualified patients, request that medical marijuana be administered to their child at school.	• Follow the MDCPS policies for medical marijuana administration during school hours.
	25c. Ensure that all school health room/clinic staff and school staff designated by principals have read and have on file the school district policy on medical marijuana.	• Follow the MDCPS policies for medical marijuana administration during school hours.

26. Students with Asthma Carrying a Short-acting Bronchodilator and Components s. 1002.20(3)(h), F.S.;	26a. Students with asthma whose parent/guardian and physician provide written approval, may carry a short-acting bronchodilator and components on their person while in school. Ensure written authorization for use short-acting bronchodilator and components at school is completed and signed by health care provider and parent/guardian.	• Review the Medication Administration policy and Procedures on a yearly basis. • Share a copy of the medication policy and procedure with school health providers and school principals.
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	26b. If the school district has chosen to maintain supplies of short-acting bronchodilators and components from a wholesale distributor or manufacturer as defined in s. 499.003, F.S., the participating school district shall adopt a protocol developed by a licensed physician for the administration by school personnel who are trained to recognize symptoms of respiratory distress and to administer a short-acting bronchodilators or components. The protocol shall include: 1. Guidance for administering short-acting bronchodilators or components in instances of respiratory distress for a student with a known diagnosis of asthma. 2. If approved by the school district, guidance for administering short-acting bronchodilators or components in instances of respiratory distress for students with no known diagnosis of asthma. 3. A school nurse or trained school personnel shall only administer short-acting bronchodilators and components to students if they have successfully completed training and believe in good faith that the student is experiencing respiratory distress.	• MDCPS will not maintain supplies of short-acting bronchodilators and components from a wholesale distributor or manufacturer.
	26c. The school district or school shall provide written notice to the parent of each student enrolled in the school district or school of the school's adopted protocol. The public school must receive prior permission from the parent or guardian to administer a short-acting bronchodilator or components to a student.	• MDCPS will not maintain supplies of short- acting bronchodilators and components from a wholesale distributor or manufacturer.

27. Students with Life Threatening Allergies; Epinephrine Delivery Device, Use and Supply; Emergency Allergy Treatment; Anaphylaxis Policy s. 381.88, F.S.; s. 381.885 F.S.; s. 1002.20(3)(i), F.S.; s. 1002.20(3)(q), F.S.; Rules 6A-6.0251, F.A.C.; 64F-6.004(4), F.A.C.;	27a. Ensure that written parent/guardian and physician authorization has been obtained from students who may carry an Epinephrine Delivery Device and self-administer while enroute to and from school, in school, or at school-sponsored activities.	• Follow the district policy and procedures for students with life-threatening allergies practicing self-medication and self-care. • Ensure the authorization for medication clearly states that the child was trained and authorized to carry the medication. Furthermore, the authorization must be signed by the medical provider and parent. • Ensure Severe Allergy Emergency Action Plan is completed and signed by a medical provider and parent. • Registered Nurse and/or Advanced Practice Registered Nurse to develop an IHCP and Emergency Action Plan/Emergency Care Plan with input from the student's medical provider, parent, student, and school staff. • Child Specific training will be provided as needed. • Provide training to school personnel at levels I,II, III. • If student is unable to self-care and manage health condition, refer for 504 consideration or accommodation.
	27b. For students with life threatening allergies, the RN shall develop and update annually IHP that includes an EAP, in cooperation with the student, parent/guardian, physician and school staff. The IHP shall include child-specific training to ensure personnel are prepared to support a student's unique needs, respond and protect the safety of all students from the misuse or abuse of Epinephrine Delivery Devices. 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 Delivery Device.	• Continue to follow the district policy and procedures for students with life-threatening allergies practicing self- medication and self-care. • Registered Nurse and/or Advanced Practice Registered Nurse must develop and update IHCP annually which includes an ECP. • IHCP and ECP are both developed in cooperation with the student, parent/guardian, student's medical provider, and school staff. • ECP must outline, in detail, the student's allergens, symptoms that require emergency treatment with an epinephrine auto-injector based on the information obtained by the student's medical provider, instructions for calling 911 to transport the student to the hospital, and emergency contacts.

	27c. If the school district has chosen to maintain supplies of Epinephrine Delivery Devices from a wholesale distributor or manufacturer as defined in s. 499.003, F.S., the School District Board will ensure that a standing order and written protocol be developed by a licensed physician and is available at all schools where the Epinephrine Delivery Devices are stocked. 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 using approved Epinephrine Delivery Devices.	• MDCPS will not maintain supplies of Epinephrine Delivery Devices and components from a wholesale distributor or manufacturer.
	27d. Each district school board and charter school governing board shall require each school that serves students in kindergarten through grade 8 to provide training to an adequate number of school personnel and contracted personnel in preventing and responding to allergic reactions, including anaphylaxis. In determining an adequate number, schools and governing boards must consider: number of students with an IHP, number of students with a history/risk of anaphylaxis, accessibility of healthcare personnel, and number of trained persons to ensure coverage in areas of higher probability of exposure.	• MDCPS along with the school-based health partners provides annual training for an adequate number of school personnel on the prevention, recognition, and emergency response to allergic reactions, including anaphylaxis. The number of trained personnel is determined based on student need, the number of students with Individualized Healthcare Plans with a risk of anaphylaxis and the need to ensure appropriate coverage throughout the school. • For students with a severe allergy, child-specific training is required to ensure school personnel can safely support the student during the school day and at school-sponsored off-campus activities. Participants in the child-specific training include the parent/guardian, student (when appropriate), administrator/designee, counselor, teacher(s), cafeteria personnel (for food-related allergies), after-school coordinator (if applicable), and sports coach (if applicable).

	27e. This training must include recognizing the signs of an anaphylactic reaction and administering an FDA-approved epinephrine delivery device that has a pre-measured, appropriate weight-based dose.	Training includes recognizing the signs and symptoms of anaphylaxis and the proper administration of an FDA-approved, pre-measured, weight-appropriate epinephrine auto-injector in accordance with state law and district procedures.
	27f. Each district school board and charter school governing board shall also require policies and procedures that, for each student in kindergarten through grade 8 who has an emergency action plan for anaphylaxis, such plan must be in effect and accessible at all times when the student is on school grounds during the school day or participating in school-sponsored activities. This includes extracurricular activities, athletics, school dances, and contracted before-school or after-school programs at the student's school. Personnel designated to implement a student's EAP must receive training in order to implement EAP.	M-DCPS requires the Emergency Action Plan (EAP) that is maintained, readily accessible, and implemented during the school day and at all school-sponsored activities, including extracurricular activities, athletics, school dances, and contracted before- and after-school programs. All school employees and contracted personnel who may interact with the student are informed of their role in supporting the student during a medical emergency, and personnel designated to implement the student's EAP receive child-specific training before assuming those responsibilities
28. Diabetes Management, Self Management; Undesignated Glucagon; Type 1 Diabetes Early Detection Program s. 1002.20(3)(j), F.S.; s. 1006.07(f)(2), F.S. s. 381.992 F.S Rule 6A-6.0253, F.A.C.	28a. Students with diabetes must have a Diabetes Medical Management Plan (DMMP) from the student's health care provider that includes medication orders and orders for routine and emergency care.	- Follow the district policy and procedures for students with diabetes. - Diabetes medical management plan treatment/authorization is to be completed by the student's medical provider and provided by the parent/guardian to the school.
	28b. An IHP will be developed from the DMMP by the RN in collaboration with the parent/guardian, student, health care providers, and school personnel for the management of diabetes while enroute to and from school, in school, or at school-sponsored activities.	- School health providers (Registered Nurses and/or Advanced Practice Registered Nurses) will develop and implement an IHCP. - Provide child specific training as needed. - Provide training to school personnel at levels I, II and III. - If student is unable to self-care and manage health condition, refer for 504 consideration or accommodation.
	28c. An EAP will be developed as a child-specific action plan to facilitate quick and appropriate responses to an individual	School health providers (Registered Nurses and/or Advanced Practice Registered Nurses) will develop and implement an Emergency Care Plan.

	emergency in the school setting. The EAP shall specify when 911 will be called and describe a plan of action when the student is unable to self-administer medication or self-mange treatment as prescribed.	• Provide Child Specific training as needed. • If student is unable to self-care and manage health condition, refer for 504 consideration or accommodation.
	28d. Maintain a copy of the current physician's diabetes medical management plan and develop and implement an IHP and EAP to ensure safe management of diabetes.	• School Health providers (Registered Nurses and/or Advanced Practice Registered Nurses) will maintain a copy of the current physician's diabetes medical management plan and develop and implement an IHP and EAP.
	28e. Students with diabetes that have physician and parent/guardian approval may carry their diabetic supplies and equipment and self-manage their diabetes while enroute to and from school, in school, or at school-sponsored activities. The written authorization shall identify the diabetic supplies, equipment, and activities the student can perform without assistance for diabetic self-management, including hypoglycemia and hyperglycemia.	• Follow the district policy and procedures for students with diabetes to practice self-medication and self-care. • Parent/guardian is to provide the completed and signed (by parent/guardian and healthcare provider) authorization to the school. The authorization must clearly state that the child was trained and is authorized to carry the medication. • School Health Providers (Registered Nurses and/or Advanced Practice Registered Nurses) will develop and implement an individualized Health Care Plan/Emergency Care Plan. • Provide Child Specific training as needed. • Provide training to school personnel at levels I, II and III • If student is unable to self-care and manage health condition refer for 504 consideration or accommodation.
	28f. Maintain a copy of the current physician's diabetes medical management plan and develop and implement an IHP and EAP to ensure safe self-management of diabetes.	• School Health Providers (RNs and/or APRNs) will maintain a copy of the current physician's diabetes medical management plan.

	28g. School district must allow the use of wireless communication device by a student during the school day in accordance with a student's IEP, 504, or doctor's note of valid clinical reasoning pursuant.	• MDCPS will permit the use of a wireless communication device in alignment with a student's IEP, 504 plan, or a doctor's note that provides valid clinical justification.
	28h. If the school district has chosen to maintain supplies of undesignated glucagon: 1. The undesignated glucagon must be stored in a secure location on the school's premises that is immediately accessible to a school nurse or other school personnel trained to administer glucagon. 2. Undesignated glucagon must be stored in accordance with the manufacturer's instructions.	• MDCPS will not maintain supplies of glucagon.
	28i. A school district or public school who chooses to acquire undesignated glucagon must adopt a protocol developed by a physician licensed under 458 or 459. A participating schools protocol shall include guidance to that the undesignated glucagon that is available will be administered as ordered in a student's diabetes medical management plan or health care practitioner's orders, including situations when a student's prescribed glucagon is unavailable or expired.	• MDCPS will not maintain supplies of glucagon.
	28j. A school nurse or trained school personnel shall administer glucagon to students only if such school nurse or trained school personnel has successfully completed training and believe in good faith that the student is experiencing a hypoglycemic emergency.	• MDCPS will not maintain supplies of glucagon.

	28k. Immediately after undesignated glucagon has been administered to a student, an employee of the public school shall call for emergency assistance, notify the school nurse, and notify the student's parent or guardian or emergency contact.	• MDCPS will not maintain supplies of glucagon.
	28l. The Department of Health, in collaboration with school districts throughout the state, shall develop informational materials for the early detection of Type 1 diabetes for parents and guardians of students in voluntary prekindergarten, kindergarten, and first grade in early learning coalitions, school districts, and charter schools. 1. The information provided to parents and guardians shall meet the requirements outlined in F.S. 381.992(3). 2. Annually, early learning coalitions, school district, and charter school must use a a standardized methodology for notifying parents and guardians of the availability of the Type 1 diabetes early detection materials available through the department's website.	• Florida Department of Health in Miami- Dade and MDCPS will ensure that the informational material for the early detection of type 1 diabetes for parents and guardians is provided at the beginning of the school year.

29. Use of Prescribed Pancreatic Enzyme Supplements s. 1002.20(3)(k), F.S.; Rule 6A-6.0252, F.A.C.	29a. Develop and implement an IHP and EAP 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.	• Follow the district policy and procedures for students with prescribed pancreatic enzyme supplements to practice self-medication and self-care. • Ensure the authorization for medication clearly states that the child was trained and is allowed to carry and self-administer pancreatic enzyme and has been signed by both the physician and parent/guardian. The medical management plan treatment/authorization is to be completed by the medical provider and provided to the school by the parent/guardian. • School health providers (RNs and/or APRNs) will develop and implement an Individualized Health Care Plan/Emergency Care Plan. • Provide child specific training as needed. • Provide training to school personnel at levels I, II and III • If student is unable to self-care and manage health condition refer for 504 consideration or accommodation.
	29b. Maintain documentation of health care provider and parental/guardian authorization for a student to self-carry and self-administer a prescribed pancreatic enzyme supplement while enroute to and from school, in school, or at school sponsored activities.	• School health providers (Registered Nurses and/or Advanced Practice Registered Nurses) will maintain a copy of the current physician's pancreatic enzyme medical management plan.
30. Naloxone Use and Supply s. 1002.20(3)(o), F.S.	30a. A public school may purchase a supply of an emergency opioid antagonist approved by the United States Food and Drug Administration (FDA) from a wholesale distributor as defined in s. 499.003, F.S., or may enter into an arrangement with a wholesale distributor or manufacturer as defined in s. 499.003, F.S., for an FDA-approved emergency opioid antagonist. The FDA-approved emergency opioid antagonist must be maintained in a secure location on the public school's premises.	• M-DCPS partners with local community organizations to obtain FDA-approved emergency opioid antagonists Narcan at no cost to the District. Narcan is maintained in a secure location in accordance with state law and district procedures and is administered by School Police personnel during a suspected opioid overdose emergency.

	30b. If the school district has chosen to obtain and maintain supplies of naloxone, it is recommended the school district ensure that a written protocol regarding storage, maintenance, accessibility and administration of naloxone be developed and available at all schools where naloxone is stored in school health clinics.	MDCPS will ensure that Narcan is available and stored in an area designated by the school principal. MDCPS resource officer are trained to administer Narcan.
31. Use and possession of headache medications s.1002.20(3)(p), F.S.	31a. A student may possess and use a medication to relieve headaches while on school property or at a school-sponsored event or activity without a physician's note or prescription if the medication is regulated by the FDA for over-the-counter use to treat headaches.	MDCPS has established policies and procedures that allow students to possess and utilize medication for headache relief while on school premises or during school-sponsored events, without the need for a physician's prescription, as long as the medication is approved by the United States Food and Drug Administration for over-the-counter use in treating headaches.
32. Administration of Medication and Provision of Medical Services by Nonmedical Assistive Personnel s. 1006.062(4), F.S. ; Rules: 64B9-14.002(3), F.A.C. , 64B9-14, F.A.C. ;	32a. Nonmedical assistive personnel will be allowed to perform health-related services upon successful completion of child specific training by an RN or advanced registered nurse practitioner, physician, or physician assistant.	School Health providers will ensure Nonmedical assistive personnel complete the necessary training before performing any health- related services.
	32b. An RN must document health related child-specific training for delegated staff. The delegation process shall include communication to the unlicensed assistant personnel (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. The	Florida Department of Health in Miami-Dade, MDCPS, the Children's Trust, and Community partners will develop a process to document the delegation of school health related tasks to the unlicensed assistant personnel. The necessary documents must be available during the Florida Department of Health in Miami- Dade school clinic audit review.

	documentation of training and competencies should be signed and dated by the RN and the trainee.	
	32c. The RN providing delegated authority will ensure that the use of nonmedical assistive personnel shall be consistent with delegation practices per requirements.	The Florida Department of Health in Miami-Dade, MDCPS, the Children's Trust, and community partners will achieve this by performing quarterly reviews.
33. Background Screening Requirements for School Health Services Personnel Chapter 435, F.S. , s. 381.0059, F.S. ; s. 1012.465, F.S.	33a. The District School Board and CHD will ensure that any person who provides services under this school health services plan meets the requirements of a level 2 background screening.	- Ensure level 2 background screenings have been conducted on all staff hired to provide school health services and have been cleared before providing school health services. - Follow school district established policies and procedures to ensure that only individuals who have undergone a background screening and have been approved to come on campus are allowed access on school grounds when students are present and/or to have direct contact with students.
34. Involuntary Examination s. 394.463, F.S. including: s. 1002.20(3)(I), F.S. ; s. 1002.33(9), F.S. ; s. 381.0056(4)(a)(19), F.S.	34a. The District School Board will ensure that it develops policies and procedures for the implementation of this statutory requirement. A reasonable attempt must be made to notify a student's parent/guardian, or caregiver before the student is removed from school, school transportation, or a school-sponsored activity and taken to a receiving facility for an involuntary examination.	- MDCPS will review, revise and update Clinical Services Procedures Manual, Baker Act Policies and Procedures to implement the requirements of s. 381.0056(4)(a)(19), F.S. - MDCPS will inform administrators of the requirements of s. 381.0056(4)(a)(19), F.S. via weekly briefing. - MDCPS will provide professional development training for students services personnel. - All Mental Health program providers will offer professional development training to school health program employees on the new statutory requirements following the revised clinical services procedural handbook, Baker Act Policies and Procedures.
35. Care of Students with Epilepsy or Seizure Disorders: s. 1006.0626, F.S.	35a. Requires schools, including charter schools, to provide epilepsy or seizure disorder care to a student under certain circumstances.	All School Health providers designated to support public and charter schools will provide professional development training for employees, ensuring they are prepared to assist students with epilepsy or seizure disorders.

	35b. Provide requirements for the implementation of an individualized seizure action plan, in a form determined by the medical professional, for a student with epilepsy or a seizure disorder.	All School Health providers will develop and use a universal individualized seizure/epilepsy action plan for students with epilepsy or a seizure disorder.
	35c. Provide that an individualized seizure action plan remains in effect until certain criteria are met.	All School Health providers will review individualized Seizure Action Plans annually and update as medically necessary (e.g., medication change).
	35d. Authorize a school to provide training and supports to a student in the absence of such a plan.	All School Health providers will conduct a general training regarding seizures/epilepsy to assist students without a plan.
	35e. Provides requirements that a school nurse or appropriate school employee who received the Individualized Seizure Action Plan (ISAP) shall coordinate the care of such students and verify the training of certain school employees, including any employee who teaches or transports the student to and from school or school activities, in the care of the students.	Florida Department of Health in Miami-Dade, MDCPS, the Children's Trust, and Community partners will ensure that their staff are trained in order to meet these requirements.
	35f. Provide requirements for such training; based on guidance issued by the Department of Education. The completion of training is valid for 5 years.	All School Health providers will follow the Department of Education's guidance before conducting the trainings.
	35g. Each school, including charter schools, must display a poster developed by the Department of Education which describes the basic steps of responding to an individual having a seizure.	MDCPS is responsible for making certain that the poster is exhibited in all clinics across schools.

36. Availability of menstrual hygiene products. s.1006.064, F.S.	36a. If the school district has chosen to make menstrual hygiene products available in each school at no charge within the district. The menstrual hygiene products may be located in the school nurse's office, other school facilities for health services, and in restrooms within each school, including wheelchair accessible restrooms. Participating schools will ensure that students are informed about the product's availability and location.	MDCPS partners with nonprofit organizations to help supply and maintain menstrual products. School staff designated by the principal will assist with dispensing these products. The distribution of menstrual products is provided on an emergency basis and upon request.
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PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)

Statute and/or Rule References	Program Standard/Requirement	Local Implementation Strategies and Activities
37. The provision of Comprehensive School Health Services. The services provided under This section are additional and are intended to supplement, rather than supplant, basic School Health services. s. 381.0057(6), F.S.; s. 743.065, F.S.	37a. Provide in-depth health management, interventions and follow-up through the increased use of professional school nurse staff.	- School Health nurses will provide evaluation and intervention services to students who exhibit mild to severely complex health, behavioral, or other health related learning problems affecting their school performance. - The school nurse will provide the following, in addition to, basic school health services: activities that support health promotion, reducing risk-taking behavior, and reducing teen pregnancy
	37b. Provide health activities that promote healthy living in each school.	- Implement strategies from the District Wellness Plan. - Assist with planning extracurricular health promotion activities. - Identify nutritional improvements needed, and promote their adoption.

	37c. Provide health education classes.	• Provide classes on a range of health topics, including general health, injury prevention, safety, nutrition, physical activity, violence prevention, conflict resolution, child abuse, alcohol, tobacco and other drug abuse, suicide prevention, HIV, STDs, pregnancy prevention, and human trafficking.
	37d. Provide or coordinate counseling and referrals to decrease substance abuse/ misuse.	• Implement a coordinated effort to identify, provide and/or refer students who are engaging in, or are at-risk of engaging in high-risk behavior for counseling. • Educate school staff to recognize signs of substance abuse.
	37e. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.	• Adhere to MDCPS procedures for suicide prevention as outlined in the crisis management manual for students that are identified with risk factors associated with suicide. • Provide age-appropriate classes on suicide risk identification and prevention. • Complete a safety plan for any student in any stage of suicidal behavior. • Identify/address feelings that precede suicidal thoughts/behavior (e.g., depression, anxiety, feelings of being overwhelmed) in students. • Train teachers and staff to recognize signs/symptoms and make referrals, as needed, to MDCPS counselors or social workers.
	37f. Provide or coordinate health education classes to reduce the incidence of substance abuse or misuse, suicide attempts, and other high-risk behaviors.	• Implement a coordinated effort to identify, provide, and/or refer students who are engaging in, or at risk-of, engaging in high-risk behavior for counseling. • Educate school staff to recognize signs of substance abuse and suicide risk.

	37g. Identify and provide interventions for students at risk for early parenthood.	- Establish and maintain working relationships with school staff to identify risky behaviors and implement the pregnancy prevention education program for students. - Teach age-appropriate segments of Human Growth and Development.
	37h. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.	Teach the Human Growth & Development Curriculum, and provide STD education, as well as problem solving skills, decision-making skills, self-esteem, and the possible consequences of sexual activities.
	37i. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.	Collaborate with identified responsible agencies to identify and provide interventions for students at-risk for early parenthood.
	37j. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.	- Maintain and/or establish sharing and collaborative partnerships with providers of comprehensive intervention services. - Maintain records of referrals for comprehensive intervention services.
	37k. Refer all known pregnant students to staff for prenatal care and Healthy Start services.	Refer to The Children's Trust Home Visitation by Family Coach Initiative and/or Healthy Start Coalition of Miami-Dade.

PART III: HEALTH SERVICES FOR FULL SERVICE SCHOOLS

Statute and/or Rule References	Program Standard/Requirement	Local Implementation Strategies and Activities
38. Full Service Schools s. 412.3026(1), F.S.	38a. The State Board of Education and the Florida Department of Health shall jointly establish FSS to serve students from schools that have a student population at high risk of needing medical and social services.	- Both agencies will jointly oversee the entire Full-Service School initiative. - Continue to re-assess schools that should be designated as Full-service School.

	38b. Designate FSS based on demographic evaluations.	Both agencies will reassess schools that should be designated as a Full-Service School.
	38c. Provide nutritional services.	Ensure providers are delivering Basic School Health provision to offer specialized services, through partnerships, to students and families as an extension of the educational environment. Services may include, but are not limited to, nutritional services.
	38d. Provide basic medical services.	Ensure providers are delivering Basic School Health services and making provisions to offer specialized services, through partnerships, to students and families as an extension of the educational environment. Services may include, but are not limited to, medical services.
	38e. Provide referral to dependent children Temporary Assistance to Needy Families (TANF).	Ensure providers are delivering Basic School Health services and making provisions to offer specialized services, through partnerships, to students and families as an extension of the educational environment. Services may include, but are not limited to, Temporary Assistance to Needy Families (TANF).
	38f. Provide referrals for abused children.	Ensure providers are delivering Basic School Health services and making provisions to offer specialized services, through partnerships, to students and families as an extension of the educational environment. Services may include, but are not limited to, counseling for abused children.
	38g. 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	Ensure providers are delivering Basic School Health services and making provisions to offer specialized services, through partnerships, to students and families as an extension of the educational environment. Services may include, but are not limited to, counseling for children at high-risk, and counseling for parents of at-risk children.

	for delinquent behavior and their parent/guardian, and adult education.	
	38h. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.	• Collect and report service utilization data to Florida Department of Health in Miami-Dade County on a monthly basis, including the number of hours provided in-kind by local providers. • Ensure all local partner agreements are stipulated in a contract. • Ensure all Full Service School staff services are being reported and entered in HMS in a timely manner.

PART IV: Detailed Description of Local Agency(s) Roles and Responsibilities

Statute and/or Rule References	Program Standard/Requirement	Local Implementation Strategies and Activities
39. Command structure, accountability, outcome indicators, resource management, and data systems: 64F-6.002, F.A.C.	39a. Describe how responsibilities and duties to operate the school health services program are divided among the agencies involved in implementation. Please review: 1. Employing or contracting for all health-related staff, the supervision of all school health services personnel regardless of funding source. 2. List the agency responsible for the day-to-day school clinic operations and management oversight. 3. List the resources or tools that are shared between agencies within your school health program. 4. Explain who is responsible for performance evaluations of clinical operations, and how are the	• It is the responsibility of each provider to hire and manage school health staff. • Agencies involved in the implementation of the School Health Services are as follows: Florida Department of Health in Miami-Dade County, MDCPS, Student Comprehensive Health, The Children's Trust Providers; University of Miami, Nicklaus Children's Hospital (NCH), Citrus Health Network, Jessie Trice Community Health System, and Community Health of South Florida. • The list of resources/tools that are shared between agencies are as follows: School Health Services Plan, School Health Services Program Scope of Work, School Health Administrative Resource Manual, School Health Program coding Manual, Communicable

	evaluations completed and documented. 5. Explain who is responsible for Quality Improvement planning, implementation, and tracking for school health operations.	Diseases Manual, Emergency Guidelines for Schools (2019 Florida Edition), and School Health Manual. • All Agencies are responsible for the performance evaluations of clinic operations. Random school visits are conducted during the school year, a performance evaluation review tool is used. A Corrective Action Plan is completed, as needed. • All agencies are in responsible for organizing, carrying out, and monitoring school health operations for quality improvement. In addition, Florida Department of Health in Miami-Dade County conducts yearly Quality improvement Audits to monitor the delivery of School Health Services as mandated by Florida Statues 381.0056 and 381.0057
	39b. Explain how the program collaborates in the planning and implementation of statutory requirements, rules, policies and routines. Please review the formal process used and each step taken during this collaborative task.	• Communication concerning the implications of new school health legislation is disseminated to school health providers through either email or provider meetings. • Comprehensive Student Health Services, in collaboration with the Florida Department of Health in Miami-Dade County, convene to collect further information on the execution of statutory requirements, regulations, policies, and procedures. • Both entities formulate a strategy to implement these requirements. For instance, when there are any legislative changes impacting school health services, Comprehensive Student Health Services communicates this information to school principals via email. • A plan is established to ensure that all school employees and health providers, whose responsibilities involve regular interaction with students, are informed of the changes, thereby ensuring compliance for everyone.

	39c. Describe the communication between agencies. Please review how frequently agencies meet to discuss progress and challenges facing the program and when the school health services plan is reviewed each year for the purpose of updating the planning.	• Monthly meetings are conducted among health providers to discuss school health progress and challenges. • The school Health Plan is reviewed in July or the first week in August of every school year.
	39d. Describe the data ownership and the responsibilities of data owners. Explain the requirements related to data sharing, agreements, data translation, and exchanges. Please review 1. Who is responsible for data collection? 2. Who is responsible for data cleaning? 3. Who is responsible for data quality assurance? 4. Where does services data reside? 5. Is there a formal data definitions and query manual?	Florida Department of Health in Miami-Dade County School Health Program Manager receives data and is entered in HMS: • Reports from NCH, biweekly • Reports from MDCPS, monthly • The Children’s Trust/Community Partners: • Health Screening results: provided Annually in December ○ Health Screening Outcomes: Monthly ○ Monthly school health services data ○ Aggregated Data: Annually in July
	39e. What is your step-by-step procedure and established timelines for the resolution of interagency conflicts. Please review a specific example of this process being utilized and its outcome.	• School Health providers communicate via email, and all conflicts are addressed using this communication method. Emails must be responded to within 24 business hours of delivery. For example, a school with no provider assigned contacts Comprehensive Student Health Services to request an individualized, Child Specific training. Comprehensive Student Health Services contacts Nicklaus Children’s Hospitals to request for a nurse to conduct the training. Nicklaus Children’s Hospital will ensure that the school’s principal is contacted to coordinate the training; this training should be scheduled to be conducted within 1 week of the request.

	39f. Describe how agencies coordinate training and knowledge sharing to maintain consistency in the implementation of statutory requirements. Please review examples of coordinated training and knowledge sharing.	• Participation in the formulation and execution of the school health staff development program is the responsibility of all agencies. The summertime training is carried out in cooperation with Florida Department of Health in Miami-Dade County, MDCPS, and The Children's Trust providers. • Representatives from these organizations are invited to the training sessions to deliver presentations on a range of topics related to school health. • In addition to the summer training, the Florida Department of Health in Miami-Dade is available to offer training sessions upon request at any time throughout the year.
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