



DISTRICT SCHOOL BOARD OF PASCO COUNTY

Kurt S. Browning, Superintendent of Schools

7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

Purchasing Services

Michael J. Woodall, CPPO, Purchasing Agent

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July 23, 2013

MEMORANDUM

TO: Honorable School Board Members

FROM: Michael J. Woodall, CPPO, Purchasing Agent *MJW.*

SUBJECT: Basic and Full Service Standard Health Program Contracts
Pasco County Health Department

The attached Department of Health standard contracts provide the District with funding for the operation of Basic and Full Service School Health Programs. It is anticipated that funds in the amount of \$113,412.90 will be provided to the District for the Basic School Health Program and \$135,225.25 will be provided for the Full Service Health Program.

The standard contracts will commence on August 1, 2013 and will continue through June 30, 2014. These contracts were reviewed and approved by Nancy Alfonso, School Board Attorney on June 9, 2013.

At this time, we respectfully request your approval to enter into the attached standard contracts. Should you have any questions regarding this matter, please contact me or Ms. Melissa Musselwhite at your earliest convenience.

MJW/sb
Attachments

Date/Time: July 16, 2013 09:59:00



DISTRICT SCHOOL BOARD OF PASCO COUNTY

Kurt S. Browning, Superintendent of Schools

7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

Office for Student Support Programs and Services
Lisa Kern, Supervisor of Student Health Services
813/794-2360 Fax: 813/794-2120
727/774-2360 TDD: 813/794-2484
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MEMORANDUM
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DATE: June 13, 2013

TO: Mike Woodall, Purchasing Agent

FROM: Melissa Musselwhite, Director of Student Support Programs and Services *mm*
Lisa Kern, Supervisor of Student Health Services *LK*

RE: Florida Department of Health 2013 – 2014 Contracts

Please find the following contracts that assist in the provision of health services for students and families.

State of Florida, Department of Health Contracts: PC402 (Full Service) and PC401 (Basic School Health)

These contracts provide funds directly to the district that are to be used solely for the operation of the Basic and Full Service School Health Programs. At this time, we respectfully request that The Board approve the above-referenced items.

Thank you.

LK/lg

Attachments

CFDA No.
CSFA No.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
STANDARD CONTRACT

Client

THIS CONTRACT is entered into between the State of Florida, Department of Health, hereinafter referred to as the *department*, and District School Board of Pasco County hereinafter referred to as the *provider*.

THE PARTIES AGREE:

I. THE PROVIDER AGREES:

A. To provide services in accordance with the conditions specified in Attachment I.

B. Requirements of §287.058, Florida Statutes (FS)

To provide units of deliverables, including reports, findings, and drafts as specified in Attachment I, to be received and accepted by the contract manager prior to payment. To comply with the criteria and final date by which such criteria must be met for completion of this contract as specified in Section III, Paragraph A. of this contract. To submit bills for fees or other compensation for services or expenses in sufficient detail for a proper pre-audit and post-audit thereof. Where applicable, to submit bills for any travel expenses in accordance with §112.061, FS. The department may, if specified in Attachment I, establish rates lower than the maximum provided in §112.061, FS. To allow public access to all documents, papers, letters, or other materials subject to the provisions of Chapter 119, FS, made or received by the provider in conjunction with this contract. It is expressly understood that the provider's refusal to comply with this provision shall constitute an immediate breach of contract.

C. To the Following Governing Law

1. State of Florida Law
 - a. This contract is executed and entered into in the State of Florida, and shall be construed, performed, and enforced in all respects in accordance with the laws, rules, and regulations of the State of Florida. Each party shall perform its obligations herein in accordance with the terms and conditions of the contract.
 - b. If this contract is valued at 1 million dollars or more, the provider agrees to refrain from any of the prohibited business activities with the Governments of Sudan and Iran as described in s.215.473, F.S. Pursuant to s.287.135(5), F.S., the department shall bring a civil action against any company that falsely certifies its status on the Scrutinized Companies with Activities in Sudan or the Iran Petroleum Energy Sector Lists. The provider agrees that the department shall take civil action against the provider as described in s. 287.135(5)(a), F.S., if the provider fails to demonstrate that the determination of false certification was made in error.
2. Federal Law
 - a. If this contract contains federal funds, the provider shall comply with the provisions of 45 CFR, Part 74, and/or 45 CFR, Part 92, and other applicable regulations as specified in Attachment I.
 - b. If this agreement includes federal funds and more than \$2,000 of federal funds will be used for construction or repairs, the provider shall comply with the provisions of the Copeland "Anti-Kickback" Act (18 U.S.C. 874 and 40 U.S.C. 276c), as supplemented by Department of Labor regulations (29 CFR part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). The act prohibits providers from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he/she is otherwise entitled. All suspected violations must be reported to the department.
 - c. If this agreement includes federal funds and said funds will be used for the performance of experimental, developmental, or research work, the provider shall comply with 37 CFR, part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Governmental Grants, Contracts and Cooperative Agreements."
 - d. If this contract contains federal funds and is over \$100,000, the provider shall comply with all applicable standards, orders, or regulations issued under §306 of the Clean Air Act, as amended (42 U.S.C. 1857(h) et seq.), §508 of the Clean Water Act, as amended (33 U.S.C. 1368 et seq.), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR Part 15). The provider shall report any violations of the above to the department.
 - e. If this contract contains federal funding in excess of \$100,000, the provider must, prior to contract execution, complete the Certification Regarding Lobbying form, Attachment N/A. If a Disclosure of Lobbying Activities form, Standard Form LLL, is required, it may be obtained from the contract manager. All disclosure forms as required by the Certification Regarding Lobbying form must be completed and returned to the contract manager.
 - f. Not to employ unauthorized aliens. The department shall consider employment of unauthorized aliens a violation of §§274A(e) of the Immigration and Naturalization Act (8 U.S.C. 1324 a) and section 101 of the Immigration Reform and Control Act of 1986. Such violation shall be cause for unilateral cancellation of this contract by the department. The provider agrees to utilize the U.S. Department of Homeland Security's E-Verify system, <https://e-verify.uscis.gov/emp>, to verify the employment eligibility of all new employees hired during the contract term by the Provider. The Provider shall also include a requirement in subcontracts that the subcontractor shall utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term. Contractors meeting the terms and conditions of the E-Verify System are deemed to be in compliance with this provision.
 - g. The provider shall comply with President's Executive Order 11246, Equal Employment Opportunity (30 FR 12319, 12935, 3 CFR, 1964-1965 Comp., p. 339), as amended by President's Executive Order 11375, and as supplemented by regulations at 41 CFR, Part 60.
 - h. The provider and any subcontractors agree to comply with Pro-Children Act of 1994, Public Law 103-277, which requires that smoking not be permitted in any portion of any indoor facility used for the provision of federally funded services including health, day care, early childhood development, education or library services on a routine or regular basis, to children up to age 18. Failure to comply with the provisions of the law may result in the imposition of civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

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- i. HIPAA: Where applicable, the provider will comply with the Health Insurance Portability Accountability Act as well as all regulations promulgated thereunder (45CFR Parts 160, 162, and 164).
- j. Provider is required to submit a W-9 to the Department of Financial Services (DFS) electronically prior to doing business with the State of Florida via the Vendor Website at <https://flvendor.myfloridacfo.com>. Any subsequent changes shall be performed through this website; however, if provider needs to change their FEID, they must contact the DFS Vendor Ombudsman Section at (850) 413-5519.
- k. If the provider is determined to be a subrecipient of federal funds, the provider will comply with the requirements of the American Recovery and Reinvestment Act (ARRA) and the Federal Funding Accountability and Transparency Act, by obtaining a DUNS (Data Universal Numbering System) number and registering with the federal Central Contractor Registry (CCR). No payments will be issued until the provider has submitted a valid DUNS number and evidence of registration (i.e. a printed copy of the completed CCR registration) in CCR to the department. To obtain registration and instructions, visit <http://fedgov.dnb.com/webform> and www.ccr.gov.

D. Audits, Records, and Records Retention

- 1. To establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided by the department under this contract.
- 2. To retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of six (6) years after termination of the contract, or if an audit has been initiated and audit findings have not been resolved at the end of six (6) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of this contract.
- 3. Upon completion or termination of the contract and at the request of the department, the provider will cooperate with the department to facilitate the duplication and transfer of any said records or documents during the required retention period as specified in Section I, paragraph D.2. above.
- 4. To assure that these records shall be subject at all reasonable times to inspection, review, or audit by Federal, state, or other personnel duly authorized by the department.
- 5. Persons duly authorized by the department and Federal auditors, pursuant to 45 CFR, Part 92.36(i)(10), shall have full access to and the right to examine any of provider's contract and related records and documents, regardless of the form in which kept, at all reasonable times for as long as records are retained.
- 6. To provide a financial and compliance audit to the department as specified in Attachment II and to ensure that all related party transactions are disclosed to the auditor.
- 7. To include these aforementioned audit and record keeping requirements in all approved subcontracts and assignments.
- 8. If Exhibit 2 of this contract indicates that the provider is a recipient or subrecipient, the provider will perform the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular A-133, and/or section 215.97 Florida Statutes, as applicable and conform to the following requirements:
 - a. Documentation. To maintain separate accounting of revenues and expenditures of funds under this contract and each CSFA or CFDA number identified on Exhibit 1 attached hereto in accordance with generally accepted accounting practices and procedures. Expenditures which support provider activities not solely authorized under this contract must be allocated in accordance with applicable laws, rules and regulations, and the allocation methodology must be documented and supported by competent evidence.

Provider must maintain sufficient documentation of all expenditures incurred (e.g. invoices, canceled checks, payroll detail, bank statements, etc.) under this contract which evidences that expenditures are:

 - 1) allowable under the contract and applicable laws, rules and regulations;
 - 2) reasonable; and
 - 3) necessary in order for the recipient or subrecipient to fulfill its obligations under this contract.The aforementioned documentation is subject to review by the Department and/or the State Chief Financial Officer and the provider will timely comply with any requests for documentation.
 - b. Financial Report. To submit an annual financial report stating, by line item, all expenditures made as a direct result of services provided through the funding of this contract to the Department within 45 days of the end of the contract. If this is a multi-year contract, the provider is required to submit a report within 45 days of the end of each year of the contract. Each report must be accompanied by a statement signed by an individual with legal authority to bind recipient or subrecipient by certifying that these expenditures are true, accurate and directly related to this contract.

To ensure that funding received under this contract in excess of expenditures is remitted to the Department within 45 days of the earlier of the expiration of, or termination of, this contract.

E. Monitoring by the Department

To permit persons duly authorized by the department to inspect any records, papers, documents, facilities, goods, and services of the provider, which are relevant to this contract, and interview any clients and employees of the provider to assure the department of satisfactory performance of the terms and conditions of this contract. Following such evaluation the department will deliver to the provider a written report of its findings and will include written recommendations with regard to the provider's performance of the terms and conditions of this contract. The provider will correct all noted deficiencies identified by the department within the specified period of time set forth in the recommendations. The provider's failure to correct noted deficiencies may, at the sole and exclusive discretion of the department, result in any one or any combination of the following: (1) the provider being deemed in breach or default of this contract; (2) the withholding of payments to the provider by the department; and (3) the termination of this contract for cause.

F. Indemnification

NOTE: Paragraph I.F.1. and I.F.2. are not applicable to contracts executed between state agencies or subdivisions, as defined in §768.28, FS.

- 1. The provider shall be liable for and shall indemnify, defend, and hold harmless the department and all of its officers, agents, and employees from all claims, suits, judgments, or damages, consequential or otherwise and including attorneys' fees and costs,

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arising out of any act, actions, neglect, or omissions by the provider, its agents, or employees during the performance or operation of this contract or any subsequent modifications thereof, whether direct or indirect, and whether to any person or tangible or intangible property.

- 2. The provider's inability to evaluate liability or its evaluation of liability shall not excuse the provider's duty to defend and indemnify within seven (7) days after such notice by the department is given by certified mail. Only adjudication or judgment after highest appeal is exhausted specifically finding the provider not liable shall excuse performance of this provision. The provider shall pay all costs and fees related to this obligation and its enforcement by the department. The department's failure to notify the provider of a claim shall not release the provider of the above duty to defend.

G. Insurance

To provide adequate liability insurance coverage on a comprehensive basis and to hold such liability insurance at all times during the existence of this contract and any renewal(s) and extension(s) of it. Upon execution of this contract, unless it is a state agency or subdivision as defined by §768.28, FS, the provider accepts full responsibility for identifying and determining the type(s) and extent of liability insurance necessary to provide reasonable financial protections for the provider and the clients to be served under this contract. The limits of coverage under each policy maintained by the provider do not limit the provider's liability and obligations under this contract. Upon the execution of this contract, the provider shall furnish the department written verification supporting both the determination and existence of such insurance coverage. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida. The department reserves the right to require additional insurance as specified in Attachment I where appropriate.

H. Safeguarding Information

Not to use or disclose any information concerning a recipient of services under this contract for any purpose not in conformity with state and federal law or regulations except upon written consent of the recipient, or his responsible parent or guardian when authorized by law.

I. Assignments and Subcontracts

- 1. To neither assign the responsibility of this contract to another party nor subcontract for any of the work contemplated under this contract without prior written approval of the department, which shall not be unreasonably withheld. Any sub-license, assignment, or transfer otherwise occurring shall be null and void.
- 2. The provider shall be responsible for all work performed and all expenses incurred with the project. If the department permits the provider to subcontract all or part of the work contemplated under this contract, including entering into subcontracts with vendors for services and commodities, it is understood by the provider that the department shall not be liable to the subcontractor for any expenses or liabilities incurred under the subcontract and the provider shall be solely liable to the subcontractor for all expenses and liabilities incurred under the subcontract. The provider, at its expense, will defend the department against such claims.
- 3. The State of Florida shall at all times be entitled to assign or transfer, in whole or part, its rights, duties, or obligations under this contract to another governmental agency in the State of Florida, upon giving prior written notice to the provider. In the event the State of Florida approves transfer of the provider's obligations, the provider remains responsible for all work performed and all expenses incurred in connection with the contract. In addition, this contract shall bind the successors, assigns, and legal representatives of the provider and of any legal entity that succeeds to the obligations of the State of Florida.
- 4. The contractor shall provide a monthly Minority Business Enterprise report summarizing the participation of certified and non-certified minority subcontractors/material suppliers for the current month, and project to date. The report shall include the names, addresses, and dollar amount of each certified and non-certified MBE participant, and a copy must be forwarded to the Contract Manager of the Department of Health. The Office of Supplier Diversity (850-487-0915) will assist in furnishing names of qualified minorities. The Department of Health, Minority Coordinator (850-245-4199) will assist with questions and answers.
- 5. Unless otherwise stated in the contract between the provider and subcontractor, payments made by the provider to the subcontractor must be within seven (7) working days after receipt of full or partial payments from the department in accordance with §§287.0585, FS. Failure to pay within seven (7) working days will result in a penalty charged against the provider and paid by the provider to the subcontractor in the amount of one-half of one (1) percent of the amount due per day from the expiration of the period allowed herein for payment. Such penalty shall be in addition to actual payments owed and shall not exceed fifteen (15) percent of the outstanding balance due.

J. Return of Funds

To return to the department any overpayments due to unearned funds or funds disallowed and any interest attributable to such funds pursuant to the terms of this contract that were disbursed to the provider by the department. In the event that the provider or its independent auditor discovers that overpayment has been made, the provider shall repay said overpayment within 40 calendar days without prior notification from the department. In the event that the department first discovers an overpayment has been made, the department will notify the provider by letter of such a finding. Should repayment not be made in a timely manner, the department will charge interest of one (1) percent per month compounded on the outstanding balance after 40 calendar days after the date of notification or discovery.

K. Incident Reporting

Abuse, Neglect, and Exploitation Reporting

In compliance with Chapter 415, FS, an employee of the provider who knows or has reasonable cause to suspect that a child, aged person, or disabled adult is or has been abused, neglected, or exploited shall immediately report such knowledge or suspicion to the Florida Abuse Hotline on the single statewide toll-free telephone number (1-800-96ABUSE).

L. Transportation Disadvantaged

If clients are to be transported under this contract, the provider will comply with the provisions of Chapter 427, FS, and Rule Chapter 41-2, FAC. The provider shall submit to the department the reports required pursuant to Volume 10, Chapter 27, DOH Accounting Procedures Manual.

M. Purchasing

- 1. It is agreed that any articles which are the subject of, or are required to carry out this contract shall be purchased from Prison Rehabilitative Industries and Diversified Enterprises, Inc. (PRIDE) identified under Chapter 946, FS, in the same manner and under the procedures set forth in §§946.515(2) and (4), FS. For purposes of this contract, the provider shall be deemed to be substituted for the department insofar as dealings with PRIDE. This clause is not applicable to subcontractors unless otherwise required by law. An abbreviated list of

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products/services available from PRIDE may be obtained by contacting PRIDE, 1-800-643-8459.

2. Procurement of Materials with Recycled Content

It is expressly understood and agreed that any products or materials which are the subject of, or are required to carry out this contract shall be procured in accordance with the provisions of §403.7065, and §287.045, FS.

3. MyFloridaMarketPlace Vendor Registration

Each vendor doing business with the State of Florida for the sale of commodities or contractual services as defined in section 287.012, Florida Statutes, shall register in the MyFloridaMarketPlace system, unless exempted under Florida Administrative Code Rule 60A-1.030(3) (F.A.C.).

4. MyFloridaMarketPlace Transaction Fee

The State of Florida, through the Department of Management Services, has instituted MyFloridaMarketPlace, a statewide eProcurement system. Pursuant to section 287.057(23), Florida Statutes (2008), all payments shall be assessed a Transaction Fee of one percent (1.0%), which the Provider shall pay to the State.

For payments within the State accounting system (FLAIR or its successor), the Transaction Fee shall, when possible, be automatically deducted from payments to the vendor. If automatic deduction is not possible, the vendor shall pay the Transaction Fee pursuant to Rule 60A-1.031(2), F.A.C. By submission of these reports and corresponding payments, vendor certifies their correctness. All such reports and payments shall be subject to audit by the State or its designee.

The Provider shall receive a credit for any Transaction Fee paid by the Provider for the purchase of any item(s) if such item(s) are returned to the Provider through no fault, act, or omission of the Provider. Notwithstanding the foregoing, a Transaction Fee is non-refundable when an item is rejected or returned, or declined, due to the vendor's failure to perform or comply with specifications or requirements of the agreement. Failure to comply with these requirements shall constitute grounds for declaring the vendor in default and recovering procurement costs from the vendor in addition to all outstanding fees. Providers delinquent in paying transaction fees may be excluded from conducting future business with the State.

N. Civil Rights Requirements

Civil Rights Certification: The provider will comply with applicable provisions of DOH publication, "Methods of Administration, Equal Opportunity in Service Delivery."

O. Independent Capacity of the Contractor

1. In the performance of this contract, it is agreed between the parties that the provider is an independent contractor and that the provider is solely liable for the performance of all tasks contemplated by this contract, which are not the exclusive responsibility of the department.
2. Except where the provider is a state agency, the provider, its officers, agents, employees, subcontractors, or assignees, in performance of this contract, shall act in the capacity of an independent contractor and not as an officer, employee, or agent of the State of Florida. Nor shall the provider represent to others that it has the authority to bind the department unless specifically authorized to do so.
3. Except where the provider is a state agency, neither the provider, its officers, agents, employees, subcontractors, nor assignees are entitled to state retirement or state leave benefits, or to any other compensation of state employment as a result of performing the duties and obligations of this contract.
4. The provider agrees to take such actions as may be necessary to ensure that each subcontractor of the provider will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of the State of Florida.
5. Unless justified by the provider and agreed to by the department in Attachment I, the department will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial, or clerical support) to the provider, or its subcontractor or assignee.
6. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds, and all necessary insurance for the provider, the provider's officers, employees, agents, subcontractors, or assignees shall be the responsibility of the provider.

P. Sponsorship

As required by §286.25, FS, if the provider is a non-governmental organization which sponsors a program financed wholly or in part by state funds, including any funds obtained through this contract, it shall, in publicizing, advertising, or describing the sponsorship of the program, state: *Sponsored by (provider's name) and the State of Florida, Department of Health*. If the sponsorship reference is in written material, the words *State of Florida, Department of Health* shall appear in at least the same size letters or type as the name of the organization.

Q. Final Invoice

To submit the final invoice for payment to the department no more than 15 days after the contract ends or is terminated. If the provider fails to do so, all right to payment is forfeited and the department will not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this contract may be withheld until all reports due from the provider and necessary adjustments thereto have been approved by the department.

R. Use of Funds for Lobbying Prohibited

To comply with the provisions of §216.347, FS, which prohibit the expenditure of contract funds for the purpose of lobbying the Legislature, judicial branch, or a state agency.

S. Public Entity Crime and Discriminatory Vendor

1. Pursuant to §287.133, FS, the following restrictions are placed on the ability of persons convicted of public entity crimes to transact business with the department: When a person or affiliate has been placed on the convicted vendor list following a conviction for a public entity crime, he/she may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in §287.017, FS, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.
2. Pursuant to §287.134, FS, the following restrictions are placed on the ability of persons convicted of discrimination to transact business with the department: When a person or affiliate has been placed on the discriminatory vendor list following a conviction for discrimination, he/she may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a

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public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in §287.017, FS, for CATEGORY TWO for a period of 36 months from the date of being placed on the discriminatory vendor list.

T. Patents, Copyrights, and Royalties

1. If any discovery or invention arises or is developed in the course or as a result of work or services performed under this contract, or in anyway connected herewith, the provider shall refer the discovery or invention to the department to be referred to the Department of State to determine whether patent protection will be sought in the name of the State of Florida. Any and all patent rights accruing under or in connection with the performance of this contract are hereby reserved to the State of Florida.
2. In the event that any books, manuals, films, or other copyrightable materials are produced, the provider shall notify the Department of State. Any and all copyrights accruing under or in connection with the performance under this contract are hereby reserved to the State of Florida.
3. The provider, without exception, shall indemnify and save harmless the State of Florida and its employees from liability of any nature or kind, including cost and expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured by the provider. The provider has no liability when such claim is solely and exclusively due to the Department of State's alteration of the article. The State of Florida will provide prompt written notification of claim of copyright or patent infringement. Further, if such claim is made or is pending, the provider may, at its option and expense, procure for the Department of State, the right to continue use of, replace, or modify the article to render it non-infringing. If the provider uses any design, device, or materials covered by letters, patent, or copyright, it is mutually agreed and understood without exception that the bid prices shall include all royalties or cost arising from the use of such design, device, or materials in any way involved in the work.

U. Construction or Renovation of Facilities Using State Funds

Any state funds provided for the purchase of or improvements to real property are contingent upon the provider granting to the state a security interest in the property at least to the amount of the state funds provided for at least (5) years from the date of purchase or the completion of the improvements or as further required by law. As a condition of a receipt of state funding for this purpose, the provider agrees that, if it disposes of the property before the department's interest is vacated, the provider will refund the proportionate share of the state's initial investment, as adjusted by depreciation.

V. Electronic Fund Transfer

The provider agrees to enroll in Electronic Fund Transfer, offered by the State Comptroller's Office. Copies of Authorization form and sample bank letter are available from the Department. Questions should be directed to the EFT Section at (850) 410-9466. The previous sentence is for notice purposes only.

W. Information Security

The provider shall maintain confidentiality of all data, files, and records including client records related to the services provided pursuant to this agreement and shall comply with state and federal laws, including, but not limited to, sections 384.29, 381.004, 392.65, and 456.057, Florida Statutes. Procedures must be implemented by the provider to ensure the protection and confidentiality of all confidential matters. These procedures shall be consistent with the Department of Health Information Security Policies, as amended, which is incorporated herein by reference and the receipt of which is acknowledged by the provider, upon execution of this agreement. The provider will adhere to any amendments to the department's security requirements provided to it during the period of this agreement. The provider must also comply with any applicable professional standards of practice with respect to client confidentiality.

II. THE DEPARTMENT AGREES:

A. Contract Amount

To pay for contracted services according to the conditions of Attachment I in an amount not to exceed **\$113,412.90** subject to the availability of funds. The State of Florida's performance and obligation to pay under this contract is contingent upon an annual appropriation by the Legislature. The costs of services paid under any other contract or from any other source are not eligible for reimbursement under this contract.

B. Contract Payment

Pursuant to §215.422, FS, the department has five (5) working days to inspect and approve goods and services, unless the bid specifications, Purchase Order, or this contract specifies otherwise. With the exception of payments to health care providers for hospital, medical, or other health care services, if payment is not available within 40 days, measured from the latter of the date the invoice is received or the goods or services are received, inspected and approved, a separate interest penalty set by the Comptroller pursuant to §55.03, FS, will be due and payable in addition to the invoice amount. To obtain the applicable interest rate, contact the fiscal office/contract administrator. Payments to health care providers for hospitals, medical, or other health care services, shall be made not more than 35 days from the date eligibility for payment is determined, at the daily interest rate of 0.03333%. Invoices returned to a vendor due to preparation errors will result in a payment delay. Interest penalties less than one dollar will not be enforced unless the vendor requests payment. Invoice payment requirements do not start until a properly completed invoice is provided to the department.

C. Vendor Ombudsman

A *Vendor Ombudsman* has been established within the Department of Financial Services. The duties of this individual include acting as an advocate for vendors who may be experiencing problems in obtaining timely payment(s) from a state agency. The Vendor Ombudsman may be contacted at (850) 413-5516 or (800) 342-2762, the State of Florida Chief Financial Officer's Hotline.

III. THE PROVIDER AND THE DEPARTMENT MUTUALLY AGREE

A. Effective and Ending Dates

This contract shall begin on **08/01/2013** or on the date on which the contract has been signed by both parties, whichever is later. It shall end on **06/30/2014**.

B. Termination

1. Termination at Will

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AND APPROVED:

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This contract may be terminated by either party upon no less than thirty (30) calendar days notice in writing to the other party, without cause, unless a lesser time is mutually agreed upon in writing by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

2. Termination Because of Lack of Funds

In the event funds to finance this contract become unavailable, the department may terminate the contract upon no less than *twenty-four (24) hours* notice in writing to the provider. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The department shall be the final authority as to the availability and adequacy of funds. In the event of termination of this contract, the provider will be compensated for any work satisfactorily completed prior to notification of termination.

3. Termination for Breach

This contract may be terminated for the provider's non-performance upon no less than *twenty-four (24) hours* notice in writing to the provider. If applicable, the department may employ the default provisions in Chapter 60A-1.006 (3), FAC. Waiver of breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this contract. The provisions herein do not limit the department's right to remedies at law or in equity.

4. Termination for Failure to Satisfactorily Perform Prior Agreement

Failure to have performed any contractual obligations with the department in a manner satisfactory to the department will be a sufficient cause for termination. To be terminated as a provider under this provision, the provider must have: (1) previously failed to satisfactorily perform in a contract with the department, been notified by the department of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of the department; or (2) had a contract terminated by the department for cause.

C. Renegotiation or Modification

Modifications of provisions of this contract shall only be valid when they have been reduced to writing and duly signed by both parties. The rate of payment and dollar amount may be adjusted retroactively to reflect price level increases and changes in the rate of payment when these have been established through the appropriations process and subsequently identified in the department's operating budget.

D. Official Payee and Representatives (Names, Addresses and Telephone Numbers)

1. The name (provider name as shown on page 1 of this contract) and mailing address of the official payee to whom the payment shall be made is:

3. The name, address, and telephone number of the contract manager for the department for this contract is:

District School Board of Pasco County
District School Board of Pasco County
7227 US Highway 41
Land O'Lakes, FL 34638

Constance A. Brooks
10841 Little Road
New Port Richey, FL 34654
(727) 861-5250, ext. 130

2. The name of the contact person and street address where financial and administrative records are maintained is:

4. The name, address, and telephone number of the provider's representative responsible for administration of the program under this contract is:

Lisa Kern
District School Board of Pasco County
7227 US Highway 41
Land O'Lakes, FL 34638

Kurt S. Browning
7227 US Highway 41
Land O'Lakes, FL 34638
(727) 774-2000

5. Upon change of representatives (names, addresses, telephone numbers) by either party, notice shall be provided in writing to the other party and said notification attached to originals of this contract.

E. All Terms and Conditions Included

This contract and its attachments as referenced, I, II, III, IV, V, contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations, or agreements, either verbal or written between the parties. If any term or provision of the contract is found to be illegal or unenforceable, the remainder of the contract shall remain in full force and effect and such term or provision shall be stricken.

I have read the above contract and understand each section and paragraph.

IN WITNESS THEREOF, the parties hereto have caused this ___ page contract to be executed by their undersigned officials as duly authorized.

PROVIDER: District School Board of Pasco County

SIGNATURE: _____

PRINT/TYPE NAME: Kurt S. Browning

TITLE: Superintendent

DATE: _____

STATE AGENCY 29-DIGIT FLAIR CODE: _____

FEDERAL EID# (OR SSN): _____

PROVIDER FISCAL YEAR ENDING DATE: _____

STATE OF FLORIDA, DEPARTMENT OF HEALTH

SIGNATURE: _____

PRINT/TYPE NAME: Michael J. Napier

TITLE: Administrator, County Health Officer

DATE: _____



(Continued)

PROVIDER: District School Board of Pasco County

Signature: _____

Name: Cynthia Armstrong, Board Chair

Date: _____

CONTRACT REVIEWED
AND APPROVED:
W 6-25-13

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This contract may be terminated by either party upon no less than thirty (30) calendar days notice in writing to the other party, without cause, unless a lesser time is mutually agreed upon in writing by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

2. Termination Because of Lack of Funds

In the event funds to finance this contract become unavailable, the department may terminate the contract upon no less than *twenty-four (24) hours* notice in writing to the provider. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The department shall be the final authority as to the availability and adequacy of funds. In the event of termination of this contract, the provider will be compensated for any work satisfactorily completed prior to notification of termination.

3. Termination for Breach

This contract may be terminated for the provider's non-performance upon no less than *twenty-four (24) hours* notice in writing to the provider. If applicable, the department may employ the default provisions in Chapter 60A-1.006 (3), FAC. Waiver of breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this contract. The provisions herein do not limit the department's right to remedies at law or in equity.

4. Termination for Failure to Satisfactorily Perform Prior Agreement

Failure to have performed any contractual obligations with the department in a manner satisfactory to the department will be a sufficient cause for termination. To be terminated as a provider under this provision, the provider must have: (1) previously failed to satisfactorily perform in a contract with the department, been notified by the department of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of the department; or (2) had a contract terminated by the department for cause.

C. Renegotiation or Modification

Modifications of provisions of this contract shall only be valid when they have been reduced to writing and duly signed by both parties. The rate of payment and dollar amount may be adjusted retroactively to reflect price level increases and changes in the rate of payment when these have been established through the appropriations process and subsequently identified in the department's operating budget.

D. Official Payee and Representatives (Names, Addresses and Telephone Numbers)

1. The name (provider name as shown on page 1 of this contract) and mailing address of the official payee to whom the payment shall be made is:

District School Board of Pasco County
District School Board of Pasco County
7227 US Highway 41
Land O'Lakes, FL 34638

3. The name, address, and telephone number of the contract manager for the department for this contract is:

Constance A. Brooks
10841 Little Road
New Port Richey, FL 34654
(727) 861-5250, ext. 130

2. The name of the contact person and street address where financial and administrative records are maintained is:

Lisa Kern
District School Board of Pasco County
7227 US Highway 41
Land O'Lakes, FL 34638

4. The name, address, and telephone number of the provider's representative responsible for administration of the program under this contract is:

Kurt S. Browning
7227 US Highway 41
Land O'Lakes, FL 34638
(727) 774-2000

5. Upon change of representatives (names, addresses, telephone numbers) by either party, notice shall be provided in writing to the other party and said notification attached to originals of this contract.

E. All Terms and Conditions Included

This contract and its attachments as referenced, I, II, III, IV, V, contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations, or agreements, either verbal or written between the parties. If any term or provision of the contract is found to be illegal or unenforceable, the remainder of the contract shall remain in full force and effect and such term or provision shall be stricken.

I have read the above contract and understand each section and paragraph.

IN WITNESS THEREOF, the parties hereto have caused this ___ page contract to be executed by their undersigned officials as duly authorized.

PROVIDER: District School Board of Pasco County

SIGNATURE: _____

PRINT/TYPE NAME: Kurt S. Browning

TITLE: Superintendent

DATE: _____

STATE AGENCY 29-DIGIT FLAIR CODE: _____

FEDERAL EID# (OR SSN): _____

PROVIDER FISCAL YEAR ENDING DATE: _____

STATE OF FLORIDA, DEPARTMENT OF HEALTH

SIGNATURE: _____

PRINT/TYPE NAME: Michael J. Napier

TITLE: Administrator, County Health Officer

DATE: _____

CONTRACT REVIEWED
AND APPROVED:
[Signature] 6.25.13

(Continued)

PROVIDER: District School Board of Pasco County

Signature: _____

Name: Cynthia Armstrong, Board Chair

Date: _____

CONTRACT REVIEWED
AND APPROVED:
aw 6-25-13

**SCHOOL HEALTH SERVICES
PROGRAM SPECIFIC
MODEL ATTACHMENT I**

Performance Based Contract

A. SERVICES TO BE PROVIDED

1. Definition of Terms

a. Contract Terms

Fiscal Year

August 1, 2013 to June 30, 2014

Funding Agency

Pasco County Health Department (CHD)

The Provider

Local Education Agency (LEA)

Other: _____

b. Program or Service Specific Terms

1. **Annual School Health Services Report:** An annual report submitted to the state funding agency each year that reflects reported health conditions, services, staffing and expenditures. For the purpose of this contract, the report will cover the period from July 1, 2013 through June 30, 2014.
2. **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. These health services include but are not limited to: screening of vision, hearing, growth and development (utilizing Body Mass Index [BMI] percentile for age and gender), and scoliosis, health appraisals, referral and follow-up, maintenance of health records, meeting emergency health needs, nursing assessments, health counseling, medication assistance, and a preventive dental program as identified in Section 381.0056(4)(a)(1-18), Florida Statute, and Chapter 64F-6.001-6.006, Florida Administrative Code.
3. **Clients:** Students enrolled in Florida public and participating non-public schools.
4. **Full Service Schools:** Includes Basic School Health Services and additional specialized services that integrate education, medical, social and/or human services including but not limited to, nutrition services, basic medical services, Temporary Assistance to Needy Families, parenting skills, counseling for abused children, counseling for children at high risk for delinquent behavior and their parents, and adult education to meet the needs of the high risk student population and their families. These services are to be provided on school district property as required by Section 402.3026, Florida Statute.
5. **Health Management System (HMS):** DOH data system into which documented school health services are entered by service codes identified in the most current School Health Coding Pamphlet, incorporated by reference. This data is used to provide a full accounting of school health services provided.
6. **School Health Services Plan:** A document that describes the services to be provided, the responsibility for provision of the services, and evidence of cooperative planning by the local school district and the county health

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[Signature] 6-25-13

department, as required by Section 381.0056(2)(e), Florida Statutes. The plan operates on a two year cycle.

7. **School Health Advisory Committee:** The School Health Services Act (Section 381.0056, F.S.) mandates that each district have a School Health Advisory Committee (SHAC). The SHAC should meet at least three times a year, have broad and diverse representation from the community, maintain a roster of attendance and meeting minutes, and work closely with the CHD and school district on the development of the biennial school health services plan required by Section 381.0056, F.S.

2. General Description

- a. **General Statement:** The Florida Department of Health in Pasco (DOH-Oasci) will provide funding for the provision of school health services as checked below to students enrolled in and attending public and participating non-public schools in Pasco County.

(Check services which apply to this contract).

Basic School Health Services: Refer to Section A.1.b.2

Full Service Schools: Refer to Section A.1.b.4

- b. **Authority:** The provider will deliver school health services required by this contract in compliance with Sections 381.0056(5)(a)(1-18), 381.0059, and 402.3026, Florida Statutes, and with Chapter 64F-6, Florida Administrative Code.
- c. **Scope of Services:** The provider will provide basic school health services to students enrolled in and attending Pasco County public and participating non-public schools.
- d. **Major Program Goals:**
1. To appraise, protect and promote the health of students.
 2. To provide health services in schools that are integrated with other school health services and included in the current school health services plan.

3. Clients To Be Served

- a. **General Eligibility:** All students enrolled in and attending a public or participating non-public school in Pasco County, whose parents did not submit a written opt-out to be exempt from receiving specific school health services. This includes students from schools that have a student population with a high risk of failure due to unmet medical and social services needs.
- b. **Client Determination:** In accordance with s.381.0056 (5)(g), Florida Statutes, at the beginning of each school year parents or guardians will be informed in writing, about general and specific school health services that students will receive. Students will be exempted from any health service(s), if the parent or guardian requests the exemption in writing.
- c. **Contract Limits**

The provider will deliver services to students whose parents or legal guardians did not submit a written request for exemption. Service provision is contingent upon availability of funding and in accordance with the School Health Services Plan.

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B. MANNER OF SERVICE PROVISION

1. Service Tasks

a. Task List

1. The provider shall provide basic school health services (as defined in Section A.1.b.2) to all students in school locations listed in Attachment _____. Basic school health services shall be provided as outlined in the School Health Services Act, s. 381.0056, Florida Statutes, and Chapter 64F-6.001 – 6.006, Florida Administrative Code. In addition, the CHD and LEA shall specify, in the current School Health Services Plan, other agreed upon tasks and services the provider must deliver.
2. In each Full Service School listed in Attachment _____, the provider shall deliver basic school health services (as defined in Section A.1.b.2) and specialized services appropriate to its high-risk population, in accordance with Section 402.3026, Florida Statutes. In addition, the CHD and LEA shall specify, in the current School Health Services Plan, other agreed upon tasks and services the provider must deliver.
3. Pregnant students who become known to provider staff shall be referred for prenatal care and Healthy Start Services in accordance with s. 743.065, Florida Statutes.
4. The provider will assist the CHD in preparation for the Annual School Health Services Report. The approved document will be submitted by the Department to the Department of Health, Division of Community Health Promotions/School Health Services Program by August 15th of each year for the duration of this contract.
5. The provider agrees to participate every two years in the Youth Risk Behavior Survey (YRBS) from the Centers for Disease Control and Prevention (CDC), if any of their schools are randomly selected for the survey.
6. The provider will collaborate with the CHD, LEA and the SHAC in the development of the School Health Services Plan, the Annual School Health Services Report and any other Request for Program Design or grant that becomes available. The provider will coordinate with the Department on any interagency agreements with community health and social service providers to comply with the plan for Full Service Schools.

b. Task Limits

The limits of Basic and Full Service School Health Services are as provided in:

1. The School Health Services Act, Section 381.0056, Florida Statutes and Full Service Schools, Section 402.3026, Florida Statutes.
2. Chapter 64F-6, Florida Administrative Code.
3. Current School Health Services Plan
4. Department of Health Schedule C Funds, as appropriated for the School Health Program.
5. The Florida School Health Administrative Guidelines, revised May 2012, all of which are hereby incorporated by reference and any subsequent revisions made during the contract period.



2. Staffing Requirements

- a. **Staffing Levels:** The provider shall maintain a staffing structure to discharge its contractual responsibilities.

The provider shall replace any employee whose continued presence would be detrimental to the success of the project with an employee of equal or superior qualifications.

Information to document staffing configuration for Basic School Health Services and Full Service schools will be provided for inclusion in the Annual School Health Services Report each year for the duration of this contract.

b. **Professional Qualifications**

School Nurse – A registered professional nurse currently licensed under Chapter 464, Florida Statutes.

Licensed Practical Nurse (L.P.N.) - Can perform selected acts under the direction of a registered nurse or other licensed health care professional and make responsible and accountable decisions based upon educational preparation and scope of practice in accordance with the Florida Nurse Practice Act (Chapter 464, Florida Statutes).

School Health Aide – A minimum of a high school diploma or General Equivalence Diploma (GED), current certification in First Aid and Cardiopulmonary Resuscitation (CPR) per Chapter 64F-6.004, Florida Administrative Code, and other health support staff training deemed necessary to safely provide assigned health services.

c. **Staffing Changes**

1. The provider shall contact the CHD contract manager within 10 days, in writing of all position vacancies when they occur.
2. The provider shall minimize the disruption of services due to vacancies. If problems arise such that the provider can no longer fulfill the requirements of the contract, the provider shall contact the CHD contract manager within 24 hours of making this determination.

d. **Subcontractors**

Subcontracting will only take place when the provider does not have the capacity to fulfill service requirements as specified in the current School Health Services Plan. All subcontracts must be reviewed and have prior approval in writing by the CHD Administrator prior to contract execution.

3. Service Location and Equipment

a. **Service Delivery Location**

All school health services will be provided in adequate health room or clinic facilities at school sites in accordance with *State Requirements for Educational Facilities, December 2007*, the *Florida School Health Administrative Guidelines, revised May 2012, Chapter 21*, and the county's approved School Health Services Plan. Schools designated as Full Service Schools will be listed in Attachment III.

b. **Service Times**

Services will be provided in accordance with time frames identified in the current School Health Services Plan and school year calendar. The provider is responsible for assuring that coded services are submitted monthly for entry into HMS, and accurately reflect services provided.



c. Changes in Location

The provider cannot change the school sites specified in Attachment III and in the School Health Services Plan for a Full Service School Program without the written prior approval of the contract manager in accordance with the CHD, the Central Office School Health Program and an approved amendment to the School Health Services Plan.

d. Equipment

It is the responsibility of the provider, in collaboration with the CHD school health coordinator or his/her designee, to determine and make available the equipment and supplies needed to complete the terms/deliverables of this contract.

4. Deliverables

a. Service Units

1. Vision screening:

- a. By January 31st and March 31st of each year for the duration of this contract, the provider will provide vision screening to 60% and 95% percent, respectively, of public and participating non-public school students in grades kindergarten, first, third, and sixth and submit documentation to the CHD per the most current School Health Coding Pamphlet, for entry into HMS.
- b. The provider will refer and follow-up on students with abnormal vision screening results, and submit documentation of referrals and complete and incomplete referral outcomes to the CHD per the most current School Health Coding Manual, for entry into HMS.

2. Hearing screening:

- a. By January 31st and March 31st of each year for the duration of this contract, the provider will provide hearing screening to 60% and 95% percent, respectively, of public and participating non-public school students in grades kindergarten, first, and sixth and submit documentation to the CHD per the most current School Health Coding Pamphlet, for entry into HMS.
- b. The provider will refer and follow-up on students with abnormal hearing screening results, and submit documentation of referrals and complete and incomplete referral outcomes to the CHD per the most current School Health Coding Pamphlet, for entry into HMS.

3. Scoliosis screening:

- a. By June 15th of each year for the duration of this contract, the provider will provide scoliosis screening to 95% percent of public and participating non-public school students in grade six and submit documentation to the CHD per the most current School Health Coding Pamphlet, for entry into HMS.
- b. The provider will refer and follow-up on students with abnormal scoliosis screening results, and submit documentation of referrals and complete and incomplete referral outcomes to the CHD per the most current School Health Coding Pamphlet, for entry into HMS.

4. Growth and development screening with Body Mass Index (BMI):

- a. By June 15th of each year for the duration of this contract, the provider will provide growth and development screening with BMI to 95% percent of public and participating non-public school students in grades first, third, and



sixth and submit documentation to the CHD per the most current School Health Coding Pamphlet, for entry into HMS.

- b. The provider will refer and follow-up on students with abnormal growth and development screening results, and submit documentation of referrals and complete and incomplete referral outcomes to the CHD per the most current School Health Coding Pamphlet, for entry into HMS.
5. Submit required data and information to prepare the Annual School Health Services Report to the CHD.

b. Reports

1. The provider will complete and submit to the CHD required data and information to prepare the Annual School Health Services Report which is due to the state funding agency on August 15th of each year for the duration of this contract.
2. The provider will document and submit services and screening data to the CHD in a format consistent with the requirements of the most current School Health Coding Pamphlet.
3. Aggregate data will be submitted to the CHD in a format that can be used by CHD staff for entry into HMS. The data will be submitted within 15 days following the end of each month.

c. Records and Documentation

The provider will maintain the following documentation and information for monitoring and review:

1. Cumulative Health Records for each student which contain:
 - a. Florida Certificate of Immunization (DH Form 680) or Part A or B exemptions
 - b. School Entry Health Exam form (DH 3040, 6/02) or other form as specified in Section 1003.22, Florida Statutes and Chapter 6A-6.024, Florida Administrative Code.
 - c. Documentation of screenings, results, referrals and complete and incomplete referral outcomes.
2. Individualized healthcare plans for chronic or complex health conditions
3. Daily Clinic Logs in all public and participating non-public schools
4. Individual confidential student health records and individualized medication administration records, as provided by physicians, psychologists or other recognized health professionals and paraprofessionals, used in connection with the provision of medical treatment on school grounds, field trips, off-campus work, bus transportation.
5. Health records of individual students must be maintained in accordance with s. 1002.22, Florida Statutes.

5. Performance Specifications

a. Outcomes and Outputs

School health services provided under this contract will be implemented in accordance with the statutory requirements and program standards outlined in the county's most current School Health Services Plan.

The provider will submit documentation of health screenings provided in accordance with Chapter 64F-6.003, Florida Administrative Code.



b. Standards Definitions

The School Health Standards applicable to the provider and explanations or intent are listed below:

1. Each public and participating nonpublic school student will be provided vision screening (except those with a parent requested exemption) in grades kindergarten, first, third, and sixth, at a minimum, as will students entering Florida schools for the first time in grades kindergarten through fifth. The vision screening dates, results, and referral outcomes will be documented on or in the student's Cumulative School Health Record or alternative location (electronic or other) that will be noted on the cover of the student's Cumulative School Health Record.
2. Each public and participating nonpublic school student will be provided hearing screening (except those with a parent requested exemption) in grades kindergarten, first and sixth, at a minimum, and optionally to students in third grade as will students entering Florida schools for the first time in grades kindergarten through fifth. The hearing screening dates, results, and referral outcomes will be documented on or in the student's Cumulative School Health Record or alternative location (electronic or other) that will be noted on the cover of the student's Cumulative School Health Record.
3. Each public and participating nonpublic school student shall be provided scoliosis screening (except those with a parent requested exemption) in sixth grade, at a minimum. The scoliosis screening dates, results, and referral outcomes will be documented on or in the student's Cumulative School Health Record or alternative location (electronic or other) that will be noted on the cover of the student's Cumulative School Health Record.
4. Each public and participating nonpublic school student will be provided growth and development screening with BMI (except those with a parent requested exemption) in grades first, third, and sixth, at a minimum, and optionally students in ninth grade. The BMI screening dates, results, and referral outcomes will be documented on or in the student's Cumulative School Health Record or alternative location (electronic or other) that will be noted on the cover of the student's Cumulative School Health Record.

(Screening requirements and procedures are described in *Florida School Health Administrative Guidelines revised May 2012, Section III, Chapter 3, and Appendix D*).

c. Monitoring and Evaluation Methodology

The Department will arrange with the provider a schedule for periodic on-site program reviews to ensure compliance in the areas of facilities, equipment, supplies, clinical procedures, service delivery, documentation, records maintenance, data collection and submission.

The Department will be responsible for monitoring the services contracted to other agencies to ensure that they are provided in accordance to the School Health Services Plan and with the contract. The Department will carry out annual contract monitoring, at a minimum, for quality assurance using the Contract Monitoring Tool to confirm that services and documentation required in the School Health Services Plan are performed within acceptable professional standards.



6. Provider Responsibilities

a. Provider-Unique Activities

1. The provider is required to provide administrative supervision of School Health Services program staff according to the Florida School Health Administrative Guidelines, revised May 2012, to assure that services are provided in accordance with this contract.
2. The provider is required to provide nursing supervision of licensed and unlicensed staff providing school health services according to the Nurse Practice Act (Sections 464.001 – 464.027, Florida Statutes) and professional standards of nursing practice.

b. Coordination with Other Providers/Entities

The provider shall coordinate with the Department school health coordinator or their designee and other provider/entities, as necessary, to fulfill the terms/deliverables of this contract.

7. Department Responsibilities

a. Department Obligations:

1. The Department will be responsible for approving the provision of services outlined in the School Health Services Plan, including those services subcontracted to other providers.
2. The Department School Health Coordinator is responsible for submitting a copy of this contract and any subcontracts, disclosing the exact amount of funds contracted along with the Annual School Health Services Report.
3. The Department School Health Coordinator is responsible for submitting a completed DOH Programmatic Monitoring Tool for all contracts along with the Annual School Health Report that is due on August 15th of each year for the duration of this contract.
4. To the extent that resources allow, the Department will provide technical assistance, programmatic information and support to the provider.

b. Department Determinations: Where applicable, the Department will review audit reports submitted by contracted providers using the Checklist for Reviewing Single Audit Certified Public Accountant Reports.

C. METHOD OF PAYMENT

1. This is a fixed price (fixed fee) contract. The CHD shall pay the provider, upon satisfactory completion of the services outlined in the "Attachment I" of this contract in accordance with the terms of this contract for a total dollar amount not to exceed \$113,412.90, subject to the availability of funds. Payments shall be made in 10 monthly/~~quarterly~~ amounts of \$11,341.29.
2. Invoice Requirements: In order to receive payments, the provider will request payment on a monthly basis through submission of a properly completed invoice (Attachment IV) within 15 days following the end of the (month, ~~quarter~~) for which payment is being requested. A service report will accompany each invoice.
3. The Department will not honor any requests submitted after the time period specified in paragraph C.2 of this Attachment.
4. The Department will withhold payment under this contract if the provider fails to submit required reports, perform any tasks or services, or meet deliverables per this contract.

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JW 6-25-13

The provider shall, within 40 days of termination or non-renewal of this contract repay to the Department funds provided by the Department to the provider under this contract as follows: the provider shall repay all funds paid to it by the Department that the provider has misappropriated or not expended in accordance with the performance standards and specifications of this contract.

5. Funds provided under this contract will be used solely for the operation of Basic School Health Services and where applicable, Full Service School Health Services Programs.

D. SPECIAL PROVISIONS

1. Background Screening Requirements

Any person who provides services under a School Health Services Plan pursuant to s. 381.0056, Florida Statutes, must complete a level 2 background screening as provided in s. 381.0059, Florida Statutes and Chapter 435, Florida Statutes. The person subject to the required background screening or his or her employer must pay the fees required to obtain the background screening.

2. Contract Renewal

This contract may be renewed on a yearly basis for no more than three years beyond the initial contract or for the term of the original contract, whichever is longer. Such renewals shall be in writing, made by mutual agreement, and shall be contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the department and shall be subject to the availability of funds.

3. Financial Consequences

Failure to submit deliverables in the time and manner specified in Section B.4.(a), or completely perform any tasks or services included in this contract shall result in a 1% reduction of the total invoice amount per deliverable out of compliance, not to exceed a 5% reduction of the total invoice amount.

4. Non-expendable property clause

"Non-expendable property is defined as tangible personal property of a nonconsumable nature that has an acquisition cost of \$1000 or more per unit and an expected useful life of at least one year, and hardback-bound books, which are not circulated to students or the general public, with the value or cost of \$250 or more. Hardback books with a value or cost of \$250 or more should be classified as OCO expenditure."

"All such property purchased under this contract shall be listed on the property records of the provider. Said listing shall include a description of the property, model number, manufacturer's serial number, funding source, information needed to calculate the federal and /or state share, date of acquisition, unit cost, property inventory number, and information on the location, use and condition, transfer, replacement or disposition of the property."

"All such property purchased under this contract shall be inventoried annually and an inventory report shall be submitted to the department along with the final expenditure report. A report of non-expendable property shall be submitted to the department along with the expenditure report for the period in which it was purchased."

"Title (ownership) to all non-expendable property acquired with funds from the contract shall be vested in the department upon completion or termination of the contract."

"At no time shall the provider dispose of non-expendable property purchased under this contract except with the permission of the department in accordance with their instructions. "

"A formal contract amendment is required prior to the purchase of any item of non-expendable property not specifically listed in the approved contract budget."

"All property bought with state funds, regardless of dollar amount, is property of the state, unless otherwise noted in the contract. As such, the state is entitled to the return of all property once the contract has expired."

END OF TEXT



ATTACHMENT II

FINANCIAL AND COMPLIANCE AUDIT

The administration of resources awarded by the Department of Health to the provider may be subject to audits and/or monitoring by the Department of Health, as described in this section.

MONITORING

In addition to reviews of audits conducted in accordance with OMB Circular A-133, as revised, and Section 215.97, F.S., (see "AUDITS" below), monitoring procedures may include, but not be limited to, on-site visits by Department of Health staff, limited scope audits as defined by OMB Circular A-133, as revised, and/or other procedures. By entering into this agreement, the provider agrees to comply and cooperate with any monitoring procedures/processes deemed appropriate by the Department of Health. In the event the Department of Health determines that a limited scope audit of the provider is appropriate, the provider agrees to comply with any additional instructions provided by the Department of Health to the provider regarding such audit. The provider further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Chief Financial Officer (CFO) or Auditor General.

AUDITS

PART I: FEDERALLY FUNDED

This part is applicable if the provider is a State or local government or a non-profit organization as defined in OMB Circular A-133, as revised.

1. In the event that the provider expends \$500,000 or more in Federal awards during its fiscal year, the provider must have a single or program-specific audit conducted in accordance with the provisions of OMB Circular A-133, as revised. EXHIBIT 1 to this agreement indicates Federal resources awarded through the Department of Health by this agreement. In determining the Federal awards expended in its fiscal year, the provider shall consider all sources of Federal awards, including Federal resources received from the Department of Health. The determination of amounts of Federal awards expended should be in accordance with the guidelines established by OMB Circular A-133, as revised. An audit of the provider conducted by the Auditor General in accordance with the provisions of OMB Circular A-133, as revised, will meet the requirements of this part.
2. In connection with the audit requirements addressed in Part I, paragraph 1, the provider shall fulfill the requirements relative to auditee responsibilities as provided in Subpart C of OMB Circular A-133, as revised.
3. If the provider expends less than \$500,000 in Federal awards in its fiscal year, an audit conducted in accordance with the provisions of OMB Circular A-133, as revised, is not required. In the event that the provider expends less than \$500,000 in Federal awards in its fiscal year and elects to have an audit conducted in accordance with the provisions of OMB Circular A-133, as revised, the cost of the audit must be paid from non-Federal resources (i.e., the cost of such audit must be paid from provider resources obtained from other than Federal entities.)
4. An audit conducted in accordance with this part shall cover the entire organization for the organization's fiscal year. Compliance findings related to agreements with the Department of Health shall be based on the agreement's requirements, including any rules, regulations, or statutes referenced in the agreement. The financial statements shall disclose whether or not the matching requirement was met for each applicable agreement. All questioned costs and liabilities due to the Department of Health shall be fully disclosed in the audit report with reference to the Department of Health agreement involved. If not otherwise disclosed as required by Section .310(b)(2) of OMB Circular A-133, as revised, the schedule of expenditures of Federal awards shall identify expenditures by agreement number for each agreement with the Department of Health in effect during the audit period. Financial reporting packages required under this part must be submitted within the earlier of 30 days after receipt of the audit report or 9 months after the end of the provider's fiscal year end.

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Zw 6-25-13

PART II: STATE FUNDED

This part is applicable if the provider is a nonstate entity as defined by Section 215.97(2), Florida Statutes.

1. In the event that the provider expends a total amount of state financial assistance equal to or in excess of \$500,000 in any fiscal year of such provider (for fiscal years ending September 30, 2004 or thereafter), the provider must have a State single or project-specific audit for such fiscal year in accordance with Section 215.97, Florida Statutes; applicable rules of the Department of Financial Services; and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. EXHIBIT I to this agreement indicates state financial assistance awarded through the Department of Health by this agreement. In determining the state financial assistance expended in its fiscal year, the provider shall consider all sources of state financial assistance, including state financial assistance received from the Department of Health, other state agencies, and other nonstate entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a nonstate entity for Federal program matching requirements.
2. In connection with the audit requirements addressed in Part II, paragraph 1, the provider shall ensure that the audit complies with the requirements of Section 215.97(8), Florida Statutes. This includes submission of a financial reporting package as defined by Section 215.97(2), Florida Statutes, and Chapter 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General.
3. If the provider expends less than \$500,000 in state financial assistance in its fiscal year (for fiscal years ending September 30, 2004 or thereafter), an audit conducted in accordance with the provisions of Section 215.97, Florida Statutes, is not required. In the event that the provider expends less than \$500,000 in state financial assistance in its fiscal year and elects to have an audit conducted in accordance with the provisions of Section 215.97, Florida Statutes, the cost of the audit must be paid from the nonstate entity's resources (i.e., the cost of such an audit must be paid from the provider resources obtained from other than State entities).
4. An audit conducted in accordance with this part shall cover the entire organization for the organization's fiscal year. Compliance findings related to agreements with the Department of Health shall be based on the agreement's requirements, including any applicable rules, regulations, or statutes. The financial statements shall disclose whether or not the matching requirement was met for each applicable agreement. All questioned costs and liabilities due to the Department of Health shall be fully disclosed in the audit report with reference to the Department of Health agreement involved. If not otherwise disclosed as required by Rule 69I-5.003, Fla. Admin. Code, the schedule of expenditures of state financial assistance shall identify expenditures by agreement number for each agreement with the Department of Health in effect during the audit period. Financial reporting packages required under this part must be submitted within 45 days after delivery of the audit report, but no later than 12 months after the provider's fiscal year end for local governmental entities. Non-profit or for-profit organizations are required to be submitted within 45 days after delivery of the audit report, but no later than 9 months after the provider's fiscal year end. Notwithstanding the applicability of this portion, the Department of Health retains all right and obligation to monitor and oversee the performance of this agreement as outlined throughout this document and pursuant to law.

PART III: REPORT SUBMISSION

1. Copies of reporting packages for audits conducted in accordance with OMB Circular A-133, as revised, and required by PART I of this agreement shall be submitted, when required by Section .320 (d), OMB Circular A-133, as revised, by or on behalf of the provider directly to each of the following:

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MW 0-25-13

A. The Department of Health as follows:

SingleAudits@doh.state.fl.us

Audits must be submitted in accordance with the instructions set forth in Exhibit 3 hereto, and accompanied by the "Single Audit Data Collection Form." Files which exceed 8 MB may be submitted on a CD or other electronic storage medium and mailed to: Contract Administrative Monitoring Unit, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFACM), Tallahassee, FL 32399-1729.

B. The Federal Audit Clearinghouse designated in OMB Circular A-133, as revised (the number of copies required by Sections .320 (d)(1) and (2), OMB Circular A-133, as revised, should be submitted to the Federal Audit Clearinghouse), at the following address:

Federal Audit Clearinghouse
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132

C. Other Federal agencies and pass-through entities in accordance with Sections .320 (e) and (f), OMB Circular A-133, as revised.

2. Pursuant to Sections .320(f), OMB Circular A-133, as revised, the provider shall submit a copy of the reporting package described in Section .320(c), OMB Circular A-133, as revised, and any management letter issued by the auditor, to the Department of Health as follows:

SingleAudits@doh.state.fl.us

Audits must be submitted in accordance with the instructions set forth in Exhibit 3 hereto, and accompanied by the "Single Audit Data Collection Form." Files which exceed 8 MB may be submitted on a CD or other electronic storage medium and mailed to: Contract Administrative Monitoring Unit, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFACM), Tallahassee, FL 32399-1729.

3. Additionally, copies of financial reporting packages required by Part II of this agreement shall be submitted by or on behalf of the provider directly to each of the following:

A. The Department of Health as follows:

:

SingleAudits@doh.state.fl.us

Audits must be submitted in accordance with the instructions set forth in Exhibit 3 hereto, and accompanied by the "Single Audit Data Collection Form." Files which exceed 8 MB may be submitted on a CD or other electronic storage medium and mailed to: Contract Administrative Monitoring Unit, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFACM), Tallahassee, FL 32399-1729.

B. The Auditor General's Office at the following address:

Auditor General's Office
Claude Pepper Building, Room 401
111 West Madison Street
Tallahassee, Florida 32399-1450

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ZW 6-25-13

4. Any reports, management letter, or other information required to be submitted to the Department of Health pursuant to this agreement shall be submitted timely in accordance with OMB Circular A-133, Florida Statutes, and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, as applicable.
5. Providers, when submitting financial reporting packages to the Department of Health for audits done in accordance with OMB Circular A-133 or Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, should indicate the date that the reporting package was delivered to the provider in correspondence accompanying the reporting package.

PART IV: RECORD RETENTION

The provider shall retain sufficient records demonstrating its compliance with the terms of this agreement for a period of six years from the date the audit report is issued, and shall allow the Department of Health or its designee, the CFO or Auditor General access to such records upon request. The provider shall ensure that audit working papers are made available to the Department of Health, or its designee, CFO, or Auditor General upon request for a period of six years from the date the audit report is issued, unless extended in writing by the Department of Health.

End of Text

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mw 6-25-13

EXHIBIT - 1

1. FEDERAL RESOURCES AWARDED TO THE SUBRECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

Federal Program 1 _____ CFDA# _____ Title _____ \$ _____

Federal Program 2 _____ CFDA# _____ Title _____ \$ _____

TOTAL FEDERAL AWARDS \$ 0.00

COMPLIANCE REQUIREMENTS APPLICABLE TO THE FEDERAL RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:

2. STATE RESOURCES AWARDED TO THE RECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

Matching resources for federal program(s) _____ CFDA# _____ Title _____ \$ _____

State financial assistance subject to Sec. 215.97, F.S.: CSFA# _____ Title _____ \$ _____

TOTAL STATE FINANCIAL ASSISTANCE AWARDED PURSUANT TO SECTION 215.97, F.S. \$ 0.00

COMPLIANCE REQUIREMENTS APPLICABLE TO STATE RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:

CONTRACT REVIEWED AND APPROVED:
lee 6-25-13

EXHIBIT 2

PART I: AUDIT RELATIONSHIP DETERMINATION

Providers who receive state or federal resources may or may not be subject to the audit requirements of OMB Circular A-133, as revised, and/or Section 215.97, Fla. Stat. Providers who are determined to be recipients or subrecipients of federal awards and/or state financial assistance may be subject to the audit requirements if the audit threshold requirements set forth in Part I and/or Part II of Exhibit 1 are met. Providers who have been determined to be vendors are not subject to the audit requirements of OMB Circular A-133, as revised, and/or Section 215.97, Fla. Stat. Regardless of whether the audit requirements are met, providers who have been determined to be recipients or subrecipients of Federal awards and/or state financial assistance, must comply with applicable programmatic and fiscal compliance requirements.

In accordance with Sec. 210 of OMB Circular A-133 and/or Rule 691-5.006, FAC, provider has been determined to be:

- Vendor not subject to OMB Circular A-133 and/or Section 215.97, F.S.
- Recipient/subrecipient subject to OMB Circular A-133 and/or Section 215.97, F.S.
- Exempt organization not subject to OMB Circular A-133 and/or Section 215.97, F.S. For Federal awards, for-profit organizations are exempt; for state financial assistance projects, public universities, community colleges, district school boards, branches of state (Florida) government, and charter schools are exempt. Exempt organizations must comply with all compliance requirements set forth within the contract or award document.

NOTE: If a provider is determined to be a recipient/subrecipient of federal and or state financial assistance and has been approved by the department to subcontract, they must comply with Section 215.97(7), F.S., and Rule 691-006(2), FAC [state financial assistance] and Section 215.400 OMB Circular A-133 [federal awards].

PART II: FISCAL COMPLIANCE REQUIREMENTS

FEDERAL AWARDS OR STATE MATCHING FUNDS ON FEDERAL AWARDS. Providers who receive Federal awards, state maintenance of effort funds, or state matching funds on Federal awards and who are determined to be a subrecipient, must comply with the following fiscal laws, rules and regulations:

STATES, LOCAL GOVERNMENTS AND INDIAN TRIBES MUST FOLLOW:

- 2 CFR 225 a/k/a OMB Circular A-87 – Cost Principles*
- OMB Circular A-102 – Administrative Requirements**
- OMB Circular A-133 – Audit Requirements
- Reference Guide for State Expenditures
- Other fiscal requirements set forth in program laws, rules and regulations

NON-PROFIT ORGANIZATIONS MUST FOLLOW:

- 2 CFR 230 a/k/a OMB Circular A-122 – Cost Principles*
- 2 CFR 215 a/k/a OMB Circular A-110 – Administrative Requirements
- OMB Circular A-133 – Audit Requirements
- Reference Guide for State Expenditures
- Other fiscal requirements set forth in program laws, rules and regulations

EDUCATIONAL INSTITUTIONS (EVEN IF A PART OF A STATE OR LOCAL GOVERNMENT) MUST FOLLOW:

- 2 CFR 220 a/k/a OMB Circular A-21 – Cost Principles*
- 2 CFR 215 a/k/a OMB Circular A-110 – Administrative Requirements
- OMB Circular A-133 – Audit Requirements
- Reference Guide for State Expenditures
- Other fiscal requirements set forth in program laws, rules and regulations

*Some Federal programs may be exempted from compliance with the Cost Principles Circulars as noted in the OMB Circular A-133 Compliance Supplement, Appendix 1.

**For funding passed through U.S. Health and Human Services, 45 CFR 92; for funding passed through U.S. Department of Education, 34 CFR 80.

STATE FINANCIAL ASSISTANCE. Providers who receive state financial assistance and who are determined to be a recipient/subrecipient, must comply with the following fiscal laws, rules and regulations:

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Section 215.97, Fla. Stat.
Chapter 69I-5, Fla. Admin. Code
State Projects Compliance Supplement
Reference Guide for State Expenditures
Other fiscal requirements set forth in program laws, rules and regulations

Additional audit guidance or copies of the referenced fiscal laws, rules and regulations may be obtained at <http://www.doh.state.fl.us/> by selecting "Contract Administrative Monitoring" in the drop-down box at the top of the Department's webpage. * Enumeration of laws, rules and regulations herein is not exhaustive nor exclusive. Fund recipients will be held to applicable legal requirements whether or not outlined herein.

CONTRACT REVIEWED
AND APPROVED:
AW 6-25-13

EXHIBIT 3

**INSTRUCTIONS FOR ELECTRONIC SUBMISSION
OF SINGLE AUDIT REPORTS**

Effective April 1, 2011, Single Audit reporting packages ("SARP") must be submitted to the Department in an electronic format. This change will eliminate the need to submit multiple copies of the reporting package to the Contract Managers and various sections within the Department and will result in efficiencies and cost savings to the Provider and the Department. Upon receipt, the SARP's will be posted to a secure server and accessible to Department staff.

The electronic copy of the SARP should:

- Be in a Portable Document Format (PDF).
- Include the appropriate letterhead and signatures in the reports and management letters.
- Be a single document. However, if the financial audit is issued separately from the Single Audit reports, the financial audit reporting package may be submitted as a single document and the Single Audit reports may be submitted as a single document. Documents which exceed 8 megabytes (MB) may be stored on a CD and mailed to: Contract Administrative Monitoring Unit, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFACM), Tallahassee, FL 32399-1729.
- Be an exact copy of the final, signed SARP provided by the Independent Audit firm.
- Not have security settings applied to the electronic file.
- Be named using the following convention: [fiscal year] [name of the audited entity exactly as stated within the audit report].pdf. For example, if the SARP is for the 2009-10 fiscal year for the City of Gainesville, the document should be entitled 2010 City of Gainesville.pdf.
- Be accompanied by the attached "Single Audit Data Collection Form." This document is necessary to ensure that communications related to SARP issues are directed to the appropriate individual(s) and that compliance with Single Audit requirements is properly captured.

Questions regarding electronic submissions may be submitted via e-mail to SingleAudits@doh.state.fl.us or by telephone to the Single Audit Review Section at (850) 245-4444 ext. 3071.



Attachment III

2012-2014 School Health Services Plan

CONTRACT REVIEWED
AND APPROVED:

uw 6.25.13



2012 - 2014 School Health Services Plan

Due by September 15, 2012

E-mail Plan as an Attachment to:

HSF_SH_Feedback@doh.state.fl.us

CONTRACT REVIEWED
AND APPROVED:

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

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

The Plan contains 4 columns, as follows:

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

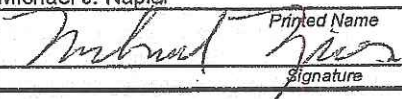
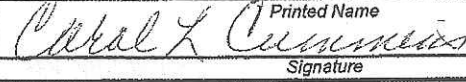

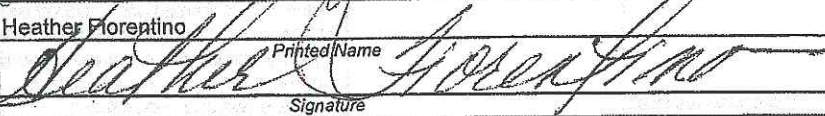
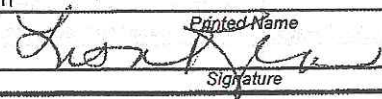
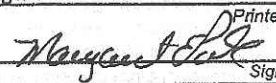
CHANGES FROM 2010 - 2012

- Renumbered and shifted certain statutory section references from s. 381.0056, F.S. and s. 381.0057, F.S. in accordance with the provisions of Florida House of Representatives Bill 1263 An act relating to the Department of Health.
- Added Item I. 3. d. referring to the composition of the school health advisory committee (SHAC).
- Added individualized care plan and emergency action plan development to Item I. 6. a.
- Inserted Item I. 9. b. regarding referral of uninsured, Medicaid ineligible students to Florida Vision Quest and Florida Heiken Children's Vision Program.
- Revised Item I. 15. to include statutory responsibility for schools to register automatic external defibrillators with the county emergency services director.
- Moved s. 1002.20, F.S. requirements regarding students with asthma, life threatening allergies, diabetes and students who have experienced or at risk for pancreatic insufficiency from Section I. 32. on school district medication policy to separate Sections 33., 34., 35., and 36., respectively. Added additional references to statutory requirements regarding the above four health conditions.



2012 - 2014 School Health Services Plan Signature Page

My signature below indicates that I have reviewed and approved the 2012 - 2014 School Health Services Plan and it's local implementation strategies, activities, and designations of local agency responsibility as herein described:

Position	Name and Signature	Date
County Health Department Administrator / Director	Michael J. Napier <small>Printed Name</small>	
	 <small>Signature</small>	8/16/12 <small>Date</small>
County Health Department Nursing Director	Carol L. Cummins <small>Printed Name</small>	
	 <small>Signature</small>	8/14/12 <small>Date</small>
County Health Department School Health Coordinator	N/A <small>Printed Name</small>	
	 <small>Signature</small>	 <small>Date</small>
School Board Chair Person	Joanne B. Hurley <small>Printed Name</small>	
	 <small>Signature</small>	9/4/12 <small>Date</small>
School District Superintendent	Heather Florentino <small>Printed Name</small>	
	 <small>Signature</small>	9/4/12 <small>Date</small>
School District School Health Coordinator	Lisa Kern <small>Printed Name</small>	
	 <small>Signature</small>	8/10/12 <small>Date</small>
School Health Advisory Committee Chairperson	Margaret E. Polk <small>Printed Name</small>	
	 <small>Signature</small>	8/10/12 <small>Date</small>
School Health Services Public / Private Partner	 <small>Printed Name</small>	
	 <small>Signature</small>	 <small>Date</small>

CONTRACT REVIEWED AND APPROVED:

See 6.25.12

Part	Statutory Requirements (Legislative mandates that establish School Health Program requirements)	Program Standards (Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)	Local Agency(s) Responsible (Identify the local agency or multiple agencies responsible for each plan requirement / standard)	Local Implementation Strategy & Activities (Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)
		d. Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the CHD medical director in conjunction with district school boards, local school health advisory committees, the school district medical consultant, or the student's private physician. (Ch. 64F-6.002(2)(j)(2), F.A.C.)	DSBPC/PCHD	By contractual agreement, the CHD Medical Director provides physician oversight for ARNP services, Healthy Student Program and AED protocols and procedures. CHD Medical and Nursing Directors are available for consultation regarding school health issues. Decisions are made in consultation with the Superintendent and Board Chairperson.
I.	3. s. 381.0056(4)(a), F.S. Each county health department (CHD) shall develop, jointly with the district school board (a.k.a. local educational agency or LEA) and the local school health advisory committee (SHAC), a school health services plan.	a. Complete the school health services plan biennially and approved and signed by the superintendent of schools, school board chairperson, CHD medical director or administrator. (Ch. 64F-6.002(3), F.A.C.)	DSBPC/PCHD	Completion of plan occurs biennially with input from CHD, LEA, and SHAC and approval from Superintendent and Board Chairperson.
		b. Review the school health services plan each year for the purpose of updating the plan. Amendments shall be signed by the school district superintendent and the CHD medical director or administrator. (Ch. 64F-6.002(3)(a), F.A.C.)	DSBPC/PCHD	Review of 2010 - 2012 plan occurred during 20010/11 school year with SHAC input.
		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.)	DSBPC/PCHD	LEA provides monthly accurate and timely Employee Activity Reports to the CHD per contract for entry into HMS.

CONTRACT REVIEWED
AND APPROVED:
[Signature] 6-25-12

Part	Statutory Requirements <i>(Legislative mandates that establish School Health Program requirements)</i>	Program Standards <i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i>	Local Agency(s) Responsible <i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i>	Local Implementation Strategy & Activities <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>
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.). For day-to-day and emergency care of students with chronic or acute health conditions at school, the registered nurse (RN) develops an individualized health care plan (IHCP), and as determined by the RN, utilizes the IHCP to develop an emergency action plan (EAP) for use by unlicensed assistive personnel and school staff.	DSBPC	The Registered Professional School Nurse assesses student health needs and develops an IHCP for students with chronic or acute health conditions, as necessary. The Registered Professional School Nurse reviews the IHCP to determine whether an EAP is needed to provide unlicensed staff with clear directions for emergency care of students with life-threatening health conditions (Reference Board Policy 5335 - CARE OF STUDENTS WITH CHRONIC HEALTH CONDITIONS).
I.	7. s. 381.0056(4)(a)(4), F.S. Nutrition assessment	Identify students with nutrition related problems (Florida School Health Administrative Guidelines. (2007), Ch. 11)	DSBPC	The Registered Professional School Nurse (assisted by school health staff) identifies students with nutrition related problems and collaborates with the Food and Nutrition department and community partners to meet their needs.
I.	8. s. 381.0056(4)(a)(5), F.S. Preventive dental program	a. Provide preventive dental services.	DSBPC	The Registered Professional School Nurse collaborates with local dentists and school staff to provide dental health education opportunities. All elementary schools are encouraged to provide fluoride mouth rinse programs for students. Dental screenings are performed by school nurses on select campuses. A sealant program for 2nd/6th graders at Title I elementary and middle schools is offered with assistance of the PasCHD dental staff.
		b. Coordinate and link students to community dental services.	DSBPC/PCHD; West Pasco Dental Association; local dentists; Premier Healthcare; Pasco Hernando Community College dental program	The Registered Professional School Nurse collaborates with school staff to identify students in need of dental care. School nurses coordinate referrals to appropriate providers based on financial need. A dental operatory established at a full service school site in 1994 was reactivated and PasCHD dental personnel provide onsite dental services (cleanings, fillings, x-rays, sealants, and extractions) to students attending this school and others in the surrounding community.
I.	9. s. 381.0056(4)(a)(6), F.S. Vision Screening	a. Provide vision screening in grades K, 1, 3 & 6 and to new students in K - 5 (minimum). (Ch. 64F-6.003(1), F.A.C.)	DSBPC, school volunteers, community partners	The Registered Professional School Nurse coordinates mandatory vision screenings annually. School wide screenings occur on select campuses in collaboration with school volunteers and community partners.

CONTRACT REVIEWED
AND APPROVED:
[Signature] 6-25-13

Part	Statutory Requirements (Legislative mandates that establish School Health Program requirements)	Program Standards (Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)	Local Agency(s) Responsible (Identify the local agency or multiple agencies responsible for each plan requirement / standard)	Local Implementation Strategy & Activities (Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)
		c. Ensure all scoliosis screening services are coded into HMS, to include FTTYs, outcomes, and incomplete referrals.	DSBPC/PCHD	The electronic HealthTracker program maintains scoliosis screening information and generates EARS reports which are forwarded to the CHD for coding into HMS each month.
I.	12. s. 381.0056(4)(a)(9), F.S. Growth & Development (G&D) Screening	a. Provide G&D screening, using Body Mass Index (BMI), in grades 1, 3, 6 (minimum), and optionally 9. (Ch. 64F-6.003(3), F.A.C.)	DSBPC, school volunteers	The Registered Professional School Nurse coordinates mandatory G&D screenings. School wide screenings occur on select campuses in collaboration with school volunteers.
		b. Track screening results and referrals.	DSBPC	The student-based electronic HealthTracker program allows the school nurse to calculate & track BMI screening results and referrals.
		c. Ensure all G&D screening services are coded into HMS, to include FTTYs, outcomes, and incomplete referrals.	DSBPC/PCHD	The electronic HealthTracker program maintains BMI screening information and generates EARS reports which are forwarded to the CHD for coding into HMS each month.
I.	13. s. 381.0056(4)(a)(10), F.S. Health counseling	a. Provide health counseling as appropriate.	DSBPC	The Registered Professional School Nurse (assisted by school health staff) provides direct health counseling services to students upon referral from other Student Services staff, school-based staff and parents.
		b. Document health counseling in the student health record.	DSBPC	The student-based electronic HealthTracker program allows the school nurse to document interactions as appropriate.
I.	14. 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.	DSBPC, various community partners (PCHD, USF/RM Care Mobile, FVQ, Premier, All Children's Specialty Care, Lions Club, Lenscrafters Gift of Sight, Target Optical, Walmart, Lions Club, Kiwanis, OneSight Luxottica Vision Van, Sertoma)	The Registered Professional School Nurse utilizes available community resources to address identified health problems, including abnormal screening, emergency issues, and acute or chronic conditions.
		b. Coordinate and link to community health resources.	DSBPC(see above)	The Registered Professional School Nurse provides linkages to services for students and families that serves to enhance student health and academic performance.
		c. Require child abuse reporting. (s. 1006.061, F.S.)	DSBPC	All student services staff receive regular updates on abuse and neglect issues. Procedure manuals for each service describes the protocols to follow for reporting abuse & neglect.

CONTRACT REVIEWED AND APPROVED:

Law 6-25-13

Part	Statutory Requirements <i>(Legislative mandates that establish School Health Program requirements)</i>	Program Standards <i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i>	Local Agency(s) Responsible <i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i>	Local Implementation Strategy & Activities <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>
i.	16. s. 381.0056(4)(a)(13), F.S. Assist in health education curriculum	Collaborate with schools, health staff and others in health education curriculum development.	DSBPC	The Registered Professional School Nurse assists with revision of Human Growth and Development curriculum, provides training for teachers, and oversees implementation of curriculum. The school nurse is available as a health education resource for classroom presentations on a variety of health topics.
i.	17. s. 381.0056(4)(a)(14), F.S. Refer student to appropriate health treatment	a. Use community or other available referral resources.	DSBPC, PCHD, RMCM, PCHCG, Pasco Pediatric Foundation, Give Kids A Smile, Florida's Vision Quest (FVQ), Lenscrafters Gift of Sight, OneSight Foundation, Shriner's, Kiwanis and Lions Club, All Children's Specialty Care, and other community partners.	The Registered Professional School Nurse may refer students to: PCHD clinics and school-based dental clinic, USF/Ronald McDonald Care Mobile (RMCM), Premier Community HealthCare Group (PCHCG), Pasco Pediatric Foundation, Cattleman's Association, Give Kids A Smile, Florida's Vision Quest (FVQ), Lenscrafters Gift of Sight, OneSight Foundation, Shriner's, Kiwanis and Lions Club, All Children's Specialty Care, and other community partners.
		b. Assist in locating referral sources for Medicaid eligible or underinsured students (community health and social service providers).	PCHD and community partners (listed above).	A list of providers who accept Medicaid is available for school health staff. School nurses utilize available referral sources (listed above) to locate assistance for underinsured or uninsured students. Parents are given information about Florida KidCare and are provided with application assistance upon request.
i.	18. s. 381.0056(4)(a)(15), F.S. Consult with parents or guardian regarding student's health issues	Provide consultation with parents, students, staff and physicians regarding student health issues. (Ch. 64F-6.001(1), F.A.C.)	DSBPC	The Registered Professional School Nurse consults with parents, students, staff and medical providers as needed regarding health issues that may impact the academic performance and health and well-being of students.
i.	19. 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.)	DSBPC	The student-based electronic HealthTracker program allows school health staff to document interactions as appropriate. Screening results, immunization information, physicals, care plans, and other medical documents may be maintained in the student's cumulative health record as appropriate.
		b. Maintain student health records per s. 1002.22, F.S. (Ch. 64F-6.005(2), F.A.C.)	DSBPC	The student-based electronic HealthTracker program maintains screening data, immunization information, care plans, nursing notes, medication, procedures, conditions, and clinic visits.

CONTRACT REVIEWED
AND APPROVED:
uw 6-25-13


Part	Statutory Requirements (Legislative mandates that establish School Health Program requirements)	Program Standards (Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)	Local Agency(s) Responsible (Identify the local agency or multiple agencies responsible for each plan requirement / standard)	Local Implementation Strategy & Activities (Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)
I.	26. 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.	DSBPC	Parents are informed about available health services, including the opportunity to opt out of such services, when completing the emergency card information annually. Parents also receive notification in writing prior to start of Human Growth and Development/sexuality education programs.
		b. Obtain parent permission in writing prior to invasive screening.	DSBPC	Parental permission is required and obtained prior to any invasive procedures.
I.	27. s. 1003.22(1), F.S. Each district school board shall require that each child who is entitled to admittance to kindergarten, or is entitled to any other initial entrance into a public school in this state, present a certification of a school-entry health examination performed within 1 year prior to enrollment in school.	The school health plan shall include initial school entry health examination policy. (Ch. 64F-6.002(2)(f), F.A.C.) Note: Reference policy to Ch. 6A-6.024, F.A.C.	DSBPC	Board Policy: 5112 - ENTRANCE REQUIREMENTS and information regarding this requirement is available on the district website: http://www.pasco.k12.fl.us/studentservices/programs/immunizations/
I.		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.).	DSBPC	Board Policy: 5320 - IMMUNIZATION and information regarding this requirement is available on the district website: http://www.pasco.k12.fl.us/studentservices/programs/immunizations/ Vaccine outreach efforts are provided at middle school sites in order to improve vaccine compliance with 7th grade Tdap entrance requirement.
I.	28. 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.	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.	DSBPC/PCHD	Board Policy: 8450 - CONTROL OF COMMUNICABLE DISEASES. Procedures for reportable diseases are detailed in school health manuals. Immunization data is easily accessible through TERMS and/or student-based electronic HealthTracker program if an outbreak occurs. Pandemic planning procedures have been developed in collaboration with the PasCHD. District pandemic plan has recently been updated to meet the Readiness and Emergency Grant for Schools objective.

CONTRACT REVIEWED
AND APPROVED:
New 6-25-13

Part	Statutory Requirements (Legislative mandates that establish School Health Program requirements)	Program Standards (Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)	Local Agency(s) Responsible (Identify the local agency or multiple agencies responsible for each plan requirement / standard)	Local Implementation Strategy & Activities (Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)
	32. 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.	For students with life threatening allergies, the RN shall develop an annual IHCP that includes an EAP, in cooperation with the student, parent/guardians, physician, and school staff. The IHCP 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.)	DSBPC	An authorization to carry and self-administer Epipen is available on the district website. The Registered Professional School Nurse (assisted by school health staff) monitors compliance for this documentation on an annual basis. The Registered Professional School Nurse develops IHCPs to direct nursing care for students as well as Emergency Action Plans (EAPs) written in lay language to guide the response of unlicensed personnel in a health-related emergency.
	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 en-route to and from school (bus), in school or at school sponsored activities. The written authorization shall identify the diabetic supplies, equipment and activities the student is capable of performing without assistance for diabetic self-management, including hypoglycemia and hyperglycemia.	Maintain a copy of the current physician's diabetes medical management plan, and develop and implement an IHCP and EAP to ensure safe self management of diabetes.	DSBPC	In accordance with Board Policy 5335: CARE OF STUDENTS WITH CHRONIC HEALTH CONDITIONS: All students with diabetes may attend any school and may manage their health condition independently. Physician authorization for self-care is required. The Registered Professional School Nurse (assisted by school health staff) monitors compliance for appropriate documentation on an annual basis. The Registered Professional School Nurse develops IHCPs to direct nursing care for students as well as Emergency Action Plans (EAPs) written in lay language to guide the response of unlicensed personnel in a health-related emergency.
	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 en-route to and from school (bus), in school or at school sponsored activities if the school has been provided with authorization from the student's parent and prescribing practitioner.	Develop and implement an IHCP 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.	DSBPC	An authorization to carry and self-administer pancreatic enzyme supplement is available on the district website. The Registered Professional School Nurse (assisted by school health staff) monitors compliance for this documentation on an annual basis. The Registered Professional School Nurse develops IHCPs in nursing language to direct nursing care for students as well as Emergency Action Plans (EAPs) written in lay language to guide the response of unlicensed personnel in a health-related emergency.

CONTRACT REVIEWED
AND APPROVED:
Ww 6-25-13

Part	Statutory Requirements (Legislative mandates that establish School Health Program requirements)	Program Standards (Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)	Local Agency(s) Responsible (Identify the local agency or multiple agencies responsible for each plan requirement / standard)	Local Implementation Strategy & Activities (Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)
PART II: SUPPLEMENTAL HEALTH SERVICES FOR COMPREHENSIVE SCHOOLS (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.	Use annual schedule C funding allocations (General Appropriations Act) provided to designated county health departments (CHD) 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.	N/A	N/A
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.	N/A	N/A
		b. Provide health activities that promote healthy living in each school.	N/A	N/A
		c. Provide health education classes.	N/A	N/A
II.	3. s. 381.0057(6), F.S. Reducing risk-taking behavior.	a. Provide or coordinate counseling and referrals to decrease substance abuse.	N/A	N/A
		b. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.	N/A	N/A
		c. Provide or coordinate health education classes to reduce the incidence of substance abuse, suicide attempts and other high risk behaviors.	N/A	N/A

CONTRACT REVIEWED
 AND APPROVED:
 6.25.13

Part	Statutory Requirements <i>(Legislative mandates that establish School Health Program requirements)</i>	Program Standards <i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i>	Local Agency(s) Responsible <i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i>	Local Implementation Strategy & Activities <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>
PART 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.	DSBPC/PCHD	Full service school sites are located on the following campuses: Woodland and RB Cox Elementary, and Ridgewood and Pasco High schools.
		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.	DSBPC/PCHD	Schedule C funds are allocated to the district to deliver full- service school health services to students by contractual agreement annually.
III.	2. s. 402.3026(1), F.S. The full-service schools must integrate the services of the Department of Health that are critical to the continuity-of-care process.	CHDs and school districts will plan and coordinate FSS program services.	DSBPC/PCHD	The CHD provides nurse practitioner (ARNP) services at full-service high school locations providing intensive outreach services to students on a regular basis. Dental health services are provided to students in the Dade City area at Cox Elementary throughout the school year.
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.	DSBPC/PCHD	The Healthy Student Program is available at full-service high school campuses with CHD Medical Director oversight. This program allows students to receive over-the-counter medications for minor ailments and remain in school. Nutritional and counseling services are available through the CHD. Classes on parenting skills and adult education are provided on select school campuses.
		b. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.	DSBPC/PCHD, Ronald McDonald Care Mobile, Pasco County Sheriff's Office, Premier HealthCare	The RMCM provides ARNP services a both full-service elementary schools sites. School Resource officers provide assistance on high school campuses on a daily basis. Parents can obtain assistance with KidCare applications on site. Bilingual support is readily available.
PART IV: OTHER REQUIREMENTS				

CONTRACT REVIEWED
 AND APPROVED:
NW 6.25.13

Attachment IV

2011-2012 Annual School Health Report

CONTRACT REVIEWED
AND APPROVED:

W 6/25/12



2011–2012 Annual School Health Report

Due by August 15, 2012

Email Report as an Attachment to:

To: [HSF SH Feedback@doh.state.fl.us](mailto:HSF_SH_Feedback@doh.state.fl.us)

CONTRACT REVIEWED
AND APPROVED:

NW 6/25/13

**2011-2012 Annual School Health Report
General Instructions and List of Changes from 2010-2011**

Please read these instructions completely before entering information in the 2011-2012 Annual School Health Report format.

General Instructions: The 2011-2012 Annual Report format is in a Microsoft Excel file. The cells where you enter information are "unlocked" and allow you to type information into them. Other cells are "locked" (report questions, instructions, or cells with formulas) to prevent inadvertent changes to the Excel workbook/worksheet structure. Not overriding this security mechanism guarantees that worksheet cells remain in the correct location with intact links to the correct cells in the database worksheet. Your column in the database worksheet is pasted directly into a statewide school health database, so please do not add or delete any rows, columns or cells or alter the annual report format in any way. If you have information that does not fit in the space provided in the report format, please provide the extra information in a separate attachment to your annual report.

- Please make sure that you only open the 2011-2012 Annual Report file in Microsoft Excel.
- Do not work in this file until you have opened and saved it to your network drive or a flash/travel drive. When saving for the first time, use the "Save As" function and add your county's name to the beginning of the file name so your submitted report file will not be confused with that of another county.
- Save often, just in case.
- This Excel workbook has the following Worksheets: (1) FORM (formatted portrait, letter size) (do not alter) and (2) DATABASE (do not alter or type in the DATABASE - it will automatically populate with your county's report information as you fill out the FORM).
- To be able to see the worksheet tabs at the bottom of your Excel screen, make sure that your "View" is not set to "Full Screen".
- Adjust how much of each worksheet you can see on the screen and how large the text and tables look by using the Zoom function that appears in the menu bar at the top of your Excel screen or in your View options.
- To enter data in the format worksheet, click in the cell where you need to enter information, type the information, press Tab to move from one answer space to the next.
- To change the direction that you move from cell to cell, go to "Tools", choose "Options", then "Edit" and "Move selection after Enter". Choose "Down" or "Right".
- If you click into a locked cell and try to input information, a message will inform you that you need a password to do so. If the locked cell has a formula, you can see it by going to "View" and choosing "Formula Bar".
- A value will appear in cells that have zeros (0) once the required data is entered in the referenced cells. If no data is entered in the referenced cells, these cells will remain zero (0).
- If you have any technical questions not answered by these instructions, please contact Ned Roberts at (850) 245-4444, Extension 2932 or Ned_Roberts@doh.state.fl.us for assistance.
- ATTACHMENTS: If the space provided is not sufficient or there is supplementary material to be submitted, email this information in separate electronic files. Do not attempt to fit the additional information by altering the report that you submit to the school health program office.
- Submit the Annual School Health Report (completed electronic Excel file) by August 15, 2012 to the School Health mailbox at HSF_SH_Feedback@doh.state.fl.us.

Changes from the 2010-2011 Annual School Health Report

I-E.1 Outcome Dispositions of Student Visits to the School Health Room/Clinic

For 2011-2012, documentation and reporting of health room visit outcome dispositions is now required in all school health programs (Basic, Comprehensive and Full Service).

IV-C.1 School Health Services Staff

For 2011-2012, documentation and reporting of 2012-2013 School Health Services Staff is not required.

V-A Funds for School Health Services Expended in 2011-2012

For 2011-2012, documentation and reporting on funds budgeted for 2012-2013 is not required.

Section V-B.1 Schedule C Revenue and V-B.2 Schedule C Expenditures

These tables have been removed from the Annual School Health Report.



Pasco School Health Contacts for 2012-2013 School Year
County Name

Directions: Please indicate the coordinators for school health. Where applicable, please provide phone extensions. This information will be used to develop mail and phone lists for distribution of school health information.

**County Health Department (CHD)
Administrator / Director**

Name: Michael J. Napier
Licenses and/or Degrees: MS
Job Title: Interim Administrator,, County Health Officer
Address: 10841 Little Road, Building B
City: New Port Richey Zip Code: 34654
Phone/Ext: (727) 861-5250, ext. 101
Work Cell Phone: 321-229-0608
Fax: (727) 862-4230
Email: mike_napier@doh.state.fl.us

CHD Business Manager for School Health

Name: _____
Licenses and/or Degrees: _____
Job Title: _____
Address: _____
City: _____ Zip Code: _____
Phone/Ext: _____
Work Cell Phone: _____
Fax: _____
Email: _____

**County Health Department (CHD)
School Health Coordinator**

Name: Carol L. Cummins
Licenses and/or Degrees: MSN, ARNP
Job Title: Executive Community Health Nursing Director
Address: 10841 Little Road, Building B
City: New Port Richey Zip Code: 34654
Phone/Ext: (727) 861-5250, ext. 107
Work Cell Phone: _____
Fax: (727) 861-4817
Email: Carol_Cummins@doh.state.fl.us

**School District / Local Educational Agency (LEA)
School Health Coordinator**

Name: Lisa Kern
Licenses and/or Degrees: RN, MSN, NCSN
Job Title: Supervisor Student Services (Health)
Address: 7227 Land O'Lakes Blvd.
City: Land O'Lakes Zip Code: 34638
Phone/Ext: 727-774-2360
Work Cell Phone: _____
Fax: 727-774-2120
Email: lkern@pasco.k12.fl.us

CHD Comprehensive School Health Coordinator

(if applicable and different than CHD SH Coordinator)

Name: _____
Licenses and/or Degrees: _____
Job Title: _____
Address: _____
City: _____ Zip Code: _____
Phone/Ext: _____
Work Cell Phone: _____
Fax: _____
Email: _____

Full Service Schools Coordinator

(if applicable and different than CHD SH Coordinator)

CHD _____ LEA OTHER _____
(Indicate appropriate agency with an "X".)

Name: _____
Licenses and/or Degrees: _____
Job Title: _____
Address: _____
City: _____ Zip Code: _____
Phone/Ext: _____
Work Cell Phone: _____
Fax: _____
Email: _____

School Health Advisory Committee Chairperson

Name: Margaret E. Polk
Licenses and/or Degrees: RN, BSN, NCSN
Agency / Company: *(if applicable)* _____
Job Title: School Nurse
Address: 7227 Land O'Lakes Blvd.
City: Land O'Lakes Zip Code: 34638
Phone/Ext: 727-774-2360
Work Cell Phone: _____
Fax: 727-774-2120
Email: mpolk@pasco.k12.fl.us

CONTRACT REVIEWED
AND APPROVED:
MW 6.25.13

ANNUAL SCHOOL HEALTH REPORT
Part I: Basic School Health (in Basic, Comprehensive and Full Service Schools)
Reporting Period July 1, 2011 through June 30, 2012

I-A.1 Overview of Schools and Students

DIRECTIONS: Provide the numbers for ALL PUBLIC SCHOOLS AND STUDENTS in your county, except as noted below. Schools with Combined School Levels are those that have two or more school levels on one campus (e.g., K - 8th, 6th - 12th grade). **DO NOT INCLUDE** Department of Juvenile Justice, Adult, Adult Vocational schools or private schools. Place public Pre-Kindergarten schools and students in the Elementary School category.

NOTE: Counties designated as "All Comprehensive" must have Full Service Schools. These Full Service schools and students should be documented in the Comprehensive-Full Service (CSHSP/FSS) category **below**.

Public Schools and Students by School Health Program	Elementary Schools	Middle Schools	High Schools	Schools with Combined Levels (K-8, 6-12, etc.)	Totals
Basic School Health (BASIC ONLY)-SCHOOLS	44	15	11	2	72
Basic School Health (BASIC ONLY)-STUDENTS	28341	14866	16699	331	60,237
Comprehensive School Health (CSHSP)-SCHOOLS					0
Comprehensive School Health (CSHSP)-STUDENTS					0
Full Service Schools (FSS)-SCHOOLS	2		2		4
Full Service Schools (FSS)-STUDENTS	1308		2537		3,845
CSHSP/FSS Schools-SCHOOLS					0
CSHSP/FSS Schools-STUDENTS					0
Public Charter SCHOOLS				5	5
Public Charter School STUDENTS				1986	1,986
Public Alternative SCHOOLS (not Department of Juvenile Justice)				2	2
Public Alternative School STUDENTS (not Department of Juvenile Justice)				231	231
Total Public SCHOOLS	46	15	13	9	83
Total Public School STUDENTS	29,649	14,866	19,236	2,548	66,299

CONTRACT REVIEWED
 AND APPROVED:


I-B.1 Types of Health Conditions - July 1, 2011 through June 30, 2012

Directions: The number of health conditions that are identified through review of emergency information records, physical assessments, or physicians diagnoses on medication administration forms.

Reported Health Conditions		Totals
ADD/ADHD		4,616
Allergies - Not Severe		5,628
Allergies - Severe		696
Asthma		7,595
Bleeding Disorder		25
Cancer		44
Cardiac Conditions		687
Cystic Fibrosis		11
Diabetes		206
Epilepsy / Seizures		649
Kidney Disorders		271
Psychiatric Conditions		1,915
Sickle Cell Disease		23
Other:	Gastrointestinal	441
Other:	Thyroid	56
Other:		
Totals		22,863

I-C.1 Number of Students Needing Medications and/or Procedures from July 1, 2011 through June 30, 2012

Directions: Complete this table with an unduplicated count of the students that needed each of the listed procedures and/or medications listed below during 2011-2012. This table is not related to the FTE week count. Students should not be counted more than once for any one medication route or procedure type. Example: The number of students needing insulin should not exceed the number of students reported with diabetes.

Medication / Procedure		Students Needing Procedures / Medications
Medications		
Insulin Administration		166
Medications/Other Injections		688
Medication/Intravenous		1
Medications/Inhaler (or nebulizer)		1,495
Medications/Oral (by mouth)		3,877
Medications/Nasal		9
Other Route-Specify:	Rectal (Diastat)	70
Other Route-Specify:	Topical	342
Other Route-Specify:	Eye/Ear	61
Sub-Total		6,709
Procedures		
Carbohydrate Counting		157
Glucose Monitoring		174
Catheterization		9
Colostomy, Ileostomy, Urostomy, Jejunostomy Care (site care)		5
Electronic Monitoring (cardiac, oximetry, other)		63
J, PEG, NG Tube Feeding		46
Oxygen Continuous or Intermittent		2
Specimen Collection or Testing		150
Tracheostomy Care		5
Ventilator Dependent Care		1
Other Procedure- Specify:	VNS	6
Other Procedure- Specify:	Oral suction	3
Other Procedure- Specify:		
Sub-Total		621

CONTRACT REVIEWED
AND APPROVED:
W 6-25-12

Total	7,330
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CONTRACT REVIEWED
AND APPROVED:
[Signature] 2/25/13

I-D February Full-Time Equivalent (FTE) Week Counts of School Health Room/Clinic (or other location) Visits, Medication Doses, and Medical Procedures

I-D.1 Number of School Health Room/Clinic (or other location) Visits for Health Services During February 2012 FTE Week

Directions: Include health room/clinic (or other location) visits for school health services documented during February 2012 FTE Week (February 13 – 17, 2012) or other week in February specified by your County Health Department or School District school health coordinator. Include school health room/clinic (or other location) visits by/to general education (regular needs) students, ESE students and students with 504 plans. Provide a count of each time a student comes to the school health room (clinic) or other school location for health services (Medications Received or Self-Administered, Procedures, Counseling, Sick Care, First Aid, Other) during FTE Week.

Total Number of school health room/clinic (or other school location) visits for school health services during February 2012 FTE week:	15999
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I-D.2 Number of Medication Doses Administered and/or Procedures Performed during February 2012 FTE Week

Directions: In this table document all procedures performed and/or medications administered at district schools during February 2012 FTE Week (February 13 – 17, 2012) or other week in February specified by your County Health Department or School District school health coordinator. Only use numbers - do not use text characters, such as PRN.

Medication / Procedure	Number of Medication Doses/Procedures During FTE Week
Medications Doses	
Insulin Administration	544
Medications/Other Injections	10
Medication/Intravenous	0
Medications/Inhaler (or nebulizer)	1,041
Medications/Oral (by mouth)	2,910
Medications/Nasal	7
Other Route-Specify: Eye/Ear gtt	40
Other Route-Specify: Topical	176
Other Route-Specify: G-tube	93
Sub-Total	4,821
Procedures	
Carbohydrate Counting	571
Glucose Monitoring	1,117
Catheterization	81
Colostomy,Ileostomy,Urostomy,JejunostomyCare(site care)	16
Electronic Monitoring (cardiac, oximetry, other)	19
J, PEG, NG Tube Feeding	176
Oxygen Continuous or Intermittent	10
Specimen Collection or Testing	225
Tracheostomy Care	42
Ventilator Dependent Care	0
Other Procedure- Specify: G tube flush/vent	87
Other Procedure- Specify: skin care	53
Other Procedure- Specify:	
Sub-Total	2,397
Total	7,218

I-E.1 Outcome Dispositions of Student Visits to the School Health Room/Clinic

Basic Schools: Health Room Visit Outcome Dispositions	
1. Returned to Class	360,267
2. Sent Home	37,539
3. Other:	911
Total	397,939
Comprehensive Schools: Health Room Visit Outcome Dispositions	
1. Returned to Class	
2. Sent Home	
3. Other:	
Total	0
Full Service Schools: Health Room Visit Outcome Dispositions	
1. Returned to Class	13,114
2. Sent Home	2,052
3. Other:	911
Total	11

FACT REVIEWED AND APPROVED:

MW 6.25.13

Total	15,177
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CONTRACT REVIEWED
AND APPROVED:
MW 6-25-13

Part II: Comprehensive School Health
Reporting Period: July 1, 2011 through June 30, 2012

NOTE: Do not complete Part II if your county health department does not receive state Schedule C funding (OCA: SCHSP) for Comprehensive School Health from the Department of Health.

II-A.1 Daily Health Services Log Summary for July 1, 2011 through June 30, 2012

Directions: For Table 1 enter the total numbers of school health room/clinic visits (medication and non-medication visits) for all of your county's Comprehensive schools. For Table 2 enter all referrals (by type of referral) made for students in Comprehensive schools. Data from all the individual Comprehensive schools in the county must be totaled and submitted together in the tables below. Please note that Table 2 no longer has a "No Referral" category, therefore the bottom Totals for Table 1 and Table 2 may differ significantly.

Table 1: Total Visits	Totals
1. Total Non-Medication Visits	
2. Total Medication Visits	
Totals	0

Table 2: Referral To	Total
1. Abuse Registry	
2. Dental Care	
3. Guidance Counseling	
4. Healthy Start	
5. Kid Care	
6. Medical Care / Nursing Care	
7. Mental Health Counseling	
8. Nursing Assessment	
9. Social Work Services	
10. Substance Abuse Counseling	
11. Other:	
Totals	0

II-B Comprehensive School Health Teen Pregnancy Statistics for July 1, 2011 through June 30, 2012

- II-B.1 Number of female CSHSP students in grades 6 through 12 (*Denominator for CSHSP birth rate*)
- II-B.2 Number of births to CSHSP students in grades 6 through 12 (*Numerator for CSHSP birth rate*)
- II-B.3 Rate per 1,000 for births to CSHSP students in grades 6 through 12
- II-B.4 Number of babies born to CSHSP students in grades 6 through 12
- II-B.5 Number of low birth weight (<2,500 grams) babies born to CSHSP students in grades 6 through 12
- II-B.6 Percent (%) of low birth weight (<2,500 grams) babies born to CSHSP students in grades 6 through 12
- II-B.7 Number of CSHSP students in grades 6 through 12 that return to school (to their home school or Teenage Parent Program (TAPP) school after giving birth this year
- II-B.8 Percent (%) of CSHSP students in grades 6 through 12 who returned to school this year (July 1, 2011 through June 30, 2012) after giving birth.

CONTRACT REVIEWED
AND APPROVED:

[Signature] 6-25-13

II-C.1 Group Health Services Log Summary for July 1, 2011 through June 30, 2012

Social Interventions: Enter the number of social interventions provided in Comprehensive Schools. In each subject area enter the number of student and parent participants.

Health Education Classes: Enter the number of health education classes taught in Comprehensive Schools. In each subject area enter the number of student and parent participants.

Note: Number of participants will reflect students/parents/staff who participate in each type of social intervention or health education activity. Since some students will participate in more than one group activity, this may be a duplicate count and exceed the total student population.

Social Interventions				
Subject Code	# Social Interventions	# Student Participants	# Parent Participants	# Staff Participants
100 Dental Health				
200 General Health / Other				
300 Injury Prevention / Safety				
400 Mental Health / Self-Esteem				
500 Nutrition				
600 Physical Activity				
700 Violence Prevention/Conflict Resolution				
702 Date Rape				
703 Child Abuse				
801 Alcohol, Tobacco & Other Drug Abuse				
804 Suicide Prevention				
805 HIV / STD				
806 Pregnancy Prevention				
808 Human Sexuality				
900 Staff Wellness				
901 Staff In-service				
902 Parenting Skills				
Totals	0	0	0	0

Health Education Classes				
Subject Code	# Health Education Classes	# Student Participants	# Parent Participants	# Staff Participants
100 Dental Health				
200 General Health / Other				
300 Injury Prevention / Safety				
400 Mental Health / Self-Esteem				
500 Nutrition				
600 Physical Activity				
700 Violence Prevention/Conflict Resolution				
702 Date Rape				
703 Child Abuse				
801 Alcohol, Tobacco & Other Drug Abuse				
804 Suicide Prevention				
805 HIV / STD				
806 Pregnancy Prevention				
808 Human Sexuality				
900 Staff Wellness				
901 Staff In-service				
902 Parenting Skills				
Totals	0	0	0	0

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[Signature] 6-25-12

Part III: Full Service Schools

Part III-A.1 In-Kind Services Provided at Full Services Schools from July 1, 2011 through June 30, 2012

Note: All 67 county health departments (CHD) receive funding for Full Services Schools. Whether or not, the Full Service School program is implemented by the CHD or contracted to the local school district, coordinating and documenting the provision of additional school-based health and social services by non-school health funded providers is required.

Directions: Full Service In-Kind Services are those services provided on Full Service School campuses that are NOT paid for with Department of Health Schedule C school health funds or School District school health funds. Examples of providers would be local mental health providers, Healthy Start, WIC, sheriff's department, agricultural extension, United Way, etc. For additional information, please refer to section 402.3026, Florida Statutes -- Full Service Schools. Document all of the in-kind service hours and dollar value of services provided on-site at your county's Full Service Schools during 2011-2012. Enter annual totals and use only numbers, no text characters.

Type of Service	<u>ANNUAL</u> Total Number of Donated In-Kind Hours	<u>ANNUAL</u> Estimated Value of In-Kind Services
Adult Education	50.0	1,500.00
Basic Medical Services	128.0	8,192.00
Case Management		
Child Protective Services		
Community Education	45.0	1,890.00
Counseling Abused Children	44.0	1,320.00
Counseling High-Risk Children	35.0	1,050.00
Counseling High-Risk Parents	30.0	900.00
Delinquency Counseling		
Dental Services	1500.0	213,000.00
Economic Services		
Healthy Start/Healthy Families	35.0	4,375.00
Job Placement Services	20.0	300.00
Mental Health Services	42.0	1,344.00
Nutritional Services	100.0	1,500.00
Parenting Skills Training	35.0	1,050.00
Resource Officer	3230.0	85,000.00
School Health Nursing Services	25.0	900.00
Social Work Services		
Substance Abuse Counseling		
TANF programs (job training, pregnancy prevention, etc.)		
All Other		
Totals	5,319	\$322,321

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MW 6-25-13

Part IV: Staffing for July 1, 2011 through June 30, 2012

IV-A.1 Number of Schools with School Health Staff On-Site Full Time (5 Days a Week, 6 - 8 Hours Per Day) In 2011-2012

Directions: In this table, document your county's schools that have full time on-site paid school health staff (ARNP, RN, LPN, Health Aide / Health Tech) by hiring entity. Only count schools where the above staff work from 6 to 8 hours a day, five days a week at their assigned schools. Do not include school's where clinic services are only provided by non-school health staff (ex. school office staff).

Hiring Entity	Elementary Schools	Middle Schools	High Schools	Combined Level Schools
Staffed with a Full-Time Advanced Registered Nurse Practitioner (ARNP)				
County Health Department				
School District	0	0	0	0
Community Partners				
Other				
Staffed with a Full-Time Registered Nurse (RN)				
County Health Department				
School District	0	1	1	2
Community Partners				
Other				
Staffed with a Full-Time Licensed Practical Nurse (LPN)				
County Health Department				
School District	8	1	6	0
Community Partners				
Other				
Staffed with a Full-Time Health Aide/Health Tech/CNA				
County Health Department				
School District	46	15	13	2
Community Partners				
Other				

IV-B.1 Community / Public-Private Partners Providing Staff or Funds for the Partner Staff
Listed in the School Health Services Staffing for July 1, 2011 through June 30, 2012

Program	Partner Name	Partner Name
Basic School Health		
Comprehensive School Health		
Full Service Schools		

Directions for School Health Staff in 2011-2012:

- Sections A, B, and C - Basic, Comprehensive and Full Service: Document the staff working in your county's public schools according to which program they work in. Do not duplicate staff FTEs, Units, Positions in more than one program. Staff that split their time between more than one program (such as Basic and Full Service, Basic and Comprehensive, etc.) should have their FTE, Unit or Position split between the programs (such as .50 in Basic and .50 in Full Service).
- School Health Coordinators and Nursing Supervisors that may spend part of their time doing administrative duties and part of their time providing services in schools (direct services to students, in-service training, child-specific training, health education classes, etc.) should split their FTE, Unit or Position between Coordinator (RN) and RN, Nursing Supervisor and RN, etc. (such as .50 in Coordinator (RN) and .50 in RN).
- Section D: Document health staff that provides services exclusively to Exceptional Student Education (ESE) students in the ESE section of this table.
- Section E: Document health staff that provides services exclusively to Pre-Kindergarten students, Teenage Parent Program students and other specialized programs (i.e., Head Start) in this table. Document health staff working exclusively for Pre-Kindergarten programs in the Pre-Kindergarten section of this table.

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2011-2012					
IV-C.1 School Health Services Staff	County Health Department (CHD) Positions in FTEs	Local School District (LEA) Positions in Units	Positions Funded and Hired by Contributing Partners	Other Positions Hired by a Provider funded through a CHD or LEA Contract or MOA. (Not funded by OCA SCHSP funds.)	
				CHD	LEA
	A. Basic Health Services Staff				
Basic School Health 2011-2012					
School Health Coordinator-Registered Nurse (RN)		0.8			
School Health Coordinator-(Non-RN)					
School Health Nursing Supervisor (RN)		1.0			
Adv. Reg. Nurse Practitioner (ARNP)					
Registered Nurse (RN)		32.0			
Licensed Practical Nurse (LPN)					
Paraprofessional: School Health Aide/ Tech/CNA		72.0			
OTHER: (Please include <u>all</u> other positions in this one row, do not add cells or rows.)					
B. Health Services Staff					
Comprehensive School Health 2011-2012					
School Health Coordinator-Registered Nurse (RN)					
School Health Coordinator-(Non-RN)					
School Health Nursing Supervisor (RN)					
Adv. Reg. Nurse Practitioner (ARNP)					
Registered Nurse (RN)					
Licensed Practical Nurse (LPN)					
Paraprofessional: School Health Aide/ Tech/CNA					
OTHER: (Please include <u>all</u> other positions in this one row, do not add cells or rows.)					
C. Health Services Staff					
Full Service Schools 2011-2012					
School Health Coordinator-Registered Nurse (RN)		0.2			
School Health Coordinator-(Non-RN)					
School Health Nursing Supervisor (RN)					
Adv. Reg. Nurse Practitioner (ARNP)					
Registered Nurse (RN)		2.0			
Licensed Practical Nurse (LPN)					
Paraprofessional: School Health Aide/ Tech/CNA		4.0			
OTHER: (Please include <u>all</u> other positions in this one row, do not add cells or rows.)					
D. ESE Health Services Staff					
Exceptional Student Education (ESE) 2011-12					
<i>Note: The following section is to document <u>only</u> health services staff that provide services exclusively to ESE students.</i>					
ESE Health Services Coordinator-Registered Nurse (RN)					
ESE Health Services Coordinator-(Non-RN)					
Nursing Supervisor (RN)					
Adv. Reg. Nurse Practitioner (ARNP)					
Registered Nurse (RN)					
Licensed Practical Nurse (LPN)		14.0			
Paraprofessional: School Health Aide/ Tech/CNA					
OTHER: (Please include <u>all</u> other positions in this one row, do not add cells or rows.)					
E. Health Services Staff					
Pre-Kindergarten / TAPP and Other 2011-2012					
School Health Coordinator-Registered Nurse (RN)					
School Health Coordinator-(Non-RN)					
School Health Nursing Supervisor (RN)					
Adv. Reg. Nurse Practitioner (ARNP)					
Registered Nurse (RN)		5.0			
Licensed Practical Nurse (LPN)					
Paraprofessional: School Health Aide/ Tech/CNA					
OTHER: (Please include <u>all</u> other positions in this one row, do not add cells or rows.)					

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NW 6-25-13

Directions

(Do not include School Health Schedule C revenue.)

List on the appropriate line the County Health Department (Do not include School Health Schedule C revenue.), School District and Community/Public-Private Partner funds from each individual funding source that were expended for school health services during 2011-2012. Do not alter the Excel structure of this funding table or place funds in alternative locations. Doing so will prevent these funding amounts from grouping in the proper categories in the statewide school health database, and state and county data summaries.

NOTE: If funds are entered for the "Other" categories, please use the space provided to type in the name of the other funding source.

V-A.1 County Health Departments (CHD) Funds for School Health Services (Do not include School Health Schedule C revenue.): List on the appropriate line CHD funds, by funding source, that were expended for school health services in 2011-2012.

V-A.2 School District Funds for School Health Services: List on the appropriate line school district funds, by funding source, that were expended for school health services in 2011-2012. **NOTE:** Please include only funds for health services staff (advanced registered nurse practitioners, registered nurses, licensed practical nurses, health aides (health techs, certified nursing assistants), health educators, health room/clinic facilities, equipment and supplies.

V-A.3 Community and Public-Private Partner Funds for School Health Services: List on the appropriate line community and public-private partner funds, by funding source, that were expended for school health services in 2011-2012.

NOTE: Please do not change or move the names of partner categories already listed. Accommodate your partner funding in the spaces provided. If a partner provides funding for various school health related services, enter the sum of the funding for that partner.

CONTRACT REVIEWED
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ZW 6-25-13

Section V-A Funds for School Health Services Expended from July 1, 2011 through June 30, 2012
EXCLUDE School Health (DOH funds for Basic, Comprehensive and Full Service Schools) Schedule C Revenues

V-A.1 County Health Departments (CHD) Funds for School Health Services		Expended in: 2011-2012
Medicaid Certified Match		
Medicaid Cost Reimbursement		
Non-Categorical CHD Trust Fund (Non-School Health Schedule C)		
Non-Schedule C CHD Trust Fund		
Other #1:		
Other #2:		
Other #3		
County Health Department Sub-Totals		0
V-A.2 School District Funds Utilized for Health Services in Schools		Expended in: 2011-2012
Basic School Health (School District Funds - Not CHD Schedule C Funds)		3282031.00
Comprehensive School Health (School District Funds - Not CHD Schedule C Funds)		
Full Service Schools (School District Funds - Not CHD Schedule C Funds)		
PTA		
Chapter One		
Teenage Parent Program		101226.00
First Start, Pre-Kindergarten, Head Start		175912.00
Exceptional Student Education		103777.00
Safe & Drug Free Schools		
Safe Schools		
Early Intervention		
Administrative Claiming		15920.00
ESE Medicaid Certified Match		
Other #1:		83249.00
Other #2:		2566.00
School District Sub-Totals		3,764,681
V-A.3 Community and Public-Private Partner Funds Utilized for Health Services in Schools		Expended in: 2011-2012
Abstinence Grant		
Children's Services Council		
Juvenile Welfare Board		
United Way		
County Commission		
County Taxing District		
Health Care Taxing District		
Hospital Taxing District		
Hospital:		
Hospital:		
University:		
University:		
Other #1:		
Other #2:		
Other #3		
Community Sub-Totals		0
Totals		3,764,681

CONTRACT REVIEWED
 AND APPROVED:
rw 6-25-13

Attachment V

Sample Invoice

Date

Pasco County Health Department
10841 Little Road
New Port Richey, Florida 34654

Attn: Connie Brooks, Contract Manager

Re: PC401, Basic School Health Services Contract

Dear Ms. Brooks:

We ___are/___ are not (see attached explanation) in compliance with the staffing requirements determined by the School Health Services Staffing/Budget Plan in effect at this date. Attached for your review are the submitted EARs for the preceding month. Please remit the amount of \$11,341.29 for services rendered on behalf of the School Health Services Contract # PC401, the _____ installment of the contract.

Please contact me directly if you require any further information or documentation regarding the services provided.

Sincerely,

Lisa Kern
Director of Student Services (School Health)

Enclosure: Services Report
cc: Fiscal Department



Memorandum of Negotiation

Contract # PC401

On May 24, 2013, a meeting was held with:

Name:

Position:

Lisa Kern

Representing:

District School Board of Pasco County, and:

Name:

Position:

Constance A. Brooks

Contract Manager

representing the Department of Health, for the purpose of negotiating a contract for the following services:

Basic School Health Services

Contract terms and conditions were reviewed:

Outcome measures were reviewed:

Provider Representative

Department Representative

Date: _____

Date: _____



CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
CONTRACTS / SUBCONTRACTS

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, signed February 18, 1986. The guidelines were published in the May 29, 1987 Federal Register (52 Fed. Reg., pages 20360-20369).

INSTRUCTIONS

1. Each provider whose contract/subcontract contains federal monies or state matching funds must sign this certification prior to execution of each contract/subcontract. Additionally, providers who audit federal programs must also sign, regardless of the contract amount. DOH cannot contract with these types of providers if they are debarred or suspended by the federal government.
2. This certification is a material representation of fact upon which reliance is placed when this contract/subcontract is entered into. If it is later determined that the signer knowingly rendered an erroneous certification, the Federal Government may pursue available remedies, including suspension and/or debarment.
3. The provider shall provide immediate written notice to the contract manager at any time the provider learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "debarred", "suspended", "ineligible", "person", "principal", and "voluntarily excluded", as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the contract manager for assistance in obtaining a copy of those regulations.
5. The provider agrees by submitting this certification that, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this contract/subcontract unless authorized by the Federal Government.
6. The provider further agrees by submitting this certification that it will require each subcontractor of this contract/subcontract, whose payment will consist of federal monies, to submit a signed copy of this certification.
7. The Department of Health may rely upon a certification of a provider that it is not debarred, suspended, ineligible, or voluntarily excluded from contracting/subcontracting unless it knows that the certification is erroneous.
8. This signed certification must be kept in the contract manager's file. Subcontractor's certifications must be kept at the contractor's business location.

CERTIFICATION

- (1) The prospective provider certifies, by signing this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/subcontract by any federal department or agency.
- (2) Where the prospective provider is unable to certify to any of the statements in this certification, such prospective provider shall attach an explanation to this certification.
- (3) By initialing, Contract Manager confirms that prospective provider has not been listed in the System for Award Management (SAM) database cat Verification Date 5/13/13

Signature

Date

Name _____
08/12

Title _____



**VENDOR CERTIFICATION REGARDING
SCRUTINIZED COMPANIES LISTS**

Vendor Name: District School Board of Pasco County

Vendor FEIN: _____

Vendor's Authorized Representative Name and Title: Kurt S. Browning, Superintendent

Address: 7227 U.S. Highway 41

City: Land O' Lakes State: FL Zip: 34638

Phone Number: (727) 774-2000

Email Address: _____

Section 287.135, Florida Statutes, prohibits agencies from contracting with companies, for goods or services \$1,000,000 or more, that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. Both lists are created pursuant to section 215.473, Florida Statutes.

As the person authorized to sign on behalf of this company, I hereby certify that the company identified above in the section entitled "Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject company to civil penalties, attorney's fees, and/or costs.

Certified By: _____,

who is authorized to sign on behalf of the above referenced company.

Authorized Signature Print Name and Title: _____

By initialing, the contract manager confirms the prospective provider is not listed on the State Board of Administration List of companies subject to the provisions of section 287.135. F.S.

Initials: _____ Verification Date: _____



FLORIDA SINGLE AUDIT ACT CHECKLIST FOR NON-STATE ORGANIZATIONS - RECIPIENT/SUBRECIPIENT VS. VENDOR DETERMINATION

This checklist and the standard contract audit language may be obtained electronically from the Department of Financial Services' website (<https://apps.fldfs.com/fsaa>).

If a Florida Single Audit Act State Project Determination Checklist has not been previously completed, please complete it now. (Applies only to State agencies)

This checklist must be used by State agencies to evaluate the applicability of the Florida Single Audit Act (FSAA) to non-state organizations after a state program has been determined (using the Florida Single Audit Act State Project Determination Checklist) to provide state financial assistance (i.e. is a State Project as defined in 215.97 (2), F.S.). This checklist assists in determining if the non-state organization is a vendor, recipient/subrecipient, or an exempt organization.

Recipients and subrecipients of state financial assistance must also use this checklist to evaluate the applicability of the FSAA to non-state organizations to which they provide State resources to assist in carrying out a State Project.

Name of Non-state Organization: District School Board of Pasco County

Type of Non-state Organization: School District

(i.e. nonprofit, for-profit, local government; if the non-state organization is a local government, please indicate the type of local government – municipality, county commission, constitutional officer, water management district, etc.)

Awarding Agency: _____

Title of State Project: _____

Catalog of State Financial Assistance (CSFA) Number: _____

Contract/Grant/Agreement Number: PC401

PART A

<u>YES</u>	<u>NO</u>	
<u>x</u>	___	1. Is the non-state organization a district school board, charter school, community college, public university, government outside of Florida, or a Federal agency?
___	___	2. Is the relationship with the non-state organization only to procure commodities (as defined in 287.012(5) F.S.)?
___	___	3. Does the relationship with the non-state organization consist of only Federal resources, State matching resources for Federal Programs or local matching resources for Federal Programs?
___	___	4. Does the relationship with the non-state organization consist of only State maintenance of effort (MOE) ¹ resources that meet all of the following criteria?
___	___	A. Do Federal Regulations specify the requirements for the use of the State MOE resources and are there no additional State requirements?
___	___	B. Do contracts contain sufficient language to identify the State MOE resources and the associated Federal Program?
___	___	C. Do A-133 audit requirements apply to the State MOE resources and do contracts stipulate that the State MOE resources should be tested in an A-133 audit in accordance with Federal Program requirements?

¹ MOE refers to the Federal maintenance of effort/level of effort requirements as defined by OMB Circular A-133 Compliance Requirement G (Matching, Level of Effort, Earmarking).

If **any** of 1-4 above is **yes**, the recipient/vendor relationship determination does not need to be completed because **the FSAA is not applicable to the non-state organization**.

CONTRACT REVIEWED
AND APPROVED:

[Signature] 6-25-13

PART B

Recipient/Vendor Relationship Determination:

The following should be analyzed for each relationship with a non-state organization where it has been determined that the state program provides state financial assistance (i.e. is a State Project) and the non-state organization is not exempt based on the questions above. This relationship may be evidenced by, but not limited to, a contract, agreement, or application.

YES NO

- 1. Does State law or legislative proviso create the non-state organization to carry out this State Project?
- 2. Is the non-state organization required to provide matching resources not related to a Federal Program?
- 3. Is the non-state organization required to meet or comply with specified State Project requirements in order to receive State resources? (State Project requirements include laws, rules, or guidelines specific to the State Project such as eligibility guidelines, specified types of jobs to be created, donation of specified assets, etc. Specified State Project requirements do not include procurement standards, general guidelines, or general laws/rules.)
- 4. Is the non-state organization required to make State Project decisions, which the State agency would otherwise make? (e.g. determine eligibility, provide case management, etc.)
- 5. Is the non-state organization's performance measured against whether State Project objectives are met? (e.g. number of jobs to be created, number of patients to be seen, number of disadvantaged citizens to be transported, etc. Performance measures may or may not be related to State performance-based budgeting.)

If any of the above is **yes**, there is a **recipient/subrecipient relationship** and the non-state organization is subject to the FSAA. Otherwise the non-state organization is a **vendor** and is **not** subject to the FSAA.

PART C

Based on your analysis of the response above and discussions with appropriate agency personnel, state your conclusion regarding the non-state organization.

(Check one) **Recipient/Subrecipient:** **Vendor:** **Exempt Organization:** x

Comments:

Print Name: Constance A. Brooks

Telephone Number: 727 861-5250

Title: Purchasing Director/Contract Manager

Signature: *Constance A. Brooks*

Date: 5/13/13

Note it is the program personnel's responsibility to notify Finance and Accounting of which non-state organizations have been determined to be recipients and are receiving state financial assistance (i.e. disbursements must be coded as 7500 object code in FLAIR).

Note it is possible to have a contractual agreement with a non-state organization under Chapter 287, Florida Statutes, and still consider the non-state organization a recipient under the Florida Single Audit Act.

If a recipient/subrecipient relationship exists the standard contract audit language, including Exhibit 1 (DFS-A2-CL), must be included in the document that established the State's, recipient's, or subrecipient's relationship with the non-state entity.

Questions regarding the evaluation of a non-state organization or if it has been determined that the non-state organization is a recipient and a CSFA number has not been assigned, contact your FSAA State agency liaison or the Department of Financial Services, Bureau of Auditing at (850) 413-3060 or Suncom 293-3060. Reference may be made to Rule 691-5, FAC.

CONTRACT REVIEWED
AND APPROVED:
[Signature] 6.25.13

Information Technology (IT) Checklist for Contracts

	A	B	C	D	E	F
CATEGORIES	STAFFING (FTE, OPS, Contract)	Hardware & Software <small>(i.e., servers, routers, Crystal Reports, Oracle, etc.)</small>	Network Connectivity	Data Collection & Reporting	Electronic Data Sharing or Exchange	On-going Maintenance & Support
STEP 1 IT RESOURCE REVIEW 	<input type="checkbox"/> CONTRACT does not include staffing. <input checked="" type="checkbox"/> CONTRACT includes staffing but no additional equipment is required	<input checked="" type="checkbox"/> CONTRACT does not require acquisition of additional hardware or software.	<input checked="" type="checkbox"/> CONTRACT does not require new or relocated connections to the network.	<input type="checkbox"/> CONTRACT does not include data collection. <input checked="" type="checkbox"/> CONTRACT includes data collection, but all data collection requirements are met by current systems.	<input checked="" type="checkbox"/> CONTRACT does not include electronic data sharing or exchange.	<input checked="" type="checkbox"/> CONTRACT does not include on-going support or maintenance requirements. If you have checked an answer in every column in this row, your CONTRACT does not have an IT component and you do not have to complete the rest of this checklist.
STEP 2 IDENTIFICATION OF IT RESOURCES REQUIRED 	CONTRACT will require the following equipment to provide normal support for added staff: <ul style="list-style-type: none"> <input type="checkbox"/> Desktop PCs <input type="checkbox"/> Laptop PCs <input type="checkbox"/> Projectors <input type="checkbox"/> Telephones <input type="checkbox"/> Wireless Devices <input type="checkbox"/> Software Licenses <input type="checkbox"/> Printers <input type="checkbox"/> Cell phone/Pager <input type="checkbox"/> Other 	<input type="checkbox"/> CONTRACT will require the acquisition of additional hardware or software to support additions to staff.	<input type="checkbox"/> CONTRACT will require a new connection. <input type="checkbox"/> CONTRACT will require relocation of current connections (such as site move).	<input type="checkbox"/> CONTRACT includes data collection, but not all data collection requirements are met by current systems. Additional system development or modification is needed. <input type="checkbox"/> CONTRACT requires the design and development of a system for data collection.	<input type="checkbox"/> CONTRACT includes electronic data sharing or exchange and will follow all established data and security standards.	<input type="checkbox"/> CONTRACT requires on-going support and maintenance of hardware/software/system. If you have checked an answer in any column in this row, your CONTRACT has an IT component and you must complete step 3. Your contract must be review by appropriate Information Technology staff as determined by your local systems administrator.
STEP 3 IT FUNDING STATUS Complete with assistance of appropriate Information Technology Staff as determined by your systems administrator	<input type="checkbox"/> These IT costs are covered in the CONTRACT. <input type="checkbox"/> These costs are not covered in the CONTRACT but are funded from: _____ <input type="checkbox"/> These IT costs are not funded.	<input type="checkbox"/> These IT costs are covered in the CONTRACT. <input type="checkbox"/> These costs are not covered in the CONTRACT but are funded from: _____ <input type="checkbox"/> These IT costs are not funded.	<input type="checkbox"/> These IT costs are covered in the CONTRACT. <input type="checkbox"/> These costs are not covered in the CONTRACT but are funded from: _____ <input type="checkbox"/> These IT costs are not funded.	<input type="checkbox"/> These IT costs are covered in the CONTRACT. <input type="checkbox"/> These costs are not covered in the CONTRACT but are funded from: _____ <input type="checkbox"/> These IT costs are not funded.	<input type="checkbox"/> These IT costs are covered in the CONTRACT. <input type="checkbox"/> These costs are not covered in the CONTRACT but are funded from: _____ <input type="checkbox"/> These IT costs are not funded.	<input type="checkbox"/> These IT costs are covered in the CONTRACT. <input type="checkbox"/> These costs are not covered in the CONTRACT but are funded from: _____ <input type="checkbox"/> These IT costs are not funded.

CONTRACT REVIEWED AND APPROVED:

 (Only required if checked any question in Step 2)

Name of Contract: _____
Contract Period: From _____ to _____
Total Contract: \$ _____
Estimated IT impact in \$ _____

Contract Manager's Signature: _____
 Title: _____
 Date: _____
IT Review: _____
 Title: _____
Date: _____

07/11

CFDA No. 93.767

CSFA No.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
STANDARD CONTRACT

Client

THIS CONTRACT is entered into between the State of Florida, Department of Health, hereinafter referred to as the *department*, and District School Board of Pasco County hereinafter referred to as the *provider*.

THE PARTIES AGREE:

I. THE PROVIDER AGREES:

A. To provide services in accordance with the conditions specified in Attachment I.

B. Requirements of §287.058, Florida Statutes (FS)

To provide units of deliverables, including reports, findings, and drafts as specified in Attachment I, to be received and accepted by the contract manager prior to payment. To comply with the criteria and final date by which such criteria must be met for completion of this contract as specified in Section III, Paragraph A. of this contract. To submit bills for fees or other compensation for services or expenses in sufficient detail for a proper pre-audit and post-audit thereof. Where applicable, to submit bills for any travel expenses in accordance with §112.061, FS. The department may, if specified in Attachment I, establish rates lower than the maximum provided in §112.061, FS. To allow public access to all documents, papers, letters, or other materials subject to the provisions of Chapter 119, FS, made or received by the provider in conjunction with this contract. It is expressly understood that the provider's refusal to comply with this provision shall constitute an immediate breach of contract.

C. To the Following Governing Law

1. State of Florida Law

- a. This contract is executed and entered into in the State of Florida, and shall be construed, performed, and enforced in all respects in accordance with the laws, rules, and regulations of the State of Florida. Each party shall perform its obligations herein in accordance with the terms and conditions of the contract.
- b. If this contract is valued at 1 million dollars or more, the provider agrees to refrain from any of the prohibited business activities with the Governments of Sudan and Iran as described in s.215.473, F.S. Pursuant to s.287.135(5), F.S., the department shall bring a civil action against any company that falsely certifies its status on the Scrutinized Companies with Activities in Sudan or the Iran Petroleum Energy Sector Lists. The provider agrees that the department shall take civil action against the provider as described in s. 287.135(5)(a), F.S., if the provider fails to demonstrate that the determination of false certification was made in error.

2. Federal Law

- a. If this contract contains federal funds, the provider shall comply with the provisions of 45 CFR, Part 74, and/or 45 CFR, Part 92, and other applicable regulations as specified in Attachment I.
- b. If this agreement includes federal funds and more than \$2,000 of federal funds will be used for construction or repairs, the provider shall comply with the provisions of the Copeland "Anti-Kickback" Act (18 U.S.C. 874 and 40 U.S.C. 276c), as supplemented by Department of Labor regulations (29 CFR part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). The act prohibits providers from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he/she is otherwise entitled. All suspected violations must be reported to the department.
- c. If this agreement includes federal funds and said funds will be used for the performance of experimental, developmental, or research work, the provider shall comply with 37 CFR, part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Governmental Grants, Contracts and Cooperative Agreements."
- d. If this contract contains federal funds and is over \$100,000, the provider shall comply with all applicable standards, orders, or regulations issued under §306 of the Clean Air Act, as amended (42 U.S.C. 1857(h) et seq.), §508 of the Clean Water Act, as amended (33 U.S.C. 1368 et seq.), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR Part 15). The provider shall report any violations of the above to the department.
- e. If this contract contains federal funding in excess of \$100,000, the provider must, prior to contract execution, complete the Certification Regarding Lobbying form, Attachment N/A. If a Disclosure of Lobbying Activities form, Standard Form LLL, is required, it may be obtained from the contract manager. All disclosure forms as required by the Certification Regarding Lobbying form must be completed and returned to the contract manager.
- f. Not to employ unauthorized aliens. The department shall consider employment of unauthorized aliens a violation of §§274A(e) of the Immigration and Naturalization Act (8 U.S.C. 1324 a) and section 101 of the Immigration Reform and Control Act of 1986. Such violation shall be cause for unilateral cancellation of this contract by the department. The provider agrees to utilize the U.S. Department of Homeland Security's E-Verify system, <https://e-verify.uscis.gov/emp>, to verify the employment eligibility of all new employees hired during the contract term by the Provider. The Provider shall also include a requirement in subcontracts that the subcontractor shall utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term. Contractors meeting the terms and conditions of the E-Verify System are deemed to be in compliance with this provision.
- g. The provider shall comply with President's Executive Order 11246, Equal Employment Opportunity (30 FR 12319, 12935, 3 CFR, 1964-1965 Comp., p. 339), as amended by President's Executive Order 11375, and as supplemented by regulations at 41 CFR, Part 60.
- h. The provider and any subcontractors agree to comply with Pro-Children Act of 1994, Public Law 103-277, which requires that smoking not be permitted in any portion of any indoor facility used for the provision of federally funded services including health, day care, early childhood development, education or library services on a routine or regular basis, to children up to age 18. Failure to comply with the provisions of the law may result in the imposition of civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

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- i. HIPAA: Where applicable, the provider will comply with the Health Insurance Portability Accountability Act as well as all regulations promulgated thereunder (45CFR Parts 160, 162, and 164).
- j. Provider is required to submit a W-9 to the Department of Financial Services (DFS) electronically prior to doing business with the State of Florida via the Vendor Website at <https://flvendor.myfloridacfo.com>. Any subsequent changes shall be performed through this website; however, if provider needs to change their FEID, they must contact the DFS Vendor Ombudsman Section at (850) 413-5519.
- k. If the provider is determined to be a subrecipient of federal funds, the provider will comply with the requirements of the American Recovery and Reinvestment Act (ARRA) and the Federal Funding Accountability and Transparency Act, by obtaining a DUNS (Data Universal Numbering System) number and registering with the federal Central Contractor Registry (CCR). No payments will be issued until the provider has submitted a valid DUNS number and evidence of registration (i.e. a printed copy of the completed CCR registration) in CCR to the department. To obtain registration and instructions, visit <http://fedgov.dnb.com/webform> and www.ccr.gov.

D. Audits, Records, and Records Retention

- 1. To establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided by the department under this contract.
- 2. To retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of six (6) years after termination of the contract, or if an audit has been initiated and audit findings have not been resolved at the end of six (6) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of this contract.
- 3. Upon completion or termination of the contract and at the request of the department, the provider will cooperate with the department to facilitate the duplication and transfer of any said records or documents during the required retention period as specified in Section I, paragraph D.2. above.
- 4. To assure that these records shall be subject at all reasonable times to inspection, review, or audit by Federal, state, or other personnel duly authorized by the department.
- 5. Persons duly authorized by the department and Federal auditors, pursuant to 45 CFR, Part 92.36(i)(10), shall have full access to and the right to examine any of provider's contract and related records and documents, regardless of the form in which kept, at all reasonable times for as long as records are retained.
- 6. To provide a financial and compliance audit to the department as specified in Attachment II and to ensure that all related party transactions are disclosed to the auditor.
- 7. To include these aforementioned audit and record keeping requirements in all approved subcontracts and assignments.
- 8. If Exhibit 2 of this contract indicates that the provider is a recipient or subrecipient, the provider will perform the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular A-133, and/or section 215.97 Florida Statutes, as applicable and conform to the following requirements:
 - a. Documentation. To maintain separate accounting of revenues and expenditures of funds under this contract and each CSFA or CFDA number identified on Exhibit 1 attached hereto in accordance with generally accepted accounting practices and procedures. Expenditures which support provider activities not solely authorized under this contract must be allocated in accordance with applicable laws, rules and regulations, and the allocation methodology must be documented and supported by competent evidence.

Provider must maintain sufficient documentation of all expenditures incurred (e.g. invoices, canceled checks, payroll detail, bank statements, etc.) under this contract which evidences that expenditures are:

 - 1) allowable under the contract and applicable laws, rules and regulations;
 - 2) reasonable; and
 - 3) necessary in order for the recipient or subrecipient to fulfill its obligations under this contract.

The aforementioned documentation is subject to review by the Department and/or the State Chief Financial Officer and the provider will timely comply with any requests for documentation.
 - b. Financial Report. To submit an annual financial report stating, by line item, all expenditures made as a direct result of services provided through the funding of this contract to the Department within 45 days of the end of the contract. If this is a multi-year contract, the provider is required to submit a report within 45 days of the end of each year of the contract. Each report must be accompanied by a statement signed by an individual with legal authority to bind recipient or subrecipient by certifying that these expenditures are true, accurate and directly related to this contract.

To ensure that funding received under this contract in excess of expenditures is remitted to the Department within 45 days of the earlier of the expiration of, or termination of, this contract.

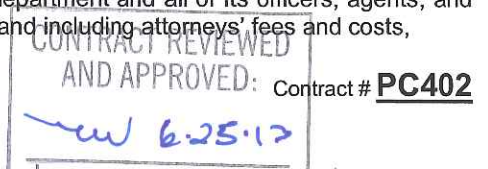
E. Monitoring by the Department

To permit persons duly authorized by the department to inspect any records, papers, documents, facilities, goods, and services of the provider, which are relevant to this contract, and interview any clients and employees of the provider to assure the department of satisfactory performance of the terms and conditions of this contract. Following such evaluation the department will deliver to the provider a written report of its findings and will include written recommendations with regard to the provider's performance of the terms and conditions of this contract. The provider will correct all noted deficiencies identified by the department within the specified period of time set forth in the recommendations. The provider's failure to correct noted deficiencies may, at the sole and exclusive discretion of the department, result in any one or any combination of the following: (1) the provider being deemed in breach or default of this contract; (2) the withholding of payments to the provider by the department; and (3) the termination of this contract for cause.

F. Indemnification

NOTE: Paragraph I.F.1. and I.F.2. are not applicable to contracts executed between state agencies or subdivisions, as defined in §768.28, FS.

- 1. The provider shall be liable for and shall indemnify, defend, and hold harmless the department and all of its officers, agents, and employees from all claims, suits, judgments, or damages, consequential or otherwise and including attorneys' fees and costs,



arising out of any act, actions, neglect, or omissions by the provider, its agents, or employees during the performance or operation of this contract or any subsequent modifications thereof, whether direct or indirect, and whether to any person or tangible or intangible property.

- The provider's inability to evaluate liability or its evaluation of liability shall not excuse the provider's duty to defend and indemnify within seven (7) days after such notice by the department is given by certified mail. Only adjudication or judgment after highest appeal is exhausted specifically finding the provider not liable shall excuse performance of this provision. The provider shall pay all costs and fees related to this obligation and its enforcement by the department. The department's failure to notify the provider of a claim shall not release the provider of the above duty to defend.

G. Insurance

To provide adequate liability insurance coverage on a comprehensive basis and to hold such liability insurance at all times during the existence of this contract and any renewal(s) and extension(s) of it. Upon execution of this contract, unless it is a state agency or subdivision as defined by §768.28, FS, the provider accepts full responsibility for identifying and determining the type(s) and extent of liability insurance necessary to provide reasonable financial protections for the provider and the clients to be served under this contract. The limits of coverage under each policy maintained by the provider do not limit the provider's liability and obligations under this contract. Upon the execution of this contract, the provider shall furnish the department written verification supporting both the determination and existence of such insurance coverage. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida. The department reserves the right to require additional insurance as specified in Attachment I where appropriate.

H. Safeguarding Information

Not to use or disclose any information concerning a recipient of services under this contract for any purpose not in conformity with state and federal law or regulations except upon written consent of the recipient, or his responsible parent or guardian when authorized by law.

I. Assignments and Subcontracts

- To neither assign the responsibility of this contract to another party nor subcontract for any of the work contemplated under this contract without prior written approval of the department, which shall not be unreasonably withheld. Any sub-license, assignment, or transfer otherwise occurring shall be null and void.
- The provider shall be responsible for all work performed and all expenses incurred with the project. If the department permits the provider to subcontract all or part of the work contemplated under this contract, including entering into subcontracts with vendors for services and commodities, it is understood by the provider that the department shall not be liable to the subcontractor for any expenses or liabilities incurred under the subcontract and the provider shall be solely liable to the subcontractor for all expenses and liabilities incurred under the subcontract. The provider, at its expense, will defend the department against such claims.
- The State of Florida shall at all times be entitled to assign or transfer, in whole or part, its rights, duties, or obligations under this contract to another governmental agency in the State of Florida, upon giving prior written notice to the provider. In the event the State of Florida approves transfer of the provider's obligations, the provider remains responsible for all work performed and all expenses incurred in connection with the contract. In addition, this contract shall bind the successors, assigns, and legal representatives of the provider and of any legal entity that succeeds to the obligations of the State of Florida.
- The contractor shall provide a monthly Minority Business Enterprise report summarizing the participation of certified and non-certified minority subcontractors/material suppliers for the current month, and project to date. The report shall include the names, addresses, and dollar amount of each certified and non-certified MBE participant, and a copy must be forwarded to the Contract Manager of the Department of Health. The Office of Supplier Diversity (850-487-0915) will assist in furnishing names of qualified minorities. The Department of Health, Minority Coordinator (850-245-4199) will assist with questions and answers.
- Unless otherwise stated in the contract between the provider and subcontractor, payments made by the provider to the subcontractor must be within seven (7) working days after receipt of full or partial payments from the department in accordance with §§287.0585, FS. Failure to pay within seven (7) working days will result in a penalty charged against the provider and paid by the provider to the subcontractor in the amount of one-half of one (1) percent of the amount due per day from the expiration of the period allowed herein for payment. Such penalty shall be in addition to actual payments owed and shall not exceed fifteen (15) percent of the outstanding balance due.

J. Return of Funds

To return to the department any overpayments due to unearned funds or funds disallowed and any interest attributable to such funds pursuant to the terms of this contract that were disbursed to the provider by the department. In the event that the provider or its independent auditor discovers that overpayment has been made, the provider shall repay said overpayment within 40 calendar days without prior notification from the department. In the event that the department first discovers an overpayment has been made, the department will notify the provider by letter of such a finding. Should repayment not be made in a timely manner, the department will charge interest of one (1) percent per month compounded on the outstanding balance after 40 calendar days after the date of notification or discovery.

K. Incident Reporting

Abuse, Neglect, and Exploitation Reporting

In compliance with Chapter 415, FS, an employee of the provider who knows or has reasonable cause to suspect that a child, aged person, or disabled adult is or has been abused, neglected, or exploited shall immediately report such knowledge or suspicion to the Florida Abuse Hotline on the single statewide toll-free telephone number (1-800-96ABUSE).

L. Transportation Disadvantaged

If clients are to be transported under this contract, the provider will comply with the provisions of Chapter 427, FS, and Rule Chapter 41-2, FAC. The provider shall submit to the department the reports required pursuant to Volume 10, Chapter 27, DOH Accounting Procedures Manual.

M. Purchasing

- It is agreed that any articles which are the subject of, or are required to carry out this contract shall be purchased from Prison Rehabilitative Industries and Diversified Enterprises, Inc. (PRIDE) identified under Chapter 946, FS, in the same manner and under the procedures set forth in §§946.515(2) and (4), FS. For purposes of this contract, the provider shall be deemed to be substituted for the department insofar as dealings with PRIDE. This clause is not applicable to subcontractors unless otherwise required by law.

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products/services available from PRIDE may be obtained by contacting PRIDE, 1-800-643-8459.

2. Procurement of Materials with Recycled Content

It is expressly understood and agreed that any products or materials which are the subject of, or are required to carry out this contract shall be procured in accordance with the provisions of §403.7065, and §287.045, FS.

3. MyFloridaMarketPlace Vendor Registration

Each vendor doing business with the State of Florida for the sale of commodities or contractual services as defined in section 287.012, Florida Statutes, shall register in the MyFloridaMarketPlace system, unless exempted under Florida Administrative Code Rule 60A-1.030(3) (F.A.C.).

4. MyFloridaMarketPlace Transaction Fee

The State of Florida, through the Department of Management Services, has instituted MyFloridaMarketPlace, a statewide eProcurement system. Pursuant to section 287.057(23), Florida Statutes (2008), all payments shall be assessed a Transaction Fee of one percent (1.0%), which the Provider shall pay to the State.

For payments within the State accounting system (FLAIR or its successor), the Transaction Fee shall, when possible, be automatically deducted from payments to the vendor. If automatic deduction is not possible, the vendor shall pay the Transaction Fee pursuant to Rule 60A-1.031(2), F.A.C. By submission of these reports and corresponding payments, vendor certifies their correctness. All such reports and payments shall be subject to audit by the State or its designee.

The Provider shall receive a credit for any Transaction Fee paid by the Provider for the purchase of any item(s) if such item(s) are returned to the Provider through no fault, act, or omission of the Provider. Notwithstanding the foregoing, a Transaction Fee is non-refundable when an item is rejected or returned, or declined, due to the vendor's failure to perform or comply with specifications or requirements of the agreement. Failure to comply with these requirements shall constitute grounds for declaring the vendor in default and recovering procurement costs from the vendor in addition to all outstanding fees. Providers delinquent in paying transaction fees may be excluded from conducting future business with the State.

N. Civil Rights Requirements

Civil Rights Certification: The provider will comply with applicable provisions of DOH publication, "Methods of Administration, Equal Opportunity in Service Delivery."

O. Independent Capacity of the Contractor

1. In the performance of this contract, it is agreed between the parties that the provider is an independent contractor and that the provider is solely liable for the performance of all tasks contemplated by this contract, which are not the exclusive responsibility of the department.
2. Except where the provider is a state agency, the provider, its officers, agents, employees, subcontractors, or assignees, in performance of this contract, shall act in the capacity of an independent contractor and not as an officer, employee, or agent of the State of Florida. Nor shall the provider represent to others that it has the authority to bind the department unless specifically authorized to do so.
3. Except where the provider is a state agency, neither the provider, its officers, agents, employees, subcontractors, nor assignees are entitled to state retirement or state leave benefits, or to any other compensation of state employment as a result of performing the duties and obligations of this contract.
4. The provider agrees to take such actions as may be necessary to ensure that each subcontractor of the provider will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of the State of Florida.
5. Unless justified by the provider and agreed to by the department in Attachment I, the department will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial, or clerical support) to the provider, or its subcontractor or assignee.
6. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds, and all necessary insurance for the provider, the provider's officers, employees, agents, subcontractors, or assignees shall be the responsibility of the provider.

P. Sponsorship

As required by §286.25, FS, if the provider is a non-governmental organization which sponsors a program financed wholly or in part by state funds, including any funds obtained through this contract, it shall, in publicizing, advertising, or describing the sponsorship of the program, state: *Sponsored by (provider's name) and the State of Florida, Department of Health*. If the sponsorship reference is in written material, the words *State of Florida, Department of Health* shall appear in at least the same size letters or type as the name of the organization.

Q. Final Invoice

To submit the final invoice for payment to the department no more than 15 days after the contract ends or is terminated. If the provider fails to do so, all right to payment is forfeited and the department will not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this contract may be withheld until all reports due from the provider and necessary adjustments thereto have been approved by the department.

R. Use of Funds for Lobbying Prohibited

To comply with the provisions of §216.347, FS, which prohibit the expenditure of contract funds for the purpose of lobbying the Legislature, judicial branch, or a state agency.

S. Public Entity Crime and Discriminatory Vendor

1. Pursuant to §287.133, FS, the following restrictions are placed on the ability of persons convicted of public entity crimes to transact business with the department: When a person or affiliate has been placed on the convicted vendor list following a conviction for a public entity crime, he/she may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in §287.017, FS, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.
2. Pursuant to §287.134, FS, the following restrictions are placed on the ability of persons convicted of discrimination to transact business with the department: When a person or affiliate has been placed on the discriminatory vendor list following a conviction for discrimination, he/she may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a

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public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in §287.017, FS, for CATEGORY TWO for a period of 36 months from the date of being placed on the discriminatory vendor list.

T. Patents, Copyrights, and Royalties

1. If any discovery or invention arises or is developed in the course or as a result of work or services performed under this contract, or in anyway connected herewith, the provider shall refer the discovery or invention to the department to be referred to the Department of State to determine whether patent protection will be sought in the name of the State of Florida. Any and all patent rights accruing under or in connection with the performance of this contract are hereby reserved to the State of Florida.
2. In the event that any books, manuals, films, or other copyrighable materials are produced, the provider shall notify the Department of State. Any and all copyrights accruing under or in connection with the performance under this contract are hereby reserved to the State of Florida.
3. The provider, without exception, shall indemnify and save harmless the State of Florida and its employees from liability of any nature or kind, including cost and expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured by the provider. The provider has no liability when such claim is solely and exclusively due to the Department of State's alteration of the article. The State of Florida will provide prompt written notification of claim of copyright or patent infringement. Further, if such claim is made or is pending, the provider may, at its option and expense, procure for the Department of State, the right to continue use of, replace, or modify the article to render it non-infringing. If the provider uses any design, device, or materials covered by letters, patent, or copyright, it is mutually agreed and understood without exception that the bid prices shall include all royalties or cost arising from the use of such design, device, or materials in any way involved in the work.

U. Construction or Renovation of Facilities Using State Funds

Any state funds provided for the purchase of or improvements to real property are contingent upon the provider granting to the state a security interest in the property at least to the amount of the state funds provided for at least (5) years from the date of purchase or the completion of the improvements or as further required by law. As a condition of a receipt of state funding for this purpose, the provider agrees that, if it disposes of the property before the department's interest is vacated, the provider will refund the proportionate share of the state's initial investment, as adjusted by depreciation.

V. Electronic Fund Transfer

The provider agrees to enroll in Electronic Fund Transfer, offered by the State Comptroller's Office. Copies of Authorization form and sample bank letter are available from the Department. Questions should be directed to the EFT Section at (850) 410-9466. The previous sentence is for notice purposes only.

W. Information Security

The provider shall maintain confidentiality of all data, files, and records including client records related to the services provided pursuant to this agreement and shall comply with state and federal laws, including, but not limited to, sections 384.29, 381.004, 392.65, and 456.057, Florida Statutes. Procedures must be implemented by the provider to ensure the protection and confidentiality of all confidential matters. These procedures shall be consistent with the Department of Health Information Security Policies, as amended, which is incorporated herein by reference and the receipt of which is acknowledged by the provider, upon execution of this agreement. The provider will adhere to any amendments to the department's security requirements provided to it during the period of this agreement. The provider must also comply with any applicable professional standards of practice with respect to client confidentiality.

II. THE DEPARTMENT AGREES:

A. Contract Amount

To pay for contracted services according to the conditions of Attachment I in an amount not to exceed **\$135,225.25** subject to the availability of funds. The State of Florida's performance and obligation to pay under this contract is contingent upon an annual appropriation by the Legislature. The costs of services paid under any other contract or from any other source are not eligible for reimbursement under this contract.

B. Contract Payment

Pursuant to §215.422, FS, the department has five (5) working days to inspect and approve goods and services, unless the bid specifications, Purchase Order, or this contract specifies otherwise. With the exception of payments to health care providers for hospital, medical, or other health care services, if payment is not available within 40 days, measured from the latter of the date the invoice is received or the goods or services are received, inspected and approved, a separate interest penalty set by the Comptroller pursuant to §55.03, FS, will be due and payable in addition to the invoice amount. To obtain the applicable interest rate, contact the fiscal office/contract administrator. Payments to health care providers for hospitals, medical, or other health care services, shall be made not more than 35 days from the date eligibility for payment is determined, at the daily interest rate of 0.03333%. Invoices returned to a vendor due to preparation errors will result in a payment delay. Interest penalties less than one dollar will not be enforced unless the vendor requests payment. Invoice payment requirements do not start until a properly completed invoice is provided to the department.

C. Vendor Ombudsman

A *Vendor Ombudsman* has been established within the Department of Financial Services. The duties of this individual include acting as an advocate for vendors who may be experiencing problems in obtaining timely payment(s) from a state agency. The Vendor Ombudsman may be contacted at (850) 413-5516 or (800) 342-2762, the State of Florida Chief Financial Officer's Hotline.


III. THE PROVIDER AND THE DEPARTMENT MUTUALLY AGREE

A. Effective and Ending Dates

This contract shall begin on **08/01/2013** or on the date on which the contract has been signed by both parties, whichever is later. It shall end on **06/30/2014**.

B. Termination

1. Termination at Will

CONTRACT REVIEWED
 AND APPROVED:


07/11

This contract may be terminated by either party upon no less than thirty (30) calendar days notice in writing to the other party, without cause, unless a lesser time is mutually agreed upon in writing by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

2. Termination Because of Lack of Funds

In the event funds to finance this contract become unavailable, the department may terminate the contract upon no less than *twenty-four (24) hours* notice in writing to the provider. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The department shall be the final authority as to the availability and adequacy of funds. In the event of termination of this contract, the provider will be compensated for any work satisfactorily completed prior to notification of termination.

3. Termination for Breach

This contract may be terminated for the provider's non-performance upon no less than *twenty-four (24) hours* notice in writing to the provider. If applicable, the department may employ the default provisions in Chapter 60A-1.006 (3), FAC. Waiver of breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this contract. The provisions herein do not limit the department's right to remedies at law or in equity.

4. Termination for Failure to Satisfactorily Perform Prior Agreement

Failure to have performed any contractual obligations with the department in a manner satisfactory to the department will be a sufficient cause for termination. To be terminated as a provider under this provision, the provider must have: (1) previously failed to satisfactorily perform in a contract with the department, been notified by the department of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of the department; or (2) had a contract terminated by the department for cause.

C. Renegotiation or Modification

Modifications of provisions of this contract shall only be valid when they have been reduced to writing and duly signed by both parties. The rate of payment and dollar amount may be adjusted retroactively to reflect price level increases and changes in the rate of payment when these have been established through the appropriations process and subsequently identified in the department's operating budget.

D. Official Payee and Representatives (Names, Addresses and Telephone Numbers)

1. The name (provider name as shown on page 1 of this contract) and mailing address of the official payee to whom the payment shall be made is:

District School Board of Pasco County
District School Board of Pasco County
7227 US Highway 41
Land O
'Lakes, FL 34638

2. The name of the contact person and street address where financial and administrative records are maintained is:

Lisa Kern
District School Board of Pasco County
7227 US Highway 41
Land O'Lakes, FL 34638

3. The name, address, and telephone number of the contract manager for the department for this contract is:

Constance A. Brooks
10841 Little Road
New Port Richey, FL 34654
(727) 861-5250

4. The name, address, and telephone number of the provider's representative responsible for administration of the program under this contract is:

Kurt S. Browning
7227 US Highway 41
Land O'Lakes, FL 34654
(727) 774-2000

5. Upon change of representatives (names, addresses, telephone numbers) by either party, notice shall be provided in writing to the other party and said notification attached to originals of this contract.

E. All Terms and Conditions Included

This contract and its attachments as referenced, I, II, III, IV, V, contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations, or agreements, either verbal or written between the parties. If any term or provision of the contract is found to be illegal or unenforceable, the remainder of the contract shall remain in full force and effect and such term or provision shall be stricken.

I have read the above contract and understand each section and paragraph.

IN WITNESS THEREOF, the parties hereto have caused this ___ page contract to be executed by their undersigned officials as duly authorized.

PROVIDER: District School Board of Pasco County

SIGNATURE: _____

PRINT/TITLE NAME: Kurt S. Browning

TITLE: Superintendent

DATE: _____

STATE AGENCY 29-DIGIT FLAIR CODE: _____

FEDERAL EID# (OR SSN): _____

PROVIDER FISCAL YEAR ENDING DATE: _____

STATE OF FLORIDA, DEPARTMENT OF HEALTH

SIGNATURE: _____

PRINT/TITLE NAME: Michael J. Napier

TITLE: Administrator, County Health Office

r _____

DATE: _____

CONTRACT REVIEWED
AND APPROVED:
Zw 6.25.13

(Continued)

PROVIDER: District School Board of Pasco County

Signature: _____

Name: Cynthia Armstrong, Board Chair

Date: _____

CONTRACT REVIEWED
AND APPROVED:
 6-25-13

07/11

This contract may be terminated by either party upon no less than thirty (30) calendar days notice in writing to the other party, without cause, unless a lesser time is mutually agreed upon in writing by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

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In the event funds to finance this contract become unavailable, the department may terminate the contract upon no less than *twenty-four (24) hours* notice in writing to the provider. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The department shall be the final authority as to the availability and adequacy of funds. In the event of termination of this contract, the provider will be compensated for any work satisfactorily completed prior to notification of termination.

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4. Termination for Failure to Satisfactorily Perform Prior Agreement

Failure to have performed any contractual obligations with the department in a manner satisfactory to the department will be a sufficient cause for termination. To be terminated as a provider under this provision, the provider must have: (1) previously failed to satisfactorily perform in a contract with the department, been notified by the department of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of the department; or (2) had a contract terminated by the department for cause.

C. Renegotiation or Modification

Modifications of provisions of this contract shall only be valid when they have been reduced to writing and duly signed by both parties. The rate of payment and dollar amount may be adjusted retroactively to reflect price level increases and changes in the rate of payment when these have been established through the appropriations process and subsequently identified in the department's operating budget.

D. Official Payee and Representatives (Names, Addresses and Telephone Numbers)

1. The name (provider name as shown on page 1 of this contract) and mailing address of the official payee to whom the payment shall be made is:

District School Board of Pasco County
District School Board of Pasco County
7227 US Highway 41
Land O
'Lakes, FL 34638

2. The name of the contact person and street address where financial and administrative records are maintained is:

Lisa Kern
District School Board of Pasco County
7227 US Highway 41
Land O'Lakes, FL 34638

5. Upon change of representatives (names, addresses, telephone numbers) by either party, notice shall be provided in writing to the other party and said notification attached to originals of this contract.

E. All Terms and Conditions Included

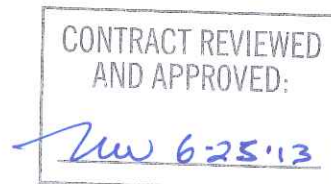
This contract and its attachments as referenced, **I, II, III, IV, V**, contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations, or agreements, either verbal or written between the parties. If any term or provision of the contract is found to be illegal or unenforceable, the remainder of the contract shall remain in full force and effect and such term or provision shall be stricken.

I have read the above contract and understand each section and paragraph.

IN WITNESS THEREOF, the parties hereto have caused this ___ page contract to be executed by their undersigned officials as duly authorized.

PROVIDER: District School Board of Pasco County
SIGNATURE: _____
PRINT/TYPE NAME: Kurt S. Browning
TITLE: Superintendent
DATE: _____
STATE AGENCY 29-DIGIT FLAIR CODE: _____
FEDERAL EID# (OR SSN): _____
PROVIDER FISCAL YEAR ENDING DATE: _____

STATE OF FLORIDA, DEPARTMENT OF HEALTH
SIGNATURE: _____
PRINT/TYPE NAME: Michael J. Napier
TITLE: Administrator, County Health Office
DATE: _____



(Continued)

PROVIDER: District School Board of Pasco County

Signature: _____

Name: Cynthia Armstrong, Board Chair

Date: _____

CONTRACT REVIEWED
AND APPROVED:
MW 6/25/13

**SCHOOL HEALTH SERVICES
PROGRAM SPECIFIC
MODEL ATTACHMENT I**

Performance Based Contract

A. SERVICES TO BE PROVIDED

1. Definition of Terms

a. Contract Terms

Fiscal Year	August 1, 2013 to June 30, 2014
Funding Agency	Pasco County Health Department
The Provider	<input checked="" type="checkbox"/> Local Education Agency (LEA) <input type="checkbox"/> Other: _____

b. Program or Service Specific Terms

- 1. Annual School Health Services Report:** An annual report submitted to the state funding agency each year that reflects reported health conditions, services, staffing and expenditures. For the purpose of this contract, the report will cover the period from July 1, 2013 through June 30, 2014.
- 2. 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. These health services include but are not limited to: screening of vision, hearing, growth and development (utilizing Body Mass Index [BMI] percentile for age and gender), and scoliosis, health appraisals, referral and follow-up, maintenance of health records, meeting emergency health needs, nursing assessments, health counseling, medication assistance, and a preventive dental program as identified in Section 381.0056(4)(a)(1-18), Florida Statute, and Chapter 64F-6.001-6.006, Florida Administrative Code.
- 3. Clients:** Students enrolled in Florida public and participating non-public schools.
- 4. Full Service Schools:** Includes Basic School Health Services and additional specialized services that integrate education, medical, social and/or human services including but not limited to, nutrition services, basic medical services, Temporary Assistance to Needy Families, parenting skills, counseling for abused children, counseling for children at high risk for delinquent behavior and their parents, and adult education to meet the needs of the high risk student population and their families. These services are to be provided on school district property as required by Section 402.3026, Florida Statute.
- 5. Health Management System (HMS):** DOH data system into which documented school health services are entered by service codes identified in the most current School Health Coding Pamphlet, incorporated by reference. This data is used to provide a full accounting of school health services provided.
- 6. School Health Services Plan:** A document that describes the services to be provided, the responsibility for provision of the services, and evidence of cooperative planning by the local school district and the county health

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department, as required by Section 381.0056(2)(e), Florida Statutes. The plan operates on a two year cycle.

7. **School Health Advisory Committee:** The School Health Services Act (Section 381.0056, F.S.) mandates that each district have a School Health Advisory Committee (SHAC). The SHAC should meet at least three times a year, have broad and diverse representation from the community, maintain a roster of attendance and meeting minutes, and work closely with the CHD and school district on the development of the biennial school health services plan required by Section 381.0056, F.S.

2. General Description

- a. **General Statement:** The Florida Department of Health in Pasco (DOH-Pasco) will provide funding for the provision of school health services as checked below to students enrolled in and attending public and participating non-public schools in Pasco County.

(Check services which apply to this contract).

Basic School Health Services: Refer to Section A.1.b.2

Full Service Schools: Refer to Section A.1.b.4

- b. **Authority:** The provider will deliver school health services required by this contract in compliance with Sections 381.0056(5)(a)(1-18), 381.0059, and 402.3026, Florida Statutes, and with Chapter 64F-6, Florida Administrative Code.
- c. **Scope of Services:** The provider will provide basic school health services to students enrolled in and attending Pasco County public and participating non-public schools.
- d. **Major Program Goals:**
1. To appraise, protect and promote the health of students.
 2. To provide health services in schools that are integrated with other school health services and included in the current school health services plan.

3. Clients To Be Served

- a. **General Eligibility:** All students enrolled in and attending a public or participating non-public school in Pasco County, whose parents did not submit a written opt-out to be exempt from receiving specific school health services. This includes students from schools that have a student population with a high risk of failure due to unmet medical and social services needs.
- b. **Client Determination:** In accordance with s.381.0056 (5)(g), Florida Statutes, at the beginning of each school year parents or guardians will be informed in writing, about general and specific school health services that students will receive. Students will be exempted from any health service(s), if the parent or guardian requests the exemption in writing.
- c. **Contract Limits**

The provider will deliver services to students whose parents or legal guardians did not submit a written request for exemption. Service provision is contingent upon availability of funding and in accordance with the School Health Services Plan.

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mw 6.25.13

B. MANNER OF SERVICE PROVISION

1. Service Tasks

a. Task List

1. The provider shall provide basic school health services (as defined in Section A.1.b.2) to all students in school locations listed in Attachment _____. Basic school health services shall be provided as outlined in the School Health Services Act, s. 381.0056, Florida Statutes, and Chapter 64F-6.001 – 6.006, Florida Administrative Code. In addition, the CHD and LEA shall specify, in the current School Health Services Plan, other agreed upon tasks and services the provider must deliver.
2. In each Full Service School listed in Attachment _____, the provider shall deliver basic school health services (as defined in Section A.1.b.2) and specialized services appropriate to its high-risk population, in accordance with Section 402.3026, Florida Statutes. In addition, the CHD and LEA shall specify, in the current School Health Services Plan, other agreed upon tasks and services the provider must deliver.
3. Pregnant students who become known to provider staff shall be referred for prenatal care and Healthy Start Services in accordance with s. 743.065, Florida Statutes.
4. The provider will assist the CHD in preparation for the Annual School Health Services Report. The approved document will be submitted by the Department to the Department of Health, Division of Community Health Promotions/School Health Services Program by August 15th of each year for the duration of this contract.
5. The provider agrees to participate every two years in the Youth Risk Behavior Survey (YRBS) from the Centers for Disease Control and Prevention (CDC), if any of their schools are randomly selected for the survey.
6. The provider will collaborate with the CHD, LEA and the SHAC in the development of the School Health Services Plan, the Annual School Health Services Report and any other Request for Program Design or grant that becomes available. The provider will coordinate with the Department on any interagency agreements with community health and social service providers to comply with the plan for Full Service Schools.

b. Task Limits

The limits of Basic and Full Service School Health Services are as provided in:

1. The School Health Services Act, Section 381.0056, Florida Statutes and Full Service Schools, Section 402.3026, Florida Statutes.
2. Chapter 64F-6, Florida Administrative Code.
3. Current School Health Services Plan
4. Department of Health Schedule C Funds, as appropriated for the School Health Program.
5. The Florida School Health Administrative Guidelines, revised May 2012, all of which are hereby incorporated by reference and any subsequent revisions made during the contract period.



2. Staffing Requirements

- a. **Staffing Levels:** The provider shall maintain a staffing structure to discharge its contractual responsibilities.

The provider shall replace any employee whose continued presence would be detrimental to the success of the project with an employee of equal or superior qualifications.

Information to document staffing configuration for Basic School Health Services and Full Service schools will be provided for inclusion in the Annual School Health Services Report each year for the duration of this contract.

b. Professional Qualifications

School Nurse – A registered professional nurse currently licensed under Chapter 464, Florida Statutes.

Licensed Practical Nurse (L.P.N.) - Can perform selected acts under the direction of a registered nurse or other licensed health care professional and make responsible and accountable decisions based upon educational preparation and scope of practice in accordance with the Florida Nurse Practice Act (Chapter 464, Florida Statutes).

School Health Aide – A minimum of a high school diploma or General Equivalence Diploma (GED), current certification in First Aid and Cardiopulmonary Resuscitation (CPR) per Chapter 64F-6.004, Florida Administrative Code, and other health support staff training deemed necessary to safely provide assigned health services.

c. Staffing Changes

1. The provider shall contact the CHD contract manager within 10 days, in writing of all position vacancies when they occur.
2. The provider shall minimize the disruption of services due to vacancies. If problems arise such that the provider can no longer fulfill the requirements of the contract, the provider shall contact the CHD contract manager within 24 hours of making this determination.

d. Subcontractors

Subcontracting will only take place when the provider does not have the capacity to fulfill service requirements as specified in the current School Health Services Plan. All subcontracts must be reviewed and have prior approval in writing by the CHD Administrator prior to contract execution.

3. Service Location and Equipment

a. Service Delivery Location

All school health services will be provided in adequate health room or clinic facilities at school sites in accordance with *State Requirements for Educational Facilities, December 2007*, the *Florida School Health Administrative Guidelines, revised May 2012, Chapter 21*, and the county's approved School Health Services Plan. Schools designated as Full Service Schools will be listed in Attachment III.

b. Service Times

Services will be provided in accordance with time frames identified in the current School Health Services Plan and school year calendar. The provider is responsible for assuring that coded services are submitted monthly for entry into HMS, and accurately reflect services provided.

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MW 6.25.13

c. Changes in Location

The provider cannot change the school sites specified in Attachment III and in the School Health Services Plan for a Full Service School Program without the written prior approval of the contract manager in accordance with the CHD, the Central Office School Health Program and an approved amendment to the School Health Services Plan.

d. Equipment

It is the responsibility of the provider, in collaboration with the CHD school health coordinator or his/her designee, to determine and make available the equipment and supplies needed to complete the terms/deliverables of this contract.

4. Deliverables

a. Service Units

1. Vision screening:

- a. By January 31st and March 31st of each year for the duration of this contract, the provider will provide vision screening to 60% and 95% percent, respectively, of public and participating non-public school students in grades kindergarten, first, third, and sixth and submit documentation to the CHD per the most current School Health Coding Pamphlet, for entry into HMS.
- b. The provider will refer and follow-up on students with abnormal vision screening results, and submit documentation of referrals and complete and incomplete referral outcomes to the CHD per the most current School Health Coding Manual, for entry into HMS.

2. Hearing screening:

- a. By January 31st and March 31st of each year for the duration of this contract, the provider will provide hearing screening to 60% and 95% percent, respectively, of public and participating non-public school students in grades kindergarten, first, and sixth and submit documentation to the CHD per the most current School Health Coding Pamphlet, for entry into HMS.
- b. The provider will refer and follow-up on students with abnormal hearing screening results, and submit documentation of referrals and complete and incomplete referral outcomes to the CHD per the most current School Health Coding Pamphlet, for entry into HMS.

3. Scoliosis screening:

- a. By June 15th of each year for the duration of this contract, the provider will provide scoliosis screening to 95% percent of public and participating non-public school students in grade six and submit documentation to the CHD per the most current School Health Coding Pamphlet, for entry into HMS.
- b. The provider will refer and follow-up on students with abnormal scoliosis screening results, and submit documentation of referrals and complete and incomplete referral outcomes to the CHD per the most current School Health Coding Pamphlet, for entry into HMS.

4. Growth and development screening with Body Mass Index (BMI):

- a. By June 15th of each year for the duration of this contract, the provider will provide growth and development screening with BMI to 95% percent of public and participating non-public school students in grades first, third, and



sixth and submit documentation to the CHD per the most current School Health Coding Pamphlet, for entry into HMS.

- b. The provider will refer and follow-up on students with abnormal growth and development screening results, and submit documentation of referrals and complete and incomplete referral outcomes to the CHD per the most current School Health Coding Pamphlet, for entry into HMS.
5. Submit required data and information to prepare the Annual School Health Services Report to the CHD.

b. Reports

1. The provider will complete and submit to the CHD required data and information to prepare the Annual School Health Services Report which is due to the state funding agency on August 15th of each year for the duration of this contract.
2. The provider will document and submit services and screening data to the CHD in a format consistent with the requirements of the most current School Health Coding Pamphlet.
3. Aggregate data will be submitted to the CHD in a format that can be used by CHD staff for entry into HMS. The data will be submitted within 15 days following the end of each month.

c. Records and Documentation

The provider will maintain the following documentation and information for monitoring and review:

1. Cumulative Health Records for each student which contain:
 - a. Florida Certificate of Immunization (DH Form 680) or Part A or B exemptions
 - b. School Entry Health Exam form (DH 3040, 6/02) or other form as specified in Section 1003.22, Florida Statutes and Chapter 6A-6.024, Florida Administrative Code.
 - c. Documentation of screenings, results, referrals and complete and incomplete referral outcomes.
2. Individualized healthcare plans for chronic or complex health conditions
3. Daily Clinic Logs in all public and participating non-public schools
4. Individual confidential student health records and individualized medication administration records, as provided by physicians, psychologists or other recognized health professionals and paraprofessionals, used in connection with the provision of medical treatment on school grounds, field trips, off-campus work, bus transportation.
5. Health records of individual students must be maintained in accordance with s. 1002.22, Florida Statutes.

5. Performance Specifications

a. Outcomes and Outputs

School health services provided under this contract will be implemented in accordance with the statutory requirements and program standards outlined in the county's most current School Health Services Plan.

The provider will submit documentation of health screenings provided in accordance with Chapter 64F-6.003, Florida Administrative Code.

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RW 6.25.13

b. Standards Definitions

The School Health Standards applicable to the provider and explanations or intent are listed below:

1. Each public and participating nonpublic school student will be provided vision screening (except those with a parent requested exemption) in grades kindergarten, first, third, and sixth, at a minimum, as will students entering Florida schools for the first time in grades kindergarten through fifth. The vision screening dates, results, and referral outcomes will be documented on or in the student's Cumulative School Health Record or alternative location (electronic or other) that will be noted on the cover of the student's Cumulative School Health Record.
2. Each public and participating nonpublic school student will be provided hearing screening (except those with a parent requested exemption) in grades kindergarten, first and sixth, at a minimum, and optionally to students in third grade as will students entering Florida schools for the first time in grades kindergarten through fifth. The hearing screening dates, results, and referral outcomes will be documented on or in the student's Cumulative School Health Record or alternative location (electronic or other) that will be noted on the cover of the student's Cumulative School Health Record.
3. Each public and participating nonpublic school student shall be provided scoliosis screening (except those with a parent requested exemption) in sixth grade, at a minimum. The scoliosis screening dates, results, and referral outcomes will be documented on or in the student's Cumulative School Health Record or alternative location (electronic or other) that will be noted on the cover of the student's Cumulative School Health Record.
4. Each public and participating nonpublic school student will be provided growth and development screening with BMI (except those with a parent requested exemption) in grades first, third, and sixth, at a minimum, and optionally students in ninth grade. The BMI screening dates, results, and referral outcomes will be documented on or in the student's Cumulative School Health Record or alternative location (electronic or other) that will be noted on the cover of the student's Cumulative School Health Record.

(Screening requirements and procedures are described in *Florida School Health Administrative Guidelines revised May 2012, Section III, Chapter 3, and Appendix D*).

c. Monitoring and Evaluation Methodology

The Department will arrange with the provider a schedule for periodic on-site program reviews to ensure compliance in the areas of facilities, equipment, supplies, clinical procedures, service delivery, documentation, records maintenance, data collection and submission.

The Department will be responsible for monitoring the services contracted to other agencies to ensure that they are provided in accordance to the School Health Services Plan and with the contract. The Department will carry out annual contract monitoring, at a minimum, for quality assurance using the Contract Monitoring Tool to confirm that services and documentation required in the School Health Services Plan are performed within acceptable professional standards.



6. Provider Responsibilities

a. Provider-Unique Activities

1. The provider is required to provide administrative supervision of School Health Services program staff according to the Florida School Health Administrative Guidelines, revised May 2012, to assure that services are provided in accordance with this contract.
2. The provider is required to provide nursing supervision of licensed and unlicensed staff providing school health services according to the Nurse Practice Act (Sections 464.001 – 464.027, Florida Statutes) and professional standards of nursing practice.

b. Coordination with Other Providers/Entities

The provider shall coordinate with the Department school health coordinator or their designee and other provider/entities, as necessary, to fulfill the terms/deliverables of this contract.

7. Department Responsibilities

a. Department Obligations:

1. The Department will be responsible for approving the provision of services outlined in the School Health Services Plan, including those services subcontracted to other providers.
2. The Department School Health Coordinator is responsible for submitting a copy of this contract and any subcontracts, disclosing the exact amount of funds contracted along with the Annual School Health Services Report.
3. The Department School Health Coordinator is responsible for submitting a completed DOH Programmatic Monitoring Tool for all contracts along with the Annual School Health Report that is due on August 15th of each year for the duration of this contract.
4. To the extent that resources allow, the Department will provide technical assistance, programmatic information and support to the provider.
5. The parties acknowledge that the Department is holding back the sum of \$10,500.00 from the legislative allocation for School Health Services to fund the services of two (2) ARNPs employed by the Department for not more than one dy per week for 4 hours each, at full service schools, and to fund the transportation costs associated with providing such services. Such services shall be provided in accordance with ARNP protocols attached hereto and incorporated by reference herein.

- b. Department Determinations:** Where applicable, the Department will review audit reports submitted by contracted providers using the Checklist for Reviewing Single Audit Certified Public Accountant Reports.

C. METHOD OF PAYMENT

1. This is a fixed price (fixed fee) contract. The CHD shall pay the provider, upon satisfactory completion of the services outlined in the "Attachment I" of this contract in accordance with the terms of this contract for a total dollar amount not to exceed **\$135,225.25**, subject to the availability of funds. Payments shall be made in 9 monthly/quarterly amounts of \$13,522.52, and one final amount of \$13,522.57.

CONTRACT REVIEWED
AND APPROVED:

[Signature] 6-25-13

2. Invoice Requirements: In order to receive payments, the provider will request payment on a monthly basis through submission of a properly completed invoice (Attachment IV) within 15 days following the end of the (month, quarter) for which payment is being requested. A service report will accompany each invoice.
3. The Department will not honor any requests submitted after the time period specified in paragraph C.2 of this Attachment.
4. The Department will withhold payment under this contract if the provider fails to submit required reports, perform any tasks or services, or meet deliverables per this contract. The provider shall, within 40 days of termination or non-renewal of this contract repay to the Department funds provided by the Department to the provider under this contract as follows: the provider shall repay all funds paid to it by the Department that the provider has misappropriated or not expended in accordance with the performance standards and specifications of this contract.
5. Funds provided under this contract will be used solely for the operation of Basic School Health Services and where applicable, Full Service School Health Services Programs.

D. SPECIAL PROVISIONS

1. Background Screening Requirements

Any person who provides services under a School Health Services Plan pursuant to s. 381.0056, Florida Statutes, must complete a level 2 background screening as provided in s. 381.0059, Florida Statutes and Chapter 435, Florida Statutes. The person subject to the required background screening or his or her employer must pay the fees required to obtain the background screening.

2. Contract Renewal

This contract may be renewed on a yearly basis for no more than three years beyond the initial contract or for the term of the original contract, whichever is longer. Such renewals shall be in writing, made by mutual agreement, and shall be contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the department and shall be subject to the availability of funds.

3. Financial Consequences

Failure to submit deliverables in the time and manner specified in Section B.4.(a), or completely perform any tasks or services included in this contract shall result in a 1% reduction of the total invoice amount per deliverable out of compliance, not to exceed a 5% reduction of the total invoice amount.

4. Non-expendable property clause

"Non-expendable property is defined as tangible personal property of a nonconsumable nature that has an acquisition cost of \$1000 or more per unit and an expected useful life of at least one year, and hardback-bound books, which are not circulated to students or the general public, with the value or cost of \$250 or more. Hardback books with a value or cost of \$250 or more should be classified as OCO expenditure."

"All such property purchased under this contract shall be listed on the property records of the provider. Said listing shall include a description of the property, model number, manufacturer's serial number, funding source, information needed to calculate the federal and /or state share, date of acquisition, unit cost, property inventory number, and information on the location, use and condition, transfer, replacement or disposition of the property."



"All such property purchased under this contract shall be inventoried annually and an inventory report shall be submitted to the department along with the final expenditure report. A report of non-expendable property shall be submitted to the department along with the expenditure report for the period in which it was purchased."

"Title (ownership) to all non-expendable property acquired with funds from the contract shall be vested in the department upon completion or termination of the contract."

"At no time shall the provider dispose of non-expendable property purchased under this contract except with the permission of the department in accordance with their instructions. "

"A formal contract amendment is required prior to the purchase of any item of non-expendable property not specifically listed in the approved contract budget."

"All property bought with state funds, regardless of dollar amount, is property of the state, unless otherwise noted in the contract. As such, the state is entitled to the return of all property once the contract has expired."

END OF TEXT



ATTACHMENT II

FINANCIAL AND COMPLIANCE AUDIT

The administration of resources awarded by the Department of Health to the provider may be subject to audits and/or monitoring by the Department of Health, as described in this section.

MONITORING

In addition to reviews of audits conducted in accordance with OMB Circular A-133, as revised, and Section 215.97, F.S., (see "AUDITS" below), monitoring procedures may include, but not be limited to, on-site visits by Department of Health staff, limited scope audits as defined by OMB Circular A-133, as revised, and/or other procedures. By entering into this agreement, the provider agrees to comply and cooperate with any monitoring procedures/processes deemed appropriate by the Department of Health. In the event the Department of Health determines that a limited scope audit of the provider is appropriate, the provider agrees to comply with any additional instructions provided by the Department of Health to the provider regarding such audit. The provider further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Chief Financial Officer (CFO) or Auditor General.

AUDITS

PART I: FEDERALLY FUNDED

This part is applicable if the provider is a State or local government or a non-profit organization as defined in OMB Circular A-133, as revised.

1. In the event that the provider expends \$500,000 or more in Federal awards during its fiscal year, the provider must have a single or program-specific audit conducted in accordance with the provisions of OMB Circular A-133, as revised. EXHIBIT 1 to this agreement indicates Federal resources awarded through the Department of Health by this agreement. In determining the Federal awards expended in its fiscal year, the provider shall consider all sources of Federal awards, including Federal resources received from the Department of Health. The determination of amounts of Federal awards expended should be in accordance with the guidelines established by OMB Circular A-133, as revised. An audit of the provider conducted by the Auditor General in accordance with the provisions of OMB Circular A-133, as revised, will meet the requirements of this part.
2. In connection with the audit requirements addressed in Part I, paragraph 1, the provider shall fulfill the requirements relative to auditee responsibilities as provided in Subpart C of OMB Circular A-133, as revised.
3. If the provider expends less than \$500,000 in Federal awards in its fiscal year, an audit conducted in accordance with the provisions of OMB Circular A-133, as revised, is not required. In the event that the provider expends less than \$500,000 in Federal awards in its fiscal year and elects to have an audit conducted in accordance with the provisions of OMB Circular A-133, as revised, the cost of the audit must be paid from non-Federal resources (i.e., the cost of such audit must be paid from provider resources obtained from other than Federal entities.)
4. An audit conducted in accordance with this part shall cover the entire organization for the organization's fiscal year. Compliance findings related to agreements with the Department of Health shall be based on the agreement's requirements, including any rules, regulations, or statutes referenced in the agreement. The financial statements shall disclose whether or not the matching requirement was met for each applicable agreement. All questioned costs and liabilities due to the Department of Health shall be fully disclosed in the audit report with reference to the Department of Health agreement involved. If not otherwise disclosed as required by Section .310(b)(2) of OMB Circular A-133, as revised, the schedule of expenditures of Federal awards shall identify expenditures by agreement number for each agreement with the Department of Health in effect during the audit period. Financial reporting packages required under this part must be submitted within the earlier of 30 days after receipt of the audit report or 9 months after the end of the provider's fiscal year end.

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ZW 6-25-13

PART II: STATE FUNDED

This part is applicable if the provider is a nonstate entity as defined by Section 215.97(2), Florida Statutes.

1. In the event that the provider expends a total amount of state financial assistance equal to or in excess of \$500,000 in any fiscal year of such provider (for fiscal years ending September 30, 2004 or thereafter), the provider must have a State single or project-specific audit for such fiscal year in accordance with Section 215.97, Florida Statutes; applicable rules of the Department of Financial Services; and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. EXHIBIT I to this agreement indicates state financial assistance awarded through the Department of Health by this agreement. In determining the state financial assistance expended in its fiscal year, the provider shall consider all sources of state financial assistance, including state financial assistance received from the Department of Health, other state agencies, and other nonstate entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a nonstate entity for Federal program matching requirements.
2. In connection with the audit requirements addressed in Part II, paragraph 1, the provider shall ensure that the audit complies with the requirements of Section 215.97(8), Florida Statutes. This includes submission of a financial reporting package as defined by Section 215.97(2), Florida Statutes, and Chapter 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General.
3. If the provider expends less than \$500,000 in state financial assistance in its fiscal year (for fiscal years ending September 30, 2004 or thereafter), an audit conducted in accordance with the provisions of Section 215.97, Florida Statutes, is not required. In the event that the provider expends less than \$500,000 in state financial assistance in its fiscal year and elects to have an audit conducted in accordance with the provisions of Section 215.97, Florida Statutes, the cost of the audit must be paid from the nonstate entity's resources (i.e., the cost of such an audit must be paid from the provider resources obtained from other than State entities).
4. An audit conducted in accordance with this part shall cover the entire organization for the organization's fiscal year. Compliance findings related to agreements with the Department of Health shall be based on the agreement's requirements, including any applicable rules, regulations, or statutes. The financial statements shall disclose whether or not the matching requirement was met for each applicable agreement. All questioned costs and liabilities due to the Department of Health shall be fully disclosed in the audit report with reference to the Department of Health agreement involved. If not otherwise disclosed as required by Rule 69I-5.003, Fla. Admin. Code, the schedule of expenditures of state financial assistance shall identify expenditures by agreement number for each agreement with the Department of Health in effect during the audit period. Financial reporting packages required under this part must be submitted within 45 days after delivery of the audit report, but no later than 12 months after the provider's fiscal year end for local governmental entities. Non-profit or for-profit organizations are required to be submitted within 45 days after delivery of the audit report, but no later than 9 months after the provider's fiscal year end. Notwithstanding the applicability of this portion, the Department of Health retains all right and obligation to monitor and oversee the performance of this agreement as outlined throughout this document and pursuant to law.

PART III: REPORT SUBMISSION

1. Copies of reporting packages for audits conducted in accordance with OMB Circular A-133, as revised, and required by PART I of this agreement shall be submitted, when required by Section .320 (d), OMB Circular A-133, as revised, by or on behalf of the provider directly to each of the following:

CONTRACT REVIEWED
AND APPROVED:
[Signature] 6.25.13

- A. The Department of Health as follows:

SingleAudits@doh.state.fl.us

Audits must be submitted in accordance with the instructions set forth in Exhibit 3 hereto, and accompanied by the "Single Audit Data Collection Form." Files which exceed 8 MB may be submitted on a CD or other electronic storage medium and mailed to: Contract Administrative Monitoring Unit, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFACM), Tallahassee, FL 32399-1729.

- B. The Federal Audit Clearinghouse designated in OMB Circular A-133, as revised (the number of copies required by Sections .320 (d)(1) and (2), OMB Circular A-133, as revised, should be submitted to the Federal Audit Clearinghouse), at the following address:

Federal Audit Clearinghouse
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132

- C. Other Federal agencies and pass-through entities in accordance with Sections .320 (e) and (f), OMB Circular A-133, as revised.

- 2. Pursuant to Sections .320(f), OMB Circular A-133, as revised, the provider shall submit a copy of the reporting package described in Section .320(c), OMB Circular A-133, as revised, and any management letter issued by the auditor, to the Department of Health as follows:

SingleAudits@doh.state.fl.us

Audits must be submitted in accordance with the instructions set forth in Exhibit 3 hereto, and accompanied by the "Single Audit Data Collection Form." Files which exceed 8 MB may be submitted on a CD or other electronic storage medium and mailed to: Contract Administrative Monitoring Unit, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFACM), Tallahassee, FL 32399-1729.

- 3. Additionally, copies of financial reporting packages required by Part II of this agreement shall be submitted by or on behalf of the provider directly to each of the following:

- A. The Department of Health as follows:

:

SingleAudits@doh.state.fl.us

Audits must be submitted in accordance with the instructions set forth in Exhibit 3 hereto, and accompanied by the "Single Audit Data Collection Form." Files which exceed 8 MB may be submitted on a CD or other electronic storage medium and mailed to: Contract Administrative Monitoring Unit, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFACM), Tallahassee, FL 32399-1729.

- B. The Auditor General's Office at the following address:

Auditor General's Office
Claude Pepper Building, Room 401
111 West Madison Street
Tallahassee, Florida 32399-1450



4. Any reports, management letter, or other information required to be submitted to the Department of Health pursuant to this agreement shall be submitted timely in accordance with OMB Circular A-133, Florida Statutes, and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, as applicable.
5. Providers, when submitting financial reporting packages to the Department of Health for audits done in accordance with OMB Circular A-133 or Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, should indicate the date that the reporting package was delivered to the provider in correspondence accompanying the reporting package.

PART IV: RECORD RETENTION

The provider shall retain sufficient records demonstrating its compliance with the terms of this agreement for a period of six years from the date the audit report is issued, and shall allow the Department of Health or its designee, the CFO or Auditor General access to such records upon request. The provider shall ensure that audit working papers are made available to the Department of Health, or its designee, CFO, or Auditor General upon request for a period of six years from the date the audit report is issued, unless extended in writing by the Department of Health.

End of Text

CONTRACT REVIEWED
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ZW 6-25-13

EXHIBIT - 1

1. FEDERAL RESOURCES AWARDED TO THE SUBRECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

Federal Program 1 _____	CFDA# <u>93.767</u>	Title _____	\$ <u>38451.15</u>
Federal Program 2 _____	CFDA# _____	Title _____	\$ _____
TOTAL FEDERAL AWARDS			\$ <u>38451.15</u>

COMPLIANCE REQUIREMENTS APPLICABLE TO THE FEDERAL RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:

2. STATE RESOURCES AWARDED TO THE RECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

Matching resources for federal program(s) _____	CFDA# _____	Title _____	\$ _____
State financial assistance subject to Sec. 215.97, F.S.: CSFA# _____	Title _____		\$ _____
TOTAL STATE FINANCIAL ASSISTANCE AWARDED PURSUANT TO SECTION 215.97, F.S.			\$ <u>0</u>

COMPLIANCE REQUIREMENTS APPLICABLE TO STATE RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:

CONTRACT REVIEWED
AND APPROVED:
[Signature] 6-25-13

EXHIBIT 2

PART I: AUDIT RELATIONSHIP DETERMINATION

Providers who receive state or federal resources may or may not be subject to the audit requirements of OMB Circular A-133, as revised, and/or Section 215.97, Fla. Stat. Providers who are determined to be recipients or subrecipients of federal awards and/or state financial assistance may be subject to the audit requirements if the audit threshold requirements set forth in Part I and/or Part II of Exhibit 1 are met. Providers who have been determined to be vendors are not subject to the audit requirements of OMB Circular A-133, as revised, and/or Section 215.97, Fla. Stat. Regardless of whether the audit requirements are met, providers who have been determined to be recipients or subrecipients of Federal awards and/or state financial assistance, must comply with applicable programmatic and fiscal compliance requirements.

In accordance with Sec. 210 of OMB Circular A-133 and/or Rule 691-5.006, FAC, provider has been determined to be:

- Vendor not subject to OMB Circular A-133 and/or Section 215.97, F.S.
- Recipient/subrecipient subject to OMB Circular A-133 and/or Section 215.97, F.S.
- Exempt organization not subject to OMB Circular A-133 and/or Section 215.97, F.S. For Federal awards, for-profit organizations are exempt; for state financial assistance projects, public universities, community colleges, district school boards, branches of state (Florida) government, and charter schools are exempt. Exempt organizations must comply with all compliance requirements set forth within the contract or award document.

NOTE: If a provider is determined to be a recipient/subrecipient of federal and or state financial assistance and has been approved by the department to subcontract, they must comply with Section 215.97(7), F.S., and Rule 69I-006(2), FAC [state financial assistance] and Section _ .400 OMB Circular A-133 [federal awards].

PART II: FISCAL COMPLIANCE REQUIREMENTS

FEDERAL AWARDS OR STATE MATCHING FUNDS ON FEDERAL AWARDS. Providers who receive Federal awards, state maintenance of effort funds, or state matching funds on Federal awards and who are determined to be a subrecipient, must comply with the following fiscal laws, rules and regulations:

STATES, LOCAL GOVERNMENTS AND INDIAN TRIBES MUST FOLLOW:

- 2 CFR 225 a/k/a OMB Circular A-87 – Cost Principles*
- OMB Circular A-102 – Administrative Requirements**
- OMB Circular A-133 – Audit Requirements
- Reference Guide for State Expenditures
- Other fiscal requirements set forth in program laws, rules and regulations

NON-PROFIT ORGANIZATIONS MUST FOLLOW:

- 2 CFR 230 a/k/a OMB Circular A-122 – Cost Principles*
- 2 CFR 215 a/k/a OMB Circular A-110 – Administrative Requirements
- OMB Circular A-133 – Audit Requirements
- Reference Guide for State Expenditures
- Other fiscal requirements set forth in program laws, rules and regulations

EDUCATIONAL INSTITUTIONS (EVEN IF A PART OF A STATE OR LOCAL GOVERNMENT) MUST FOLLOW:

- 2 CFR 220 a/k/a OMB Circular A-21 – Cost Principles*
- 2 CFR 215 a/k/a OMB Circular A-110 – Administrative Requirements
- OMB Circular A-133 – Audit Requirements
- Reference Guide for State Expenditures
- Other fiscal requirements set forth in program laws, rules and regulations

*Some Federal programs may be exempted from compliance with the Cost Principles Circulars as noted in the OMB Circular A-133 Compliance Supplement, Appendix 1.

**For funding passed through U.S. Health and Human Services, 45 CFR 92; for funding passed through U.S. Department of Education, 34 CFR 80.

STATE FINANCIAL ASSISTANCE. Providers who receive state financial assistance and who are determined to be a recipient/subrecipient, must comply with the following fiscal laws, rules and regulations:

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AND APPROVED:
NW 6-25-13

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Section 215.97, Fla. Stat.
Chapter 69I-5, Fla. Admin. Code
State Projects Compliance Supplement
Reference Guide for State Expenditures
Other fiscal requirements set forth in program laws, rules and regulations

Additional audit guidance or copies of the referenced fiscal laws, rules and regulations may be obtained at <http://www.doh.state.fl.us/> by selecting "Contract Administrative Monitoring" in the drop-down box at the top of the Department's webpage. * Enumeration of laws, rules and regulations herein is not exhaustive nor exclusive. Fund recipients will be held to applicable legal requirements whether or not outlined herein.

CONTRACT REVIEWED
AND APPROVED:
JW 6-25-12

EXHIBIT 3

**INSTRUCTIONS FOR ELECTRONIC SUBMISSION
OF SINGLE AUDIT REPORTS**

Effective April 1, 2011, Single Audit reporting packages ("SARP") must be submitted to the Department in an electronic format. This change will eliminate the need to submit multiple copies of the reporting package to the Contract Managers and various sections within the Department and will result in efficiencies and cost savings to the Provider and the Department. Upon receipt, the SARP's will be posted to a secure server and accessible to Department staff.

The electronic copy of the SARP should:

- Be in a Portable Document Format (PDF).
- Include the appropriate letterhead and signatures in the reports and management letters.
- Be a single document. However, if the financial audit is issued separately from the Single Audit reports, the financial audit reporting package may be submitted as a single document and the Single Audit reports may be submitted as a single document. Documents which exceed 8 megabytes (MB) may be stored on a CD and mailed to: Contract Administrative Monitoring Unit, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFACM), Tallahassee, FL 32399-1729.
- Be an exact copy of the final, signed SARP provided by the Independent Audit firm.
- Not have security settings applied to the electronic file.
- Be named using the following convention: [fiscal year] [name of the audited entity exactly as stated within the audit report].pdf. For example, if the SARP is for the 2009-10 fiscal year for the City of Gainesville, the document should be entitled 2010 City of Gainesville.pdf.
- Be accompanied by the attached "Single Audit Data Collection Form." This document is necessary to ensure that communications related to SARP issues are directed to the appropriate individual(s) and that compliance with Single Audit requirements is properly captured.

Questions regarding electronic submissions may be submitted via e-mail to SingleAudits@doh.state.fl.us or by telephone to the Single Audit Review Section at (850) 245-4444 ext. 3071.



Attachment III

2012-2014 School Health Services Plan

CONTRACT REVIEWED
AND APPROVED:

MW 6.25.13



2012 - 2014 School Health Services Plan
Due by September 15, 2012

E-mail Plan as an Attachment to:

HSF_SH_Feedback@doh.state.fl.us

CONTRACT REVIEWED
AND APPROVED:
AW 6-25-13

2012 - 2014 School Health Services Plan

County: PASCO

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

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

The Plan contains 4 columns, as follows:

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

CHANGES FROM 2010 - 2012

- Renumbered and shifted certain statutory section references from s. 381.0056, F.S. and s. 381.0057, F.S. in accordance with the provisions of Florida House of Representatives Bill 1263 An act relating to the Department of Health.
- Added Item I. 3. d. referring to the composition of the school health advisory committee (SHAC).
- Added individualized care plan and emergency action plan development to Item I. 6. a.
- Inserted Item I. 9. b. regarding referral of uninsured, Medicaid ineligible students to Florida Vision Quest and Florida Heiken Children's Vision Program.
- Revised Item I. 15. to include statutory responsibility for schools to register automatic external defibrillators with the county emergency services director.
- Moved s. 1002.20, F.S. requirements regarding students with asthma, life threatening allergies, diabetes and students who have experienced or at risk for pancreatic insufficiency from Section I. 32. on school district medication policy to separate Sections 33., 34., 35., and 36., respectively. Added additional references to statutory requirements regarding the above four health conditions.

CONTRACT REVIEWED
AND APPROVED:

EW 6.25.13

2012 - 2014 School Health Services Plan Signature Page

My signature below indicates that I have reviewed and approved the 2012 - 2014 School Health Services Plan and it's local implementation strategies, activities, and designations of local agency responsibility as herein described:

Position	Name and Signature	Date
County Health Department Administrator / Director	Michael J. Napier <small>Printed Name</small>	
	<i>Michael J. Napier</i> <small>Signature</small>	8/16/12 <small>Date</small>
County Health Department Nursing Director	Carol L. Cummins <small>Printed Name</small>	
	<i>Carol L. Cummins</i> <small>Signature</small>	8/14/12 <small>Date</small>
County Health Department School Health Coordinator	N/A <small>Printed Name</small>	
	 <small>Signature</small>	 <small>Date</small>
School Board Chair Person	Joanne B. Hurley <small>Printed Name</small>	
	<i>Joanne B. Hurley</i> <small>Signature</small>	9/4/12 <small>Date</small>
School District Superintendent	Heather Florentino <small>Printed Name</small>	
	<i>Heather Florentino</i> <small>Signature</small>	9/4/12 <small>Date</small>
School District School Health Coordinator	Lisa Kern <small>Printed Name</small>	
	<i>Lisa Kern</i> <small>Signature</small>	8/10/12 <small>Date</small>
School Health Advisory Committee Chairperson	Margaret E. Polk <small>Printed Name</small>	
	<i>Margaret E. Polk</i> <small>Signature</small>	8/10/12 <small>Date</small>
School Health Services Public / Private Partner	 <small>Printed Name</small>	
	 <small>Signature</small>	 <small>Date</small>

CONTRACT REVIEWED AND APPROVED:
dw 6.25.13

Part	Statutory Requirements (Legislative mandates that establish School Health Program requirements)	Program Standards (Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)	Local Agency(s) Responsible (Identify the local agency or multiple agencies responsible for each plan requirement / standard)	Local Implementation Strategy & Activities (Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)
		d. Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the CHD medical director in conjunction with district school boards, local school health advisory committees, the school district medical consultant, or the student's private physician. (Ch. 64F-6.002(2)(j)(2), F.A.C.)	DSBPC/PCHD	By contractual agreement, the CHD Medical Director provides physician oversight for ARNP services, Healthy Student Program and AED protocols and procedures. CHD Medical and Nursing Directors are available for consultation regarding school health issues. Decisions are made in consultation with the Superintendent and Board Chairperson.
i.	3. s. 381.0056(4)(a), F.S. Each county health department (CHD) shall develop, jointly with the district school board (a.k.a. local educational agency or LEA) and the local school health advisory committee (SHAC), a school health services plan.	a. Complete the school health services plan biennially and approved and signed by the superintendent of schools, school board chairperson, CHD medical director or administrator. (Ch. 64F-6.002(3), F.A.C.)	DSBPC/PCHD	Completion of plan occurs biennially with input from CHD, LEA, and SHAC and approval from Superintendent and Board Chairperson.
		b. Review the school health services plan each year for the purpose of updating the plan. Amendments shall be signed by the school district superintendent and the CHD medical director or administrator. (Ch. 64F-6.002(3)(a), F.A.C.)	DSBPC/PCHD	Review of 2010 - 2012 plan occurred during 20010/11 school year with SHAC input.
		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.)	DSBPC/PCHD	LEA provides monthly accurate and timely Employee Activity Reports to the CHD per contract for entry into HMS.

CONTRACT REVIEWED
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[Signature] 6.25.13

Part	Statutory Requirements (Legislative mandates that establish School Health Program requirements)	Program Standards (Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)	Local Agency(s) Responsible (Identify the local agency or multiple agencies responsible for each plan requirement / standard)	Local Implementation Strategy & Activities (Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)
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.). For day-to-day and emergency care of students with chronic or acute health conditions at school, the registered nurse (RN) develops an individualized health care plan (IHCP), and as determined by the RN, utilizes the IHCP to develop an emergency action plan (EAP) for use by unlicensed assistive personnel and school staff.	DSBPC	The Registered Professional School Nurse assesses student health needs and develops an IHCP for students with chronic or acute health conditions, as necessary. The Registered Professional School Nurse reviews the IHCP to determine whether an EAP is needed to provide unlicensed staff with clear directions for emergency care of students with life-threatening health conditions (Reference Board Policy 5335 - CARE OF STUDENTS WITH CHRONIC HEALTH CONDITIONS).
I.	7. s. 381.0056(4)(a)(4), F.S. Nutrition assessment	Identify students with nutrition related problems (Florida School Health Administrative Guidelines. (2007), Ch. 11)	DSBPC	The Registered Professional School Nurse (assisted by school health staff) identifies students with nutrition related problems and collaborates with the Food and Nutrition department and community partners to meet their needs.
I.	8. s. 381.0056(4)(a)(5), F.S. Preventive dental program	a. Provide preventive dental services.	DSBPC	The Registered Professional School Nurse collaborates with local dentists and school staff to provide dental health education opportunities. All elementary schools are encouraged to provide fluoride mouth rinse programs for students. Dental screenings are performed by school nurses on select campuses. A sealant program for 2nd/6th graders at Title I elementary and middle schools is offered with assistance of the PasCHD dental staff.
		b. Coordinate and link students to community dental services.	DSBPC/PCHD; West Pasco Dental Association; local dentists; Premier Healthcare; Pasco Hernando Community College dental program	The Registered Professional School Nurse collaborates with school staff to identify students in need of dental care. School nurses coordinate referrals to appropriate providers based on financial need. A dental operatory established at a full service school site in 1994 was reactivated and PasCHD dental personnel provide onsite dental services (cleanings, fillings, x-rays, sealants, and extractions) to students attending this school and others in the surrounding community.
I.	9. s. 381.0056(4)(a)(6), F.S. Vision Screening	a. Provide vision screening in grades K, 1, 3 & 6 and to new students in K - 5 (minimum). (Ch. 64F-6.003(1), F.A.C.)	DSBPC, school volunteers, community partners	The Registered Professional School Nurse coordinates mandatory vision screenings annually. School wide screenings occur on select campuses in collaboration with school volunteers and community partners.

CONTRACT REVIEWED
 AND APPROVED:
CU 6-25-13

Part	Statutory Requirements (Legislative mandates that establish School Health Program requirements)	Program Standards (Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)	Local Agency(s) Responsible (Identify the local agency or multiple agencies responsible for each plan requirement / standard)	Local Implementation Strategy & Activities (Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)
		c. Ensure all scoliosis screening services are coded into HMS, to include FTTYs, outcomes, and incomplete referrals.	DSBPC/PCHD	The electronic HealthTracker program maintains scoliosis screening information and generates EARS reports which are forwarded to the CHD for coding into HMS each month.
I.	12. s. 381.0056(4)(a)(9), F.S. Growth & Development (G&D) Screening	a. Provide G&D screening, using Body Mass Index (BMI), in grades 1, 3, 6 (minimum), and optionally 9. (Ch. 64F-6.003(3), F.A.C.)	DSBPC, school volunteers	The Registered Professional School Nurse coordinates mandatory G&D screenings. School wide screenings occur on select campuses in collaboration with school volunteers.
		b. Track screening results and referrals.	DSBPC	The student-based electronic HealthTracker program allows the school nurse to calculate & track BMI screening results and referrals.
		c. Ensure all G&D screening services are coded into HMS, to include FTTYs, outcomes, and incomplete referrals.	DSBPC/PCHD	The electronic HealthTracker program maintains BMI screening information and generates EARS reports which are forwarded to the CHD for coding into HMS each month.
I.	13. s. 381.0056(4)(a)(10), F.S. Health counseling	a. Provide health counseling as appropriate.	DSBPC	The Registered Professional School Nurse (assisted by school health staff) provides direct health counseling services to students upon referral from other Student Services staff, school-based staff and parents.
		b. Document health counseling in the student health record.	DSBPC	The student-based electronic HealthTracker program allows the school nurse to document interactions as appropriate.
I.	14. 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.	DSBPC, various community partners (PCHD, USF/RM Care Mobile, FVQ, Premier, All Children's Specialty Care, Lions Club, Lenscrafters Gift of Sight, Target Optical, Walmart, Lions Club, Kiwanis, OneSight Luxottica Vision Van, Sertoma)	The Registered Professional School Nurse utilizes available community resources to address identified health problems, including abnormal screening, emergency issues, and acute or chronic conditions.
		b. Coordinate and link to community health resources.	DSBPC(see above)	The Registered Professional School Nurse provides linkages to services for students and families that serves to enhance student health and academic performance.
		c. Require child abuse reporting. (s. 1006.061, F.S.)	DSBPC	All student services staff receive regular updates on abuse and neglect issues. Procedure manuals for each service describes the protocols to follow for reporting abuse & neglect.

CONTRACT REVIEWED
AND APPROVED:
UW 6.25.13

Part	Statutory Requirements (Legislative mandates that establish School Health Program requirements)	Program Standards (Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)	Local Agency(s) Responsible (Identify the local agency or multiple agencies responsible for each plan requirement / standard)	Local Implementation Strategy & Activities (Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)
I.	16. s. 381.0056(4)(a)(13), F.S. Assist in health education curriculum	Collaborate with schools, health staff and others in health education curriculum development.	DSBPC	The Registered Professional School Nurse assists with revision of Human Growth and Development curriculum, provides training for teachers, and oversees implementation of curriculum. The school nurse is available as a health education resource for classroom presentations on a variety of health topics.
I.	17. s. 381.0056(4)(a)(14), F.S. Refer student to appropriate health treatment	a. Use community or other available referral resources.	DSBPC, PCHD, RMCM, PCHCG, Pasco Pediatric Foundation, Give Kids A Smile, Florida's Vision Quest (FVQ), Lenscrafters Gift of Sight, OneSight Foundation, Shriner's, Kiwanis and Lions Club, All Children's Specialty Care, and other community partners.	The Registered Professional School Nurse may refer students to: PCHD clinics and school-based dental clinic, USF/Ronald McDonald Care Mobile (RMCM), Premier Community HealthCare Group (PCHCG), Pasco Pediatric Foundation, Cattleman's Association, Give Kids A Smile, Florida's Vision Quest (FVQ), Lenscrafters Gift of Sight, OneSight Foundation, Shriner's, Kiwanis and Lions Club, All Children's Specialty Care, and other community partners.
		b. Assist in locating referral sources for Medicaid eligible or underinsured students (community health and social service providers).	PCHD and community partners (listed above).	A list of providers who accept Medicaid is available for school health staff. School nurses utilize available referral sources (listed above) to locate assistance for underinsured or uninsured students. Parents are given information about Florida KidCare and are provided with application assistance upon request.
I.	18. s. 381.0056(4)(a)(15), F.S. Consult with parents or guardian regarding student's health issues	Provide consultation with parents, students, staff and physicians regarding student health issues. (Ch. 64F-6.001(1), F.A.C.)	DSBPC	The Registered Professional School Nurse consults with parents, students, staff and medical providers as needed regarding health issues that may impact the academic performance and health and well-being of students.
I.	19. 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.)	DSBPC	The student-based electronic HealthTracker program allows school health staff to document interactions as appropriate. Screening results, immunization information, physicals, care plans, and other medical documents may be maintained in the student's cumulative health record as appropriate.
		b. Maintain student health records per s. 1002.22, F.S. (Ch. 64F-6.005(2), F.A.C.)	DSBPC	The student-based electronic HealthTracker program maintains screening data, immunization information, care plans, nursing notes, medication, procedures, conditions, and clinic visits.

CONTRACT REVIEWED
AND APPROVED:
clw 6-25-13

Part	Statutory Requirements <i>(Legislative mandates that establish School Health Program requirements)</i>	Program Standards <i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i>	Local Agency(s) Responsible <i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i>	Local Implementation Strategy & Activities <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>
I.	26. 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.	DSBPC	Parents are informed about available health services, including the opportunity to opt out of such services, when completing the emergency card information annually. Parents also receive notification in writing prior to start of Human Growth and Development/sexuality education programs.
		b. Obtain parent permission in writing prior to invasive screening.	DSBPC	Parental permission is required and obtained prior to any invasive procedures.
I.	27. s. 1003.22(1), F.S. Each district school board shall require that each child who is entitled to admittance to kindergarten, or is entitled to any other initial entrance into a public school in this state, present a certification of a school-entry health examination performed within 1 year prior to enrollment in school.	The school health plan shall include initial school entry health examination policy. (Ch. 64F-6.002(2)(f), F.A.C.) Note: Reference policy to Ch. 6A-6.024, F.A.C.	DSBPC	Board Policy: 5112 - ENTRANCE REQUIREMENTS and information regarding this requirement is available on the district website: http://www.pasco.k12.fl.us/studentservices/programs/immunizations/
I.		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.).	DSBPC	Board Policy: 5320 - IMMUNIZATION and information regarding this requirement is available on the district website: http://www.pasco.k12.fl.us/studentservices/programs/immunizations/ Vaccine outreach efforts are provided at middle school sites in order to improve vaccine compliance with 7th grade Tdap entrance requirement.
I.	28. 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.	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.	DSBPC/PCHD	Board Policy: 8450 - CONTROL OF COMMUNICABLE DISEASES. Procedures for reportable diseases are detailed in school health manuals. Immunization data is easily accessible through TERMS and/or student-based electronic HealthTracker program if an outbreak occurs. Pandemic planning procedures have been developed in collaboration with the PasCHD. District pandemic plan has recently been updated to meet the Readiness and Emergency Grant for Schools objective.

CONTRACT REVIEWED
AND APPROVED:
NW 6-25-13

Part	Statutory Requirements (Legislative mandates that establish School Health Program requirements)	Program Standards (Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)	Local Agency(s) Responsible (Identify the local agency or multiple agencies responsible for each plan requirement / standard)	Local Implementation Strategy & Activities (Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)
	32. 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.	For students with life threatening allergies, the RN shall develop an annual IHCP that includes an EAP, in cooperation with the student, parent/guardians, physician, and school staff. The IHCP 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.)	DSBPC	An authorization to carry and self-administer Epipen is available on the district website. The Registered Professional School Nurse (assisted by school health staff) monitors compliance for this documentation on an annual basis. The Registered Professional School Nurse develops IHCPs to direct nursing care for students as well as Emergency Action Plans (EAPs) written in lay language to guide the response of unlicensed personnel in a health-related emergency.
	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 en-route to and from school (bus), in school or at school sponsored activities. The written authorization shall identify the diabetic supplies, equipment and activities the student is capable of performing without assistance for diabetic self-management, including hypoglycemia and hyperglycemia.	Maintain a copy of the current physician's diabetes medical management plan, and develop and implement an IHCP and EAP to ensure safe self management of diabetes.	DSBPC	In accordance with Board Policy 5335: CARE OF STUDENTS WITH CHRONIC HEALTH CONDITIONS: All students with diabetes may attend any school and may manage their health condition independently. Physician authorization for self-care is required. The Registered Professional School Nurse (assisted by school health staff) monitors compliance for appropriate documentation on an annual basis. The Registered Professional School Nurse develops IHCPs to direct nursing care for students as well as Emergency Action Plans (EAPs) written in lay language to guide the response of unlicensed personnel in a health-related emergency.
	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 en-route to and from school (bus), in school or at school sponsored activities if the school has been provided with authorization from the student's parent and prescribing practitioner.	Develop and implement an IHCP 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.	DSBPC	An authorization to carry and self-administer pancreatic enzyme supplement is available on the district website. The Registered Professional School Nurse (assisted by school health staff) monitors compliance for this documentation on an annual basis. The Registered Professional School Nurse develops IHCPs in nursing language to direct nursing care for students as well as Emergency Action Plans (EAPs) written in lay language to guide the response of unlicensed personnel in a health-related emergency.

CONTRACT REVIEWED
AND APPROVED.
MW 6.25.13

Part	Statutory Requirements <i>(Legislative mandates that establish School Health Program requirements)</i>	Program Standards <i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i>	Local Agency(s) Responsible <i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i>	Local Implementation Strategy & Activities <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>
PART II: SUPPLEMENTAL HEALTH SERVICES FOR COMPREHENSIVE SCHOOLS (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.	Use annual schedule C funding allocations (General Appropriations Act) provided to designated county health departments (CHD) 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.	N/A	N/A
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.	N/A	N/A
		b. Provide health activities that promote healthy living in each school.	N/A	N/A
		c. Provide health education classes.	N/A	N/A
II.	3. s. 381.0057(6), F.S. Reducing risk-taking behavior.	a. Provide or coordinate counseling and referrals to decrease substance abuse.	N/A	N/A
		b. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.	N/A	N/A
		c. Provide or coordinate health education classes to reduce the incidence of substance abuse, suicide attempts and other high risk behaviors.	N/A	N/A

CONTRACT REVIEWED
 AND APPROVED:
RM 6-25-12

Part	Statutory Requirements <i>(Legislative mandates that establish School Health Program requirements)</i>	Program Standards <i>(Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when available)</i>	Local Agency(s) Responsible <i>(Identify the local agency or multiple agencies responsible for each plan requirement / standard)</i>	Local Implementation Strategy & Activities <i>(Provide the local strategies and activities to accomplish the plan requirement/standard identified on each line)</i>
PART 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.	DSBPC/PCHD	Full service school sites are located on the following campuses: Woodland and RB Cox Elementary, and Ridgewood and Pasco High schools.
		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.	DSBPC/PCHD	Schedule C funds are allocated to the district to deliver full- service school health services to students by contractual agreement annually.
III.	2. s. 402.3026(1), F.S. The full-service schools must integrate the services of the Department of Health that are critical to the continuity-of-care process.	CHDs and school districts will plan and coordinate FSS program services.	DSBPC/PCHD	The CHD provides nurse practitioner (ARNP) services at full-service high school locations providing intensive outreach services to students on a regular basis. Dental health services are provided to students in the Dade City area at Cox Elementary throughout the school year.
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.	DSBPC/PCHD	The Healthy Student Program is available at full-service high school campuses with CHD Medical Director oversight. This program allows students to receive over-the-counter medications for minor ailments and remain in school. Nutritional and counseling services are available through the CHD. Classes on parenting skills and adult education are provided on select school campuses.
		b. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.	DSBPC/PCHD, Ronald McDonald Care Mobile, Pasco County Sheriff's Office, Premier HealthCare	The RMC provides ARNP services at both full-service elementary schools sites. School Resource officers provide assistance on high school campuses on a daily basis. Parents can obtain assistance with KidCare applications on site. Bilingual support is readily available.
PART IV: OTHER REQUIREMENTS				

CONTRACT REVIEWED
 AND APPROVED:
RW 6-25-13

Attachment IV

2011-2012 Annual School Health Report

CONTRACT REVIEWED
AND APPROVED
AND APPROVED:
W 6-25-12



2011–2012 Annual School Health Report

Due by August 15, 2012

Email Report as an Attachment to:

To: [HSF SH Feedback@doh.state.fl.us](mailto:HSF_SH_Feedback@doh.state.fl.us)



**2011-2012 Annual School Health Report
General Instructions and List of Changes from 2010-2011**

Please read these instructions completely before entering information in the 2011-2012 Annual School Health Report format.

General Instructions: The 2011-2012 Annual Report format is in a Microsoft Excel file. The cells where you enter information are "unlocked" and allow you to type information into them. Other cells are "locked" (report questions, instructions, or cells with formulas) to prevent inadvertent changes to the Excel workbook/worksheet structure. Not overriding this security mechanism guarantees that worksheet cells remain in the correct location with intact links to the correct cells in the database worksheet. Your column in the database worksheet is pasted directly into a statewide school health database, so please do not add or delete any rows, columns or cells or alter the annual report format in any way. If you have information that does not fit in the space provided in the report format, please provide the extra information in a separate attachment to your annual report.

- Please make sure that you only open the 2011-2012 Annual Report file in Microsoft Excel.
- Do not work in this file until you have opened and saved it to your network drive or a flash/travel drive. When saving for the first time, use the "Save As" function and add your county's name to the beginning of the file name so your submitted report file will not be confused with that of another county.
- Save often, just in case.
- This Excel workbook has the following Worksheets: (1) FORM (formatted portrait, letter size) (do not alter) and (2) DATABASE (do not alter or type in the DATABASE - it will automatically populate with your county's report information as you fill out the FORM).
- To be able to see the worksheet tabs at the bottom of your Excel screen, make sure that your "View" is not set to "Full Screen".
- Adjust how much of each worksheet you can see on the screen and how large the text and tables look by using the Zoom function that appears in the menu bar at the top of your Excel screen or in your View options.
- To enter data in the format worksheet, click in the cell where you need to enter information, type the information, press Tab to move from one answer space to the next.
- To change the direction that you move from cell to cell, go to "Tools", choose "Options", then "Edit" and "Move selection after Enter". Choose "Down" or "Right".
- If you click into a locked cell and try to input information, a message will inform you that you need a password to do so. If the locked cell has a formula, you can see it by going to "View" and choosing "Formula Bar".
- A value will appear in cells that have zeros (0) once the required data is entered in the referenced cells. If no data is entered in the referenced cells, these cells will remain zero (0).
- If you have any technical questions not answered by these instructions, please contact Ned Roberts at (850) 245-4444, Extension 2932 or Ned_Roberts@doh.state.fl.us for assistance.
- ATTACHMENTS: If the space provided is not sufficient or there is supplementary material to be submitted, email this information in separate electronic files. Do not attempt to fit the additional information by altering the report that you submit to the school health program office.
- Submit the Annual School Health Report (completed electronic Excel file) by August 15, 2012 to the School Health mailbox at HSF_SH_Feedback@doh.state.fl.us.

Changes from the 2010-2011 Annual School Health Report

I-E.1 Outcome Dispositions of Student Visits to the School Health Room/Clinic

For 2011-2012, documentation and reporting of health room visit outcome dispositions is now required in all school health programs (Basic, Comprehensive and Full Service).

IV-C.1 School Health Services Staff

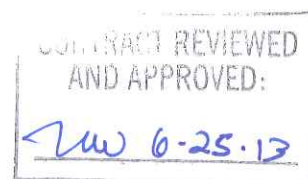
For 2011-2012, documentation and reporting of 2012-2013 School Health Services Staff is not required.

V-A Funds for School Health Services Expended in 2011-2012

For 2011-2012, documentation and reporting on funds budgeted for 2012-2013 is not required.

Section V-B.1 Schedule C Revenue and V-B.2 Schedule C Expenditures

These tables have been removed from the Annual School Health Report.



Pasco

County Name

School Health Contacts for 2012-2013 School Year

Directions: Please indicate the coordinators for school health. Where applicable, please provide phone extensions. This information will be used to develop mail and phone lists for distribution of school health information.

**County Health Department (CHD)
Administrator / Director**

Name: Michael J. Napier
 Licenses and/or Degrees: MS
 Job Title: Interim Administrator,, County Health Officer
 Address: 10841 Little Road, Building B
 City: New Port Richey Zip Code: 34654
 Phone/Ext: (727) 861-5250, ext. 101
 Work Cell Phone: 321-229-0608
 Fax: (727) 862-4230
 Email: mike_napier@doh.state.fl.us

CHD Business Manager for School Health

Name: _____
 Licenses and/or Degrees: _____
 Job Title: _____
 Address: _____
 City: _____ Zip Code: _____
 Phone/Ext: _____
 Work Cell Phone: _____
 Fax: _____
 Email: _____

**County Health Department (CHD)
School Health Coordinator**

Name: Carol L. Cummins
 Licenses and/or Degrees: MSN, ARNP
 Job Title: Executive Community Health Nursing Director
 Address: 10841 Little Road, Building B
 City: New Port Richey Zip Code: 34654
 Phone/Ext: (727) 861-5250, ext. 107
 Work Cell Phone: _____
 Fax: (727) 861-4817
 Email: Carol_Cummins@doh.state.fl.us

**School District / Local Educational Agency (LEA)
School Health Coordinator**

Name: Lisa Kern
 Licenses and/or Degrees: RN, MSN, NCSN
 Job Title: Supervisor Student Services (Health)
 Address: 7227 Land O'Lakes Blvd.
 City: Land O'Lakes Zip Code: 34638
 Phone/Ext: 727-774-2360
 Work Cell Phone: _____
 Fax: 727-774-2120
 Email: lkern@pasco.k12.fl.us

CHD Comprehensive School Health Coordinator

(if applicable and different than CHD SH Coordinator)

Name: _____
 Licenses and/or Degrees: _____
 Job Title: _____
 Address: _____
 City: _____ Zip Code: _____
 Phone/Ext: _____
 Work Cell Phone: _____
 Fax: _____
 Email: _____

Full Service Schools Coordinator

(if applicable and different than CHD SH Coordinator)

CHD _____ LEA OTHER _____
(Indicate appropriate agency with an "X".)

Name: _____
 Licenses and/or Degrees: _____
 Job Title: _____
 Address: _____
 City: _____ Zip Code: _____
 Phone/Ext: _____
 Work Cell Phone: _____
 Fax: _____
 Email: _____

School Health Advisory Committee Chairperson

Name: Margaret E. Polk
 Licenses and/or Degrees: RN, BSN, NCSN
 Agency / Company: *(if applicable)* _____
 Job Title: School Nurse
 Address: 7227 Land O'Lakes Blvd.
 City: Land O'Lakes Zip Code: 34638
 Phone/Ext: 727-774-2360
 Work Cell Phone: _____
 Fax: 727-774-2120
 Email: mpolk@pasco.k12.fl.us

CONTRACT REVIEWED
 AND APPROVED:
RW 6-25-13

ANNUAL SCHOOL HEALTH REPORT
Part I: Basic School Health (in Basic, Comprehensive and Full Service Schools)
Reporting Period July 1, 2011 through June 30, 2012

I-A.1 Overview of Schools and Students

DIRECTIONS: Provide the numbers for ALL PUBLIC SCHOOLS AND STUDENTS in your county, except as noted below. Schools with Combined School Levels are those that have two or more school levels on one campus (e.g., K - 8th, 6th - 12th grade). **DO NOT INCLUDE** Department of Juvenile Justice, Adult, Adult Vocational schools or private schools. Place public Pre-Kinderqarten schools and students in the Elementary School category.

NOTE: Counties designated as "All Comprehensive" must have Full Service Schools. These Full Service schools and students should be documented in the Comprehensive-Full Service (CSHSP/FSS) category **below**.

Public Schools and Students by School Health Program	Elementary Schools	Middle Schools	High Schools	Schools with Combined Levels (K-8, 6-12, etc.)	Totals
Basic School Health (BASIC ONLY)-SCHOOLS	44	15	11	2	72
Basic School Health (BASIC ONLY)-STUDENTS	28341	14866	16699	331	60,237
Comprehensive School Health (CSHSP)-SCHOOLS					0
Comprehensive School Health (CSHSP)-STUDENTS					0
Full Service Schools (FSS)-SCHOOLS	2		2		4
Full Service Schools (FSS)-STUDENTS	1308		2537		3,845
CSHSP/FSS Schools-SCHOOLS					0
CSHSP/FSS Schools-STUDENTS					0
Public Charter SCHOOLS				5	5
Public Charter School STUDENTS				1986	1,986
Public Alternative SCHOOLS (not Department of Juvenile Justice)				2	2
Public Alternative School STUDENTS (not Department of Juvenile Justice)				231	231
Total Public SCHOOLS	46	15	13	9	83
Total Public School STUDENTS	29,649	14,866	19,236	2,548	66,299

CONTRACT REVIEWED
 AND APPROVED:
 6-25-13

I-B.1 Types of Health Conditions - July 1, 2011 through June 30, 2012

Directions: The number of health conditions that are identified through review of emergency information records, physical assessments, or physicians diagnoses on medication administration forms.

Reported Health Conditions	Totals
ADD/ADHD	4,616
Allergies - Not Severe	5,628
Allergies - Severe	696
Asthma	7,595
Bleeding Disorder	25
Cancer	44
Cardiac Conditions	687
Cystic Fibrosis	11
Diabetes	206
Epilepsy / Seizures	649
Kidney Disorders	271
Psychiatric Conditions	1,915
Sickle Cell Disease	23
Other: Gastrointestinal	441
Other: Thyroid	56
Other:	
Totals	22,863

I-C.1 Number of Students Needing Medications and/or Procedures from July 1, 2011 through June 30, 2012

Directions: Complete this table with an unduplicated count of the students that needed each of the listed procedures and/or medications listed below during 2011-2012. *This table is not related to the FTE week count.* Students should not be counted more than once for any one medication route or procedure type. Example: The number of students needing insulin should not exceed the number of students reported with diabetes.

Medication / Procedure	Students Needing Procedures / Medications
Medications	
Insulin Administration	166
Medications/Other Injections	688
Medication/Intravenous	1
Medications/Inhaler (or nebulizer)	1,495
Medications/Oral (by mouth)	3,877
Medications/Nasal	9
Other Route-Specify: Rectal (Diastat)	70
Other Route-Specify: Topical	342
Other Route-Specify: Eye/Ear	61
Sub-Total	6,709
Procedures	
Carbohydrate Counting	157
Glucose Monitoring	174
Catheterization	9
Colostomy, Ileostomy, Urostomy, Jejunostomy Care (site care)	5
Electronic Monitoring (cardiac, oximetry, other)	63
J, PEG, NG Tube Feeding	46
Oxygen Continuous or Intermittent	2
Specimen Collection or Testing	150
Tracheostomy Care	5
Ventilator Dependent Care	1
Other Procedure- Specify: VNS	6
Other Procedure- Specify: Oral suction	3
Other Procedure- Specify:	
Sub-Total	621

CONTRACT REVIEWED
 AND APPROVED:
ZW 6-25-12

Total	7,330
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CONTRACT REVIEWED
AND APPROVED:
MW @-25-13

I-D February Full-Time Equivalent (FTE) Week Counts of School Health Room/Clinic (or other location) Visits, Medication Doses, and Medical Procedures

I-D.1 Number of School Health Room/Clinic (or other location) Visits for Health Services During February 2012 FTE Week

Directions: Include health room/clinic (or other location) visits for school health services documented during February 2012 FTE Week (February 13 – 17, 2012) or other week in February specified by your County Health Department or School District school health coordinator. Include school health room/clinic (or other location) visits by/to general education (regular needs) students, ESE students and students with 504 plans. Provide a count of each time a student comes to the school health room (clinic) or other school location for health services (Medications Received or Self-Administered, Procedures, Counseling, Sick Care, First Aid, Other) during FTE Week.

Total Number of school health room/clinic (or other school location) visits for school health services during February 2012 FTE week:	15999
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I-D.2 Number of Medication Doses Administered and/or Procedures Performed during February 2012 FTE Week

Directions: In this table document all procedures performed and/or medications administered at district schools during February 2012 FTE Week (February 13 – 17, 2012) or other week in February specified by your County Health Department or School District school health coordinator. Only use numbers - do not use text characters, such as PRN.

Medication / Procedure		Number of Medication Doses/Procedures During FTE Week
Medications Doses		
Insulin Administration		544
Medications/Other Injections		10
Medication/Intravenous		0
Medications/Inhaler (or nebulizer)		1,041
Medications/Oral (by mouth)		2,910
Medications/Nasal		7
Other Route-Specify:	Eye/Ear gtt	40
Other Route-Specify:	Topical	176
Other Route-Specify:	G-tube	93
Sub-Total		4,821
Procedures		
Carbohydrate Counting		571
Glucose Monitoring		1,117
Catheterization		81
Colostomy, Ileostomy, Urostomy, Jejunostomy Care (site care)		16
Electronic Monitoring (cardiac, oximetry, other)		19
J, PEG, NG Tube Feeding		176
Oxygen Continuous or Intermittent		10
Specimen Collection or Testing		225
Tracheostomy Care		42
Ventilator Dependent Care		0
Other Procedure- Specify:	G tube flush/vent	87
Other Procedure- Specify:	skin care	53
Other Procedure- Specify:		
Sub-Total		2,397
Total		7,218

I-E.1 Outcome Dispositions of Student Visits to the School Health Room/Clinic

Basic Schools: Health Room Visit Outcome Dispositions		
1. Returned to Class		360,267
2. Sent Home		37,539
3. Other:	911	133
Total		397,939
Comprehensive Schools: Health Room Visit Outcome Dispositions		
1. Returned to Class		
2. Sent Home		
3. Other:		
Total		0
Full Service Schools: Health Room Visit Outcome Dispositions		
1. Returned to Class		13,114
2. Sent Home		2,052
3. Other:	911	11

CONTRACT REVIEWED AND APPROVED:


Total	15,177
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AND APPROVED:
MWB-25.13

Part II: Comprehensive School Health
Reporting Period: July 1, 2011 through June 30, 2012

NOTE: Do not complete Part II if your county health department does not receive state Schedule C funding (OCA: SCHSP) for Comprehensive School Health from the Department of Health.

II-A.1 Daily Health Services Log Summary for July 1, 2011 through June 30, 2012

Directions: For Table 1 enter the total numbers of school health room/clinic visits (medication and non-medication visits) for all of your county's Comprehensive schools. For Table 2 enter all referrals (by type of referral) made for students in Comprehensive schools. Data from all the individual Comprehensive schools in the county must be totaled and submitted together in the tables below. Please note that Table 2 no longer has a "No Referral" category, therefore the bottom Totals for Table 1 and Table 2 may differ significantly.

Table 1: Total Visits	Totals
1. Total Non-Medication Visits	
2. Total Medication Visits	
Totals	0

Table 2: Referral To	Total
1. Abuse Registry	
2. Dental Care	
3. Guidance Counseling	
4. Healthy Start	
5. Kid Care	
6. Medical Care / Nursing Care	
7. Mental Health Counseling	
8. Nursing Assessment	
9. Social Work Services	
10. Substance Abuse Counseling	
11. Other:	
Totals	0

II-B Comprehensive School Health Teen Pregnancy Statistics for July 1, 2011 through June 30, 2012

- II-B.1 Number of female CSHSP students in grades 6 through 12 (*Denominator for CSHSP birth rate*)
- II-B.2 Number of births to CSHSP students in grades 6 through 12 (*Numerator for CSHSP birth rate*)
- II-B.3 Rate per 1,000 for births to CSHSP students in grades 6 through 12
- II-B.4 Number of babies born to CSHSP students in grades 6 through 12
- II-B.5 Number of low birth weight (<2,500 grams) babies born to CSHSP students in grades 6 through 12
- II-B.6 Percent (%) of low birth weight (<2,500 grams) babies born to CSHSP students in grades 6 through 12
- II-B.7 Number of CSHSP students in grades 6 through 12 that return to school (to their home school or Teenage Parent Program (TAPP) school after giving birth this year
- II-B.8 Percent (%) of CSHSP students in grades 6 through 12 who returned to school this year (July 1, 2011 through June 30, 2012) after giving birth.

CONTRACT REVIEWED
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 6-25-12

II-C.1 Group Health Services Log Summary for July 1, 2011 through June 30, 2012

Social Interventions: Enter the number of social interventions provided in Comprehensive Schools. In each subject area enter the number of student and parent participants.

Health Education Classes: Enter the number of health education classes taught in Comprehensive Schools. In each subject area enter the number of student and parent participants.

Note: Number of participants will reflect students/parents/staff who participate in each type of social intervention or health education activity. Since some students will participate in more than one group activity, this may be a duplicate count and exceed the total student population.

Social Interventions				
Subject Code	# Social Interventions	# Student Participants	# Parent Participants	# Staff Participants
100 Dental Health				
200 General Health / Other				
300 Injury Prevention / Safety				
400 Mental Health / Self-Esteem				
500 Nutrition				
600 Physical Activity				
700 Violence Prevention/Conflict Resolution				
702 Date Rape				
703 Child Abuse				
801 Alcohol, Tobacco & Other Drug Abuse				
804 Suicide Prevention				
805 HIV / STD				
806 Pregnancy Prevention				
808 Human Sexuality				
900 Staff Wellness				
901 Staff In-service				
902 Parenting Skills				
Totals	0	0	0	0

Health Education Classes				
Subject Code	# Health Education Classes	# Student Participants	# Parent Participants	# Staff Participants
100 Dental Health				
200 General Health / Other				
300 Injury Prevention / Safety				
400 Mental Health / Self-Esteem				
500 Nutrition				
600 Physical Activity				
700 Violence Prevention/Conflict Resolution				
702 Date Rape				
703 Child Abuse				
801 Alcohol, Tobacco & Other Drug Abuse				
804 Suicide Prevention				
805 HIV / STD				
806 Pregnancy Prevention				
808 Human Sexuality				
900 Staff Wellness				
901 Staff In-service				
902 Parenting Skills				
Totals	0	0	0	0

CONTRACT REVIEWED
AND APPROVED:
[Signature] 6-25-13

Part III: Full Service Schools

Part III-A.1 In-Kind Services Provided at Full Services Schools from July 1, 2011 through June 30, 2012

Note: All 67 county health departments (CHD) receive funding for Full Services Schools. Whether or not, the Full Service School program is implemented by the CHD or contracted to the local school district, coordinating and documenting the provision of additional school-based health and social services by non-school health funded providers is required.

Directions: Full Service In-Kind Services are those services provided on Full Service School campuses that are NOT paid for with Department of Health Schedule C school health funds or School District school health funds. Examples of providers would be local mental health providers, Healthy Start, WIC, sheriff's department, agricultural extension, United Way, etc. For additional information, please refer to section 402.3026, Florida Statutes -- Full Service Schools. Document all of the in-kind service hours and dollar value of services provided on-site at your county's Full Service Schools during 2011-2012. Enter annual totals and use only numbers, no text characters.

Type of Service	<u>ANNUAL</u> Total Number of Donated In-Kind Hours	<u>ANNUAL</u> Estimated Value of In-Kind Services
Adult Education	50.0	1,500.00
Basic Medical Services	128.0	8,192.00
Case Management		
Child Protective Services		
Community Education	45.0	1,890.00
Counseling Abused Children	44.0	1,320.00
Counseling High-Risk Children	35.0	1,050.00
Counseling High-Risk Parents	30.0	900.00
Delinquency Counseling		
Dental Services	1500.0	213,000.00
Economic Services		
Healthy Start/Healthy Families	35.0	4,375.00
Job Placement Services	20.0	300.00
Mental Health Services	42.0	1,344.00
Nutritional Services	100.0	1,500.00
Parenting Skills Training	35.0	1,050.00
Resource Officer	3230.0	85,000.00
School Health Nursing Services	25.0	900.00
Social Work Services		
Substance Abuse Counseling		
TANF programs (job training, pregnancy prevention, etc.)		
All Other		
Totals	5,319	\$322,321

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NW 6-25-13

Part IV: Staffing for July 1, 2011 through June 30, 2012

IV-A.1 Number of Schools with School Health Staff On-Site Full Time (5 Days a Week, 6 - 8 Hours Per Day) In 2011-2012

Directions: In this table, document your county's schools that have full time on-site paid school health staff (ARNP, RN, LPN, Health Aide / Health Tech) by hiring entity. Only count schools where the above staff work from 6 to 8 hours a day, five days a week at their assigned schools. Do not include school's where clinic services are only provided by non-school health staff (ex. school office staff).


Hiring Entity	Elementary Schools	Middle Schools	High Schools	Combined Level Schools
Staffed with a Full-Time Advanced Registered Nurse Practitioner (ARNP)				
County Health Department				
School District	0	0	0	0
Community Partners				
Other				
Staffed with a Full-Time Registered Nurse (RN)				
County Health Department				
School District	0	1	1	2
Community Partners				
Other				
Staffed with a Full-Time Licensed Practical Nurse (LPN)				
County Health Department				
School District	8	1	6	0
Community Partners				
Other				
Staffed with a Full-Time Health Aide/Health Tech/CNA				
County Health Department				
School District	46	15	13	2
Community Partners				
Other				

IV-B.1 Community / Public-Private Partners Providing Staff or Funds for the Partner Staff Listed in the School Health Services Staffing for July 1, 2011 through June 30, 2012

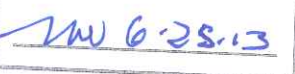
Program	Partner Name	Partner Name
Basic School Health		
Comprehensive School Health		
Full Service Schools		

Directions for School Health Staff in 2011-2012:

- Sections A, B, and C - Basic, Comprehensive and Full Service: Document the staff working in your county's public schools according to which program they work in. Do not duplicate staff FTEs, Units, Positions in more than one program. Staff that split their time between more than one program (such as Basic and Full Service, Basic and Comprehensive, etc.) should have their FTE, Unit or Position split between the programs (such as .50 in Basic and .50 in Full Service).
- School Health Coordinators and Nursing Supervisors that may spend part of their time doing administrative duties and part of their time providing services in schools (direct services to students, in-service training, child-specific training, health education classes, etc.) should split their FTE, Unit or Position between Coordinator (RN) and RN, Nursing Supervisor and RN, etc. (such as .50 in Coordinator (RN) and .50 in RN).
- Section D: Document health staff that provides services exclusively to Exceptional Student Education (ESE) students in the ESE section of this table.
- Section E: Document health staff that provides services exclusively to Pre-Kindergarten students, Teenage Parent Program students and other specialized programs (i.e., Head Start) in this table. Document health staff working exclusively for Pre-Kindergarten programs in the Pre-Kindergarten section of this table.

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2011-2012					
IV-C.1 School Health Services Staff	County Health Department (CHD) Positions in FTEs	Local School District (LEA) Positions in Units	Positions Funded and Hired by Contributing Partners	Other Positions Hired by a Provider funded through a CHD or LEA Contract or MOA. (Not funded by OCA SCHSP funds.)	
				CHD	LEA
A. Basic Health Services Staff		Basic School Health 2011-2012			
School Health Coordinator-Registered Nurse (RN)		0.8			
School Health Coordinator-(Non-RN)					
School Health Nursing Supervisor (RN)		1.0			
Adv. Reg. Nurse Practitioner (ARNP)					
Registered Nurse (RN)		32.0			
Licensed Practical Nurse (LPN)					
Paraprofessional: School Health Aide/Tech/CNA		72.0			
OTHER: (Please include <u>all</u> other positions in this one row, do not add cells or rows.)					
B. Health Services Staff		Comprehensive School Health 2011-2012			
School Health Coordinator-Registered Nurse (RN)					
School Health Coordinator-(Non-RN)					
School Health Nursing Supervisor (RN)					
Adv. Reg. Nurse Practitioner (ARNP)					
Registered Nurse (RN)					
Licensed Practical Nurse (LPN)					
Paraprofessional: School Health Aide/Tech/CNA					
OTHER: (Please include <u>all</u> other positions in this one row, do not add cells or rows.)					
C. Health Services Staff		Full Service Schools 2011-2012			
School Health Coordinator-Registered Nurse (RN)		0.2			
School Health Coordinator-(Non-RN)					
School Health Nursing Supervisor (RN)					
Adv. Reg. Nurse Practitioner (ARNP)					
Registered Nurse (RN)		2.0			
Licensed Practical Nurse (LPN)					
Paraprofessional: School Health Aide/Tech/CNA		4.0			
OTHER: (Please include <u>all</u> other positions in this one row, do not add cells or rows.)					
D. ESE Health Services Staff		Exceptional Student Education (ESE) 2011-12			
<i>Note: The following section is to document <u>only</u> health services staff that provide services exclusively to ESE students.</i>					
ESE Health Services Coordinator-Registered Nurse (RN)					
ESE Health Services Coordinator-(Non-RN)					
Nursing Supervisor (RN)					
Adv. Reg. Nurse Practitioner (ARNP)					
Registered Nurse (RN)					
Licensed Practical Nurse (LPN)		14.0			
Paraprofessional: School Health Aide/Tech/CNA					
OTHER: (Please include <u>all</u> other positions in this one row, do not add cells or rows.)					
E. Health Services Staff		Pre-Kindergarten / TAPP and Other 2011-2012			
School Health Coordinator-Registered Nurse (RN)					
School Health Coordinator-(Non-RN)					
School Health Nursing Supervisor (RN)					
Adv. Reg. Nurse Practitioner (ARNP)					
Registered Nurse (RN)		5.0			
Licensed Practical Nurse (LPN)					
Paraprofessional: School Health Aide/Tech/CNA					
OTHER: (Please include <u>all</u> other positions in this one row, do not add cells or rows.)					

CONTRACT REVIEWED AND APPROVED:


Directions

(Do not include School Health Schedule C revenue.)

List on the appropriate line the County Health Department (Do not include School Health Schedule C revenue.), School District and Community/Public-Private Partner funds from each individual funding source that were expended for school health services during 2011-2012. Do not alter the Excel structure of this funding table or place funds in alternative locations. Doing so will prevent these funding amounts from grouping in the proper categories in the statewide school health database, and state and county data summaries.

NOTE: If funds are entered for the "Other" categories, please use the space provided to type in the name of the other funding source.

V-A.1 County Health Departments (CHD) Funds for School Health Services (Do not include School Health Schedule C revenue.): List on the appropriate line CHD funds, by funding source, that were expended for school health services in 2011-2012.

V-A.2 School District Funds for School Health Services: List on the appropriate line school district funds, by funding source, that were expended for school health services in 2011-2012. **NOTE:** Please include only funds for health services staff (advanced registered nurse practitioners, registered nurses, licensed practical nurses, health aides (health techs, certified nursing assistants), health educators, health room/clinic facilities, equipment and supplies.

V-A.3 Community and Public-Private Partner Funds for School Health Services: List on the appropriate line community and public-private partner funds, by funding source, that were expended for school health services in 2011-2012.

NOTE: Please do not change or move the names of partner categories already listed. Accommodate your partner funding in the spaces provided. If a partner provides funding for various school health related services, enter the sum of the funding for that partner.

CONTRACT REVIEWED
AND APPROVED:

JW 6-25-13

Section V-A Funds for School Health Services Expended from July 1, 2011 through June 30, 2012
EXCLUDE School Health (DOH funds for Basic, Comprehensive and Full Service Schools) Schedule C Revenues

V-A.1 County Health Departments (CHD) Funds for School Health Services		Expended in: 2011-2012
Medicaid Certified Match		
Medicaid Cost Reimbursement		
Non-Categorical CHD Trust Fund (Non-School Health Schedule C)		
Non-Schedule C CHD Trust Fund		
Other #1:		
Other #2:		
Other #3		
County Health Department Sub-Totals		0
V-A.2 School District Funds Utilized for Health Services in Schools		Expended in: 2011-2012
Basic School Health (School District Funds - Not CHD Schedule C Funds)		3282031.00
Comprehensive School Health (School District Funds - Not CHD Schedule C Funds)		
Full Service Schools (School District Funds - Not CHD Schedule C Funds)		
PTA		
Chapter One		
Teenage Parent Program		101226.00
First Start, Pre-Kindergarten, Head Start		175912.00
Exceptional Student Education		103777.00
Safe & Drug Free Schools		
Safe Schools		
Early Intervention		
Administrative Claiming		15920.00
ESE Medicaid Certified Match		
Other #1:		83249.00
Other #2:		2566.00
School District Sub-Totals		3,764,681
V-A.3 Community and Public-Private Partner Funds Utilized for Health Services in Schools		Expended in: 2011-2012
Abstinence Grant		
Children's Services Council		
Juvenile Welfare Board		
United Way		
County Commission		
County Taxing District		
Health Care Taxing District		
Hospital Taxing District		
Hospital:		
Hospital:		
University:		
University:		
Other #1:		
Other #2:		
Other #3		
Community Sub-Totals		0
Totals		3,764,681

CONTRACT REVIEWED
 AND APPROVED:
hw. 6.25.13

Attachment V

Sample Invoice

Date

Pasco County Health Department
10841 Little Road
New Port Richey, Florida 34654

Attn: Connie Brooks, Contract Manager

Re: PC402, Full Service School Health Contract

Dear Ms. Brooks:

We ___are/___ are not (see attached explanation) in compliance with the staffing requirements determined by the School Health Services Staffing/Budget Plan in effect at this date. Attached for your review is the monthly services report for the preceding month. Please remit the amount of ___\$13,522.52 for payments #1-9 or ___ \$13,522.57 for payment #10(check the appropriate box) for services rendered on behalf of the School Health Services Contract # PC402, the _____ installment of the contract.

Please contact me directly if you require any further information or documentation regarding the services provided.

Sincerely,

Lisa Kern
Director of Student Services (School Health)

Enclosure: Services Report
cc: Fiscal Department



Memorandum of Negotiation

Contract # PC402

On May 24, 2013, a meeting was held with:

Name:

Position:

Lisa Kern

Representing:

District School Board of Pasco County, and:

Name:

Position:

Constance A. Brooks

Contract Manager

representing the Department of Health, for the purpose of negotiating a contract for the following services:

Full Service School Health Services

Contract terms and conditions were reviewed:

Outcome measures were reviewed:

Provider Representative

Department Representative

Date: _____ Date: _____

CONTRACT REVIEWED
AND APPROVED:
W 6.25.13

**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
CONTRACTS / SUBCONTRACTS**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, signed February 18, 1986. The guidelines were published in the May 29, 1987 Federal Register (52 Fed. Reg., pages 20360-20369).

INSTRUCTIONS

1. Each provider whose contract/subcontract contains federal monies or state matching funds must sign this certification prior to execution of each contract/subcontract. Additionally, providers who audit federal programs must also sign, regardless of the contract amount. DOH cannot contract with these types of providers if they are debarred or suspended by the federal government.
2. This certification is a material representation of fact upon which reliance is placed when this contract/subcontract is entered into. If it is later determined that the signer knowingly rendered an erroneous certification, the Federal Government may pursue available remedies, including suspension and/or debarment.
3. The provider shall provide immediate written notice to the contract manager at any time the provider learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "debarred", "suspended", "ineligible", "person", "principal", and "voluntarily excluded", as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the contract manager for assistance in obtaining a copy of those regulations.
5. The provider agrees by submitting this certification that, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this contract/subcontract unless authorized by the Federal Government.
6. The provider further agrees by submitting this certification that it will require each subcontractor of this contract/subcontract, whose payment will consist of federal monies, to submit a signed copy of this certification.
7. The Department of Health may rely upon a certification of a provider that it is not debarred, suspended, ineligible, or voluntarily excluded from contracting/subcontracting unless it knows that the certification is erroneous.
8. This signed certification must be kept in the contract manager's file. Subcontractor's certifications must be kept at the contractor's business location.

CERTIFICATION

- (1) The prospective provider certifies, by signing this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/subcontract by any federal department or agency.
- (2) Where the prospective provider is unable to certify to any of the statements in this certification, such prospective provider shall attach an explanation to this certification.
- (3) By initialing, Contract Manager confirms that prospective provider has not been listed in the System for Award Management (SAM) database cat Verification Date 5/13/13

Signature

Date

Name _____
08/12

Title _____



**VENDOR CERTIFICATION REGARDING
SCRUTINIZED COMPANIES LISTS**

Vendor Name: District School Board of Pasco County
Vendor FEIN: _____
Vendor's Authorized Representative Name and Title: Kurt S. Browning, Superintendent
Address: 7227 U.S. Highway 41
City: Land O' Lakes State: FL Zip: 34638
Phone Number: (727) 774-2000
Email Address: _____

Section 287.135, Florida Statutes, prohibits agencies from contracting with companies, for goods or services \$1,000,000 or more, that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. Both lists are created pursuant to section 215.473, Florida Statutes.

As the person authorized to sign on behalf of this company, I hereby certify that the company identified above in the section entitled "Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject company to civil penalties, attorney's fees, and/or costs.

Certified By: _____,
who is authorized to sign on behalf of the above referenced company.
Authorized Signature Print Name and Title: _____

By initialing, the contract manager confirms the prospective provider is not listed on the State Board of Administration List of companies subject to the provisions of section 287.135. F.S.
Initials: _____ Verification Date: _____

CONTRACT REVIEWED
AND APPROVED:
mw 6-25-13