



DISTRICT SCHOOL BOARD OF PASCO COUNTY

Kurt S. Browning, Superintendent of Schools

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

Purchasing Services

Nicole Westmoreland, MBA, Purchasing Agent

813/ 794-2221 Fax: 813/ 794-2111

727/ 774-2221 TDD: 813/794-2484

352/ 524-2221 e-mail: nwestmor@pasco.k12.fl.us

July 29, 2014

MEMORANDUM

TO: Honorable School Board Members

FROM: Nicole Westmoreland, MBA, Purchasing Agent *NW*

SUBJECT: Florida Department of Health Agreements

Office for Student Support Programs and Services is requesting approval of the attached agreements for the 2014-2015 school year. The Department of Health provides the District funds (a total of \$250,738.15) for full and basic health services to students and families. These agreements have been reviewed and approved by Nancy Alfonso, School Board Attorney, on June 23, 2014 and by Mrs. Van Name Larson, Assistant Superintendent for Student Achievement. Please reference the attached memo from Lisa Kern, Supervisor of Student and Support Programs and Services, for further information.

The services covered under this contract are considered professional services; and are, therefore, exempt from the competitive pricing requirements as outlined in DOE's Section 6A-1.012(11)(a).

Should you have any questions regarding this matter, please contact Debra Reaves, Purchasing Services, at your earliest convenience.

NW/dr

Attachments

Date/Time: July 22, 2014 10:58:00



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
April Stephenson, Bookkeeper
813/ 794-2764 727/ 774-2764
352/ 524-2764 Fax: 813/ 794-2117
e-mail: astephen@pasco.k12.fl.us

MEMORANDUM
ESE-14/15-AS-001

DATE: July 29, 2014

TO: Nicole Westmoreland, MBA, Purchasing Agent

FROM: April Stephenson, Bookkeeper of Student Support Programs and Services
Lisa Kern, Supervisor of Student Support Programs and Services *LS*
Melissa Musselwhite, Director of Student Support Programs and Services *MM*

RE: Florida Department of Health (2014-2015)

The Office for Student Support Programs and Services is requesting School Board approval of the attached contracts with the Florida Department of Health pertaining to the 2014-2015 school year. The four contracts are detailed below.

Contract Number	Purpose	Term	Amount
2015000096	Operate a dental clinic for students on site at RBCES.	07/29/2014-07/28/2015	\$0.00
2015000097	Prove a dental program on site at selected Title I schools in Pasco County.	07/29/2014-07/28/2015	\$0.00
2015000098	Provide funds to the District for the operation of the Basic and Full Service School Health Programs. (PC501, Basic School Health Services Contract)	07/01/2014-06/30/2015	\$113,412.90
2015000099	Provide funds to the District for the operation of the Basic and Full Service School Health Programs. (PC502, Full Service School Health Contract)	07/01/2014-06/30/2015	\$137,325.25

Mrs. Van Name Larson has given her approval of these contracts as per the attached e-mail.

Please contact Lisa Kern at extension 42360 if you have any questions. Thank you for your assistance with this request.

MM/as

Contract #2015000096

**MEMORANDUM OF UNDERSTANDING
BETWEEN THE FLORIDA
DEPARTMENT OF HEALTH 10841
Little Rd, New Port Richey, FL 34654
AND
THE DISTRICT SCHOOL BOARD OF
PASCO COUNTY
7227 Land O'Lakes Boulevard
Land O'Lakes, Florida 34638**

Preface

This is a legal and binding agreement, with which no funds are associated. The terms and conditions of this Memorandum of Understanding (MOU) are effective upon execution on 29th day of July, 2014, or the date on which the agreement is signed by both parties, whichever is later, and may be renewed annually.

A. Services to be provided

1. Definition of Terms

a. Agreement Terms

Florida Department of Health (Department): an executive branch state agency responsible for public health services in Florida. **Department** provides public health services in Pasco County and in all Florida counties through its local health department offices.

DOH-Pasco: One of 67 state and county funded health departments of the Florida Department of Health, that provides services in Pasco County.

The District School Board of Pasco County (Pasco County Schools): The governing body of the Pasco County Schools.

2. General Description

a. General Statement

DOH-Pasco, in collaboration with the **Pasco County Schools**, operates a dental clinic for students on site at **Rodney B. Cox Elementary School (RBCES)**, 37615 Martin Luther King Boulevard, Dade City, Florida. This pilot project collaboration to provide dental services to students of Pasco County has been operating for approximately two years. The parties agree that expansion of the program will benefit Pasco students and agree that **DOH-Pasco** may expand the dental clinic at **RBCES** to include a second non-portable operatory and accessories, together with electrical and plumbing necessary to accomplish the full functionality of this equipment, may install and/or upgrade its network equipment at Cox Elementary to accommodate **Department's** electronic health records. **Pasco County Schools** hereby grants **DOH-Pasco** exclusive use of the dental clinic located in the Life Skills Building at **RBCES** for a period not less than ten (10) years, and acknowledges that the furniture, equipment, attachments and supplies located in

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the dental clinic are the sole property of **DOH-Pasco**. It is agreed between the parties that the vendor is an independent contractor and is solely liable for the performance of all tasks undertaken herein.

b. Scope of Service

DOH-Pasco shall provide sufficient dental staff to operate a dental clinic at RBCES during the hours of 8:00 AM to 5:00 PM, Monday through Thursday. Clinic hours of operation may be revised from time to time upon the express agreement of the parties, with the consent of the Administrator of RBCES to suffice as consent of the District School Board of Pasco County. Clinic hours shall not be scheduled on State holidays specified on the attached Exhibit "A", **DOH-Pasco** staff training days, or such other days as not mutually agreed by the parties. It is understood by the parties that the Dental clinic will be open during school holidays except as otherwise provided herein. Dental services provided may include dental screenings, exams, sealants, fluoride treatments, fillings, simple extractions, dental charting, necessary radiography, and dental cleanings for students enrolled in Pasco County public schools.

B. Manner of Service Provision

1. **Service Tasks:** Dental staff from **DOH-Pasco** will provide dental services to students enrolled in Pasco County public schools for whom the requisite parental consent forms, dental history, and insurance and/or Medicaid coverage have been received.
2. **Responsibilities of the Parties:**
 - a. **Records and Documentation.** It is understood and acknowledged by the parties that the client's dental records created under this agreement are the property and sole responsibility of **DOH-Pasco**.
 - b. **Pasco County Schools** will provide utilities, including but not limited to bio-hazardous waste and trash pick-up, electricity, water, cleaning and maintenance of the premises inside and out, and heating and air conditioning in the dental clinic for all periods of the clinic's operation.
 - c. **Pasco County Schools** will allow **DOH-Pasco's** dental staff to access the premises during the dental clinic's hours of operation.
 - e. **DOH-Pasco** will staff the dental clinic, will provide an appropriate inventory of instruments and supplies, and will maintain its dental equipment in good working order.
 - f. **DOH-Pasco** will provide dental treatment to children enrolled in Pasco County public schools on a pro bono basis, subject to the availability of funds and in the sole discretion of **DOH-Pasco**. Scheduling, referral of eligible students, and collection of parental consent and other necessary interaction with students, parents, and responsible guardians or caretakers, will be coordinated with and handled by **Pasco County Schools' staff**. **Pasco County Schools** acknowledges that school support staff will be responsible for working with the family of such children to arrange for future dental care.
 - g. **DOH-Pasco** must advise sub-recipients of requirements imposed on them by Federal laws, regulations and the provisions of contracts, memorandum of agreement (MOA) or memorandums of understanding (MOU) connected to a Federal or State Grant. The

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attachment "Financial and Compliance Audit" must be part of every contract, MOA or MOU or connected to a Federal or State Grant.

C. Termination

1. **Termination at Will:** 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 for Breach:** This contract may be terminated for the Pasco County School'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.
3. **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.

F. Special Provisions

1. **No Lobbying:** State funds cannot be used to lobby the Executive or Legislative branches of the Federal Government in connection with the **DOH-Pasco**.
2. **Discriminatory Vendor List:** **Pasco County Schools** acknowledges it is informed of the provisions of 287.134 (2) (a), F.S., and represents to the Department that those provisions do not prohibit the **Pasco County Schools** from contracting with **DOH-Pasco**, or any subcontractors hereunder.
3. **Background Check:** Both **DOH-Pasco** and **Pasco County Schools** will comply with the policy of the Department of Health, which requires employees and certain other persons in positions of special trust, responsibility or sensitive location to be background screened in accordance with Sections 110.1127 and 435.4, Florida Statutes. Initial screening includes fingerprint checks through the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI). Re-screening requires only correspondence checks through FDLE every five (5) years. In addition, all cooperative agreements and contracts must be in compliance with the department's Information Security Policies, Protocols, and Procedures.
4. **Security:** Both **DOH-Pasco** and **Pasco County Schools** 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 **Pasco County Schools** to ensure the protection and confidentiality of all confidential matters. These procedures shall be consistent with the Department of Health Information Security Policies 2008, as amended, which is incorporated herein by reference and the receipt of which is acknowledged by the **Pasco County Schools** upon execution of this agreement. **Pasco County Schools** 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. There must be an individual designated with specified responsibility for managing the security and confidentiality of these data. It is the responsibility of **Pasco County Schools** designee to develop policies, which ensure the confidential flow of client information between authorized staff and **Pasco County Schools**. Discipline will be applied for breach of security of confidential information consistent with Florida Statutes, Florida Administrative Code, and Department of Health protocols, policies and procedures. The contract manager performs information security assessments of agreement providers during scheduled compliance visits.


5. HIPAA: Where applicable, the provider will comply with the Health Insurance Portability and Accountability Act as well as all regulations promulgated thereunder (45CFR Parts 160, 162, and 164).

6. Change in Signing Authority: If the signing authority changes for this agreement, the **DOH-Pasco** must be notified immediately so that a new agreement can be executed.

7. In accordance with Executive Order No. 11-02, all Executive agencies shall require their contractors to utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of (a) all new persons employed during the contract term by the contractor to perform employment duties within Florida; and (b) all new persons (including subcontractors) assigned by the contractor to perform work pursuant to the contract with the state agency.

Information about the registration is available, and registration may be completed, at http://www.dhs.gov/files/programs/gc_1185221678150.shtm#1
For more information about E-Verify you may contact the E-Verify Customer Support, Monday through Friday, from 8 a.m. to 5 p.m. at 888-464-4218 or via email at E-Verify@dhs.gov

**FLORIDA DEPARTMENT
OF HEALTH**



Michael J. Napier, MS
Administrator, County Health Officer

Date: 6/24/14

**DISTRICT SCHOOL BOARD OF PASCO
COUNTY**

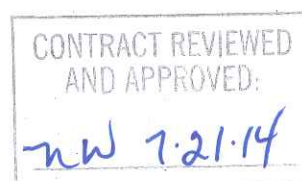
Kurt S. Browning
Superintendent

Date: _____

Alison Crumbley
Board Chair

Date: _____

Recorded in Board Minutes:



**MEMORANDUM OF UNDERSTANDING
BETWEEN
THE FLORIDA DEPARTMENT OF HEALTH
AND
THE DISTRICT SCHOOL BOARD OF PASCO COUNTY**

Preface

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A. Services to be provided

1. Definition of Terms

Agreement Terms

Florida Department of Health (Department): an executive branch state agency responsible for public health services in Florida. **Department** provides public health services in Pasco County and in all Florida counties through its local health department offices.

DOH-Pasco: One of 67 state and county funded health departments of the Florida Department of Health that has jurisdiction over their county.

The District School Board of Pasco County (Pasco County Schools): The governing body of the Pasco County Schools.

2. General Description

a. General Statement.

DOH-Pasco, in collaboration with the **Pasco County Schools**, shall provide a dental program on site at selected Title I schools located in Pasco County.

b. Scope of Service.

DOH-Pasco's dental professionals will visit selected Pasco County Title I schools by prior arrangement with the school health clinic, between the hours of 9 am - 5 pm during the school year and 8:00 am-11:30 am during summer school, to provide preventive dental outreach services consisting of dental screenings, exams, sealants, fluoride treatments, to students enrolled in 1st, 2nd and 3rd grades at selected Title I schools in Pasco County.

At such time as **DOH-Pasco** has a mobile medical/dental unit available for use, dental professional from **DOH-Pasco** may provide comprehensive dental services, consisting of dental screenings, exams, sealants, fluoride treatments, fillings, simple extractions, dental charting, radiographs, and cleanings, to students enrolled in 1st, 2nd and 3rd grades at selected Title I schools in Pasco County

B. Manner of Service Provision

1. Service Tasks

- a. Preventive dental services: Dental professionals from **DOH-Pasco** will provide preventive dental outreach services to students from the selected Title I schools

in Pasco County for whom the requisite parental consent form, consisting of **Exhibit A**, Parent Permission/Child Health History Form (Side 1), with Initiation of Services and District School Board Hold Harmless (Side 2), has been received.

- b. Comprehensive dental services: Utilizing a mobile medical/dental unit, Dental professionals from **DOH-Pasco** may provide comprehensive dental services to students enrolled in 1st, 2nd and 3rd grades at selected Title I schools in Pasco County for whom the requisite parental consent forms listed below have been received:

- 1) **Exhibit "B"**, Parent Permission (Side 1), with Initiation of Services and District School Board Hold Harmless (Side 2); and,
- 2) **Exhibit "C"**, Dental Health History (Sides 1 and 2)

2. **Service Location:** Title I schools selected from among the Title I schools listed on **Exhibit "D"**, attached hereto and incorporated by reference herein.

C. Pasco County Schools Responsibilities

1. Pasco County School Unique Activities:

- School Health Clinic staff will send the dental packet provided by **DOH-Pasco** home with the targeted students.
- School Health Clinic staff will gather and submit the returned completed dental packets to **DOH-Pasco**.
- Provide name and Social Security number of each child to **DOH-Pasco**.
- Notify parents of the dental services being provided at the scheduled dental visits through literature provided by **DOH-Pasco**, and through information provided in School Connect, newsletter and website.

D. DOH-Pasco Responsibilities

2. DOH-Pasco agrees to provide the following:

- Dental professionals, as appropriate, to perform the dental procedures outlined in Section B, 1, above.
- A laptop at school site with VPN and aircard for billing purposes, if appropriate.
- Will provide necessary instruments and supplies to accomplish the above procedures.
- Be solely responsible for confirming Medicaid and other insurance coverage and billing appropriate party for services.

E. Termination: 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.

F. Special Provisions

1. **No Lobbying:** State funds cannot be used to lobby the Executive or Legislative branches of the Federal Government in connection with the **DOH-Pasco**.

2. **Discriminatory Vendor List:** **Pasco County Schools** acknowledges it is informed of the provisions of 287.134 (2) (a), F.S., and represents to the Department that those provisions do not prohibit the Department from contracting with the Provider or any subcontractors hereunder.

3. Background Check: Both **DOH-Pasco** and **Pasco County Schools** must comply with the policy of the Department of Health, which requires employees and certain other persons in positions of special trust, responsibility or sensitive location to be background screened in accordance with Sections 110.1127 and 435.4, Florida Statutes. Initial screening includes fingerprint checks through the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI). Re-screening requires only correspondence checks through FDLE every five (5) years. In addition, all cooperative agreements and contracts must be in compliance with the department's Information Security Policies, Protocols, and Procedures.

4. Security: Both **DOH-Pasco** and **Pasco County Schools** 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 **Pasco County Schools** to ensure the protection and confidentiality of all confidential matters. These procedures shall be consistent with the current Department of Health Information Security Policies, as amended, which is incorporated herein by reference and the receipt of which is acknowledged by the **Pasco County Schools** upon execution of this agreement. **Pasco County Schools** 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. There must be an individual designated with specified responsibility for managing the security and confidentiality of these data. It is the responsibility of **Pasco County Schools** designee to develop policies, which ensure the confidential flow of client information between authorized staff and **Pasco County Schools**. Discipline will be applied for breach of security of confidential information consistent with Florida Statutes, Florida Administrative Code, and Department of Health protocols, policies and procedures. The contract manager performs information security assessments of agreement providers during scheduled compliance visits.

5. HIPAA: Where applicable, the provider will comply with the Health Insurance Portability and Accountability Act as well as all regulations promulgated thereunder (45CFR Parts 160, 162, and 164).

6. Change in Signing Authority: If the signing authority changes for this agreement, the DOH-Pasco must be notified immediately so that a new agreement can be executed.

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7. In accordance with Executive Order No. 11-02, all Executive agencies shall require their contractors to utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of (a) all new persons employed during the contract term by the contractor to perform employment duties within Florida; and (b) all new persons (including subcontractors) assigned by the contractor to perform work pursuant to the contract with the state agency.

Information about the registration is available, and registration may be completed, at http://www.dhs.gov/files/programs/gc_1185221678150.shtm#1

For more information about E-Verify you may contact the E-Verify Customer Support, Monday through Friday, from 8 a.m. to 5 p.m. at 888-464-4218 or via email at E-Verify@dhs.gov

**FLORIDA DEPARTMENT
OF HEALTH**



Michael J. Napier, MS
Administrator, County Health Officer

Date: 6/16/14

**DISTRICT SCHOOL BOARD OF PASCO
COUNTY**

Kurt S. Browning
Superintendent

Date: _____

Alison Crumbley
Board Chairman

Date: _____

Recorded in Board Minutes:

CONTRACT REVIEWED
AND APPROVED:

NW 7.21.14

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Mission:

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



Vision: To be the Healthiest State in the Nation

Exhibit "A" (Side 1)

Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Teacher Name: _____

School Name: _____

Dear Parent/Guardian:

Your child's school will be visited by staff of the Florida Department of Health in Pasco County in a joint effort with Pasco County Public Schools to provide dental exams, dental sealants, dental cleanings and fluoride varnish for students. These services will be available to **first, second and third grade students at NO cost to parents/guardians.**

A signed permission slip bearing the signature of at least one parent or guardian is required in order for the child to participate. Parents do not have to be present when the services are provided. If we identify a need for further dental treatment a letter will be sent home with your child.

Please feel free to contact our dental office if you have any questions. We look forward to seeing your child soon. Pasco County Health Department, 10841 Little Road, New Port Richey, FL 34654, Phone: (727) 861-5260 ext 284

PLEASE RETURN THIS FORM TO YOUR CHILD'S TEACHER IMMEDIATELY (PLEASE PRINT)

___ Yes, I give my child permission to receive a dental exam, dental cleanings, fluoride varnish, and sealants (if applicable).

___ No, I do not give permission for my child to be seen because of the following reason: _____

Name of Child: _____ ☐ Male ☐ Female Grade _____

Date of Birth: _____ Age _____ Child's Social Security Number: _____

Check all that apply: ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/ Native ☐ Hispanic ☐ Other

Medicaid # (if any): _____

My child has a dentist: ☐ Yes Name of dentist _____ ☐ No

Child's Parent/Guardian's Name: _____ Relationship _____

Address: _____ Telephone No: _____
Street City Zip Code

CHILD'S HEALTH HISTORY

Please **check YES or NO** for each of the following regarding your **child's health**: (check all that apply)

YES NO

- ☐ ☐ History of rheumatic fever? ☐ Heart murmur? ☐ Asthma? ☐ Asthma Medication: _____
- ☐ ☐ My child needs to take antibiotics (i.e. penicillin) before dental care? _____
- ☐ ☐ My child cannot take or is allergic to the following medications or materials: _____
- ☐ ☐ My child has the following health problem: _____
- ☐ ☐ My child was hospitalized in the last 2 years for: _____
- ☐ ☐ My child is taking the following medications: _____ for: _____
- ☐ ☐ My child experienced the following unfavorable reaction from previous dental treatment? _____

Please add any comment or additional information: _____

I certify that I have READ and UNDERSTAND the above questions, have answered the questions to the best of my knowledge, and have had all my questions answered. I understand that my child is not being provided other dental care that s/he may need. I understand that this Sealant Program will be provided by Florida Department of Health in Pasco County Dental Program at my child's school. On behalf of myself and/or the patient, I authorize the dental providers to receive payment from any insurance or any third party payor that covers the services provided to this patient. I understand there is no out-of-pocket expense for these services for any child.

PARENT'S SIGNATURE

DATE

OVER →

Florida Department of Health in Pasco County
Michael J. Napier, Administrator, Health Officer
10841 Little Road, New Port Richey, Florida 34654
PHONE: 727/861-5250 • FAX 727/862-4230

CONTRACT REVIEWED
AND APPROVED:

nw 7.21.14

www.FloridaHealth.gov
TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh

cab

Initiation of Services

Part I CLIENT-PROVIDER RELATIONSHIP CONSENT

Client Name: _____

Name of Agency: Florida Department of HealthAgency Address: 10841 Little Road New Port Richey FL 32654

I consent to entering into a client-provider relationship. I authorize Department of Health staff and their representatives to render routine health care. I understand routine health care is confidential and voluntary and may involve medical office visits including obtaining medical history, examination, administration of medication, laboratory tests and/or minor procedures. I may discontinue the relationship at any time.

PART II DISCLOSURE OF INFORMATION CONSENT (treatment, payment or healthcare operations purposes only) I consent to the use and disclosure of my medical information, including medical, dental, HIV/AIDS, STD, TB, substance abuse prevention, psychiatric/psychological, and case management; for treatment, payment and health care operations.

PART III MEDICARE PATIENT CERTIFICATION, AUTHORIZATION TO RELEASE, AND PAYMENT REQUEST (Only applies to Medicare Clients) As client/Representative signed below, I certify that the information given by me in apply for payment under Title XVIII of the Social Security Act is correct. I authorize the above agency to release my medical information to the Social Security Administration or its intermediaries/carriers for this or a related Medicare claim. I request that the payment of authorized benefits be made on my behalf. I assign the benefits payable for physician's services to the above named agency and authorize it to submit a claim to Medicare for payment.

PART V ASSIGNMENT OF BENEFITS (Only applies to Third Party Payers) As Client/Representative signed below, I assign to the above named agency all benefits provided under any health care plan or medical expense policy. The amount of such benefits shall not exceed the medical charges set forth by the approved fee schedule. All payments under this paragraph are to be made to above agency. I am personally responsible for charges not covered by this agreement.

PART V MY SIGNATURE BELOW VERIFIES THE ABOVE INFORMATION AND RECEIPT OF THE NOTICE OF PRIVACY RIGHTS

Client/Representative Signature

Self or Representative's Relationship to Client

Date

Witness (optional) _____

Date _____

PART VI WITHDRAWAL OF CONSENT

I, _____ WITHDRAW THIS CONSENT, EFFECTIVE _____

Client/Representative Signature

Date _____

Witness (optional) _____

Date _____



DISTRICT SCHOOL BOARD OF PASCO COUNTY

Kurt S. Browning, Superintendent of Schools

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

HOLD HARMLESS, INDEMNIFICATION, AND RELEASE AGREEMENT

This agreement is a waiver, release, indemnification agreement, and hold harmless, which acts to release the District School Board of Pasco County, its individual members, schools, personnel, employees, agents and assigns (hereinafter collectively referred to as School Board) from any and all judgments, attorney fees, costs, payments, medical bills, damages, claims, suits or other expenses which may result from the use of School Board property by The Florida Department of Health in Pasco County, (hereinafter DOH-Pasco) for the purposes of providing dental health services. Parent/guardian agrees to release and hold the School Board harmless for any injuries, damages, suits or claims, arising out of this matter, regardless of whether such injuries or damages arise out of the accidental, negligent or reckless acts of DOH-Pasco or School Board, its employees, subcontractors, agents and assigns. Parent/guardian understands that, for the purposes of this agreement, participation in the event, and the protections afforded to the School Board by this agreement, not only extends to and includes the service provided but also encompasses any other acts while on School Board property that are directly or indirectly related to the event.

Parent/Guardian Signature
Date

CONTRACT REVIEWED
AND APPROVED:

NW 7.21.14

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To: Parents/Guardians of first, second and third graders attending Title I Schools

Dear Parent/Guardian,

Your child's school will be visited by staff of the Florida Department of Health in Pasco County in a joint effort with Pasco County Public Schools to provide dental exams, cleanings, sealants, fillings, and extractions for students. These services will be available at NO cost to parents/guardians.

A signed permission slip bearing the signature of at least one parent or guardian is required in order for the child to participate. Please complete, sign and return these forms to your child's teacher immediately. Parents/Guardians do not have to be present when the services are provided. If we identify a need for further dental treatment a letter will be sent home with your child.

Every child with a signed permission slip will receive a free toothbrush, toothpaste and prize.

Please feel free to contact our dental office if you have any questions.

Florida Department of Health in Pasco County, 10841 Little Road, New Port Richey, FL 34654
Phone: (727) 861-5260 ext. 284

Parent/Guardian Permission for Dental Services

Yes, I give permission for my child to receive dental services offered by the Florida Department of Health in Pasco County at my child's school. I understand that these dental services are being provided by the Florida Department of Health in Pasco County and not by the Pasco County Public Schools.

School: _____ Teacher: _____ Grade: _____

Name of Child: _____ Age: _____
First Middle Initial Last

Date of Birth: _____ Sex: _____
Month Day Year

Circle One: Asian Black Hispanic White Other _____

Medicaid # (if any): _____

Child's Social Security Number: _____

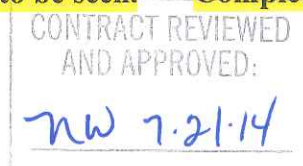
Parent/Guardian Name: _____

Parent/Guardian Address: _____
Street City State Zip

Parent/Guardian Phone #'s _____
Home Work Cell

Signature of Parent/Guardian: _____ Date: _____

All pages must be completed for your child to be seen. Complete Reverse Side →



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Initiation of Services

Part I CLIENT-PROVIDER RELATIONSHIP CONSENT

Client Name: _____

Name of Agency: Pasco County Health DepartmentAgency Address: 10841 Little Road New Port Richey FL 32654

I consent to entering into a client-provider relationship. I authorize Department of Health staff and their representatives to render routine health care. I understand routine health care is confidential and voluntary and may involve medical office visits including obtaining medical history, examination, administration of medication, laboratory tests and/or minor procedures. I may discontinue the relationship at any time.

PART II DISCLOSURE OF INFORMATION CONSENT (treatment, payment or healthcare operations purposes only) I consent to the use and disclosure of my medical information, including medical, dental, HIV/AIDS, STD, TB, substance abuse prevention, psychiatric/psychological, and case management; for treatment, payment and health care operations.

PART III MEDICARE PATIENT CERTIFICATION, AUTHORIZATION TO RELEASE, AND PAYMENT REQUEST (Only applies to Medicare Clients) As client/Representative signed below, I certify that the information given by me in apply for payment under Title XVIII of the Social Security Act is correct. I authorize the above agency to release my medical information to the Social Security Administration or its intermediaries/carriers for this or a related Medicare claim. I request that the payment of authorized benefits be made on my behalf. I assign the benefits payable for physician's services to the above named agency and authorize it to submit a claim to Medicare for payment.

PART V ASSIGNMENT OF BENEFITS (Only applies to Third Party Payers) As Client/Representative signed below, I assign to the above named agency all benefits provided under any health care plan or medical expense policy. The amount of such benefits shall not exceed the medical charges set forth by the approved fee schedule. All payments under this paragraph are to be made to above agency. I am personally responsible for charges not covered by this agreement.

PART V MY SIGNATURE BELOW VERIFIES THE ABOVE INFORMATION AND RECEIPT OF THE NOTICE OF PRIVACY RIGHTS

Client/Representative Signature _____

Self or Representative's Relationship to Client _____

Date _____

Witness (optional) _____

Date _____

PART VI WITHDRAWAL OF CONSENT

I, _____ WITHDRAW THIS CONSENT, EFFECTIVE _____

Client/Representative Signature _____

Date _____

Witness (optional) _____

Date _____



DISTRICT SCHOOL BOARD OF PASCO COUNTY

Kurt S. Browning, Superintendent of Schools

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

HOLD HARMLESS, INDEMNIFICATION, AND RELEASE AGREEMENT

This agreement is a waiver, release, indemnification agreement, and hold harmless, which acts to release the District School Board of Pasco County, its individual members, schools, personnel, employees, agents and assigns (hereinafter collectively referred to as School Board) from any and all judgments, attorney fees, costs, payments, medical bills, damages, claims, suits or other expenses which may result from the use of School Board property by The Florida Department of Health in Pasco County, (hereinafter PasCHD) for the purposes of providing dental health services. Parent/guardian agrees to release and hold the School Board harmless for any injuries, damages, suits or claims, arising out of this matter, regardless of whether such injuries or damages arise out of the accidental, negligent or reckless acts of PasCHD or School Board, its employees, subcontractors, agents and assigns. Parent/guardian understands that, for the purposes of this agreement, participation in the event, and the protections afforded to the School Board by this agreement, not only extends to and includes the service provided but also encompasses any other acts while on School Board property that are directly or indirectly related to the event.

Parent/Guardian Signature _____

Date _____

CONTRACT REVIEWED
AND APPROVED:

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Dental Health History

Exhibit C (Side 1)

Name _____

ID No. _____

Birth Date _____

In the following questions, circle **Yes** or **No**, whichever applies. Your answers will be considered confidential.

1. Do you **(PATIENT)** have or have you **(PATIENT)** had any of the following:

Rheumatic Fever or Heart Murmur	Yes	No	Neurological Problems	Yes	No
Heart Trouble or Shortness of Breath	Yes	No	Tuberculosis (TB) or Persistent Cough	Yes	No
High or Low Blood Pressure	Yes	No	Diabetes or Excessive Thirst	Yes	No
Fainting or Dizzy Spells	Yes	No	Epilepsy or Seizures	Yes	No
Stroke	Yes	No	Kidney Problems or Excessive Urination	Yes	No
Anemia or Blood Problems	Yes	No	Liver Problems or Hepatitis	Yes	No
Sickle Cell Anemia	Yes	No	Venereal Disease	Yes	No
Excessive Bleeding or Bruise Easily	Yes	No	AIDS/ARC/HIV Positive	Yes	No
Blood Transfusions	Yes	No	Cancer	Yes	No
Allergies or Skin Rash	Yes	No	Pregnancy	Yes	No
Asthma	Yes	No	Trimester 1 2 3		
Thyroid Problems	Yes	No	Painful or Swollen Joints	Yes	No
Emotional Problems	Yes	No	Other _____	Yes	No

2. Are you **(PATIENT)** currently under the care of a physician (doctor)? Yes No
If yes, list name of doctor. _____

3. Have you **(PATIENT)** been hospitalized in the last 2 years? Yes No
If yes, why? _____

4. Are you **(PATIENT)** currently taking any medications, pills or drugs? Yes No
If yes, list. _____

5. Are you **(PATIENT)** allergic to or have you ever experienced any ill effect from a local anesthetic (novocain), penicillin, or any drugs/pills? i.e., rash, itching or fainting. Yes No
If yes, describe. _____

6. Have you **(PATIENT)** ever experienced any unfavorable reaction from previous dental treatment? Yes No
If yes, describe. _____

7. Are you **(PATIENT)** currently having any dental pain or problem? Yes No
If yes, describe. _____

I certify that I have read and understand the above questions and have answered the questions to the best of my knowledge. I have asked for an explanation of any terms (words) that I did not know (if any), and my questions have been answered to my satisfaction. I will not hold my dentist, or any of his/her staff, responsible for any errors or omissions that I may have made in the completion of this form.

I also understand that before treatment is provided, I have the right to have the benefits, alternatives, and significant risk factors associated with this treatment explained to my satisfaction.

Signature of Patient _____

Date _____

(If patient is a child, parent or legal guardian must sign) Relationship _____

Comments by Dentist: _____

Signature of Dentist _____

CONTRACT REVIEWED
AND APPROVED:

Date _____

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Dental Health History Review/Update:**1. Comments:**

Patient: _____

Dentist: _____

Date _____ Patient's Signature _____ Dentist's Signature _____

2. Comments:

Patient: _____

Dentist: _____

Date _____ Patient's Signature _____ Dentist's Signature _____

3. Comments:

Patient: _____

Dentist: _____

Date _____ Patient's Signature _____ Dentist's Signature _____

4. Comments:

Patient: _____

Dentist: _____

Date _____ Patient's Signature _____ Dentist's Signature _____

5. Comments:

Patient: _____

Dentist: _____

Date _____ Patient's Signature _____ Dentist's Signature _____

6. Comments:

Patient: _____

Dentist: _____

Date _____ Patient's Signature _____ Dentist's Signature _____

7. Comments:

Patient: _____

Dentist: _____

Date _____ Patient's Signature _____ Dentist's Signature _____

8. Comments:

Patient: _____

Dentist: _____

Date _____ Patient's Signature _____ Dentist's Signature _____

CONTRACT REVIEWED
AND APPROVED:

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Exhibit "D"

Elementary Schools 2014-2015

Anclote Elementary
Calusa Elementary
Chasco Elementary
Chester W. Taylor Elementary
Cotee River Elementary
Fox Hollow Elementary
Gulf Highlands Elementary
Gulf Trace Elementary
Gulfside Elementary
Hudson Elementary
James M. Marlowe Elementary
Lacoochee Elementary
Mitty P. Locke Elementary
Mary Giella Elementary
Moon Lake Elementary
Northwest Elementary
Pasco Elementary
R.B. Cox Elementary
Richey Elementary
Schrader Elementary
Shady Hills Elementary
Sunray Elementary
West Zephyrhills Elementary
Woodand Elementary

Middle Schools

Bayonet Point Middle School
Chasco Middle School
Crews Lake Middle School
Gulf Middle School
Hudson Middle School
Paul R. Smith Middle School
Pasco Middle School
Raymond B Stewart Middle School

High School

Anclote High School
Ridgewood High School



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CFDA No.

CSFA No.

Contract# 2015000099

STATE OF FLORIDA
DEPARTMENT OF HEALTH
STANDARD CONTRACT

☐ Client ☐ Non-Client
☐ Multi-County

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 (F.S.)

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, F.S. The Department may, if specified in Attachment I, establish rates lower than the maximum provided in §112.061, F.S. To allow public access to all documents, papers, letters, or other materials subject to the provisions of Chapter 119, F.S., 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 §215.473, F.S. Pursuant to §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 §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 III. 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 §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 contract manager. 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 §215.97 F.S., 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.
9. Public Records. Keep and maintain public records that ordinarily and necessarily would be required by the provider in order to perform the service; provide the public with access to such public records on the same terms and conditions that the public agency would provide the records and at a cost that does not exceed that provided in Chapter 119, F.S., or as otherwise provided by law; ensure that public records that are exempt or that are confidential and exempt from public record requirements are not disclosed except as authorized by law; and meet all requirements for retaining public records and transfer to the public agency, at no cost, all public records in possession of the contractor upon termination of the contract and destroy any duplicate public records that are exempt or confidential and exempt. All records stored electronically must be provided to the public agency in a format that is compatible with the information technology systems of the agency.

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

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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

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.
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. **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, F.S.**

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, F.S., 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 the 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 Subcontractor Expenditure 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, F.S. 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, F.S., 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, F.S., and Chapter 41-2, F.A.C.

08/13

The provider shall submit to the Department the reports required pursuant to Volume 10, Chapter 27, Department of Health 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, F.S., in the same manner and under the procedures set forth in §946.515(2) and §(4), F.S. 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 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, F.S.

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 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 procurement system. Pursuant to §287.057(23), F.S. (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 Department of Health 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, F.S., 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 fifteen (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, F.S., 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, F.S., 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

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any public entity, and may not transact business with any public entity in excess of the threshold amount provided in §287.017, F.S., 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, F.S., 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 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, F.S., 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. Questions should be directed to the EFT Section at (850) 410-9466. The previous sentence is for notice purposes only. Copies of Authorization form and sample bank letter are available from the Department.

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, §384.29, §381.004, §392.65, and §456.057, F.S. 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, F.S., 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, F.S., 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.



08/13

III. THE PROVIDER AND THE DEPARTMENT MUTUALLY AGREE

A. Effective and Ending Dates

This contract shall begin on July 1, 2014 or on the date on which the contract has been signed by both parties, whichever is later. It shall end on June 30, 2015.

B. Termination

1. Termination at Will

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), F.A.C. 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.

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
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, ext. 130

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
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, VI 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: _____

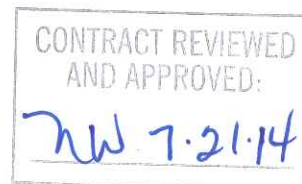
STATE OF FLORIDA, DEPARTMENT OF HEALTH

SIGNATURE: _____

PRINT/TYPE NAME: MICHAEL J. NABER

TITLE: ADMINISTRATOR, COUNTY HEALTH OFFICER

DATE: 6/26/14



Contract # PC501 *cal*

PC501 (Continued)

PROVIDER: District School Board of Pasco County

Signature: _____
Alison Crumbley, Chairman

Date: _____

CONTRACT REVIEWED
AND APPROVED:

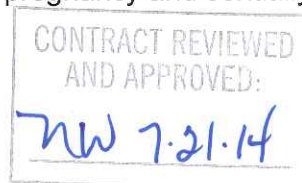
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ATTACHMENT I

A. Services to be Provided

1. Definition of Terms

- a. Annual School Health Services Report: An annual report submitted to the Department by August 15th of each year that reflects reported health conditions, services provided, staffing and expenditures. The reporting period will cover July 1st through June 30th each year for the duration of this contract.
- b. Contract Manager – The individual designated by the Department to be responsible for the monitoring and management of this contract.
- c. Fiscal Year: July 1st to June 30th.
- d. Health Management System (HMS): The Department's data system into which documented school health services are entered by service codes identified in the most current School Health Coding Manual, incorporated by reference. This data is used to provide a full accounting of school health services provided.
- e. Local Education Agency (LEA): As defined in the Elementary and Secondary Education Act, a public board of education or other public authority legally constituted within a State for either administrative control or direction of, or to perform a service function for, public elementary schools or secondary schools in a city, county, township, school district, or other political subdivision of a State, or for a combination of school districts or counties that is recognized in a State as an administrative agency for its public elementary schools or secondary schools.
- f. School Health Services Plan: A document created by the Department, the Local Education Agency, and the local School Health Advisory Committee, that describes the school health services to be provided within the county, and the responsibility for provision of the services, as required by Section 381.0056(4)(e), Florida Statutes. The School Health Services Plan is developed every two years.
- g. School Health Advisory Committee (SHAC): Committee that provides a forum for the school community, health professionals, and interested citizens to discuss issues and seek solutions to better wellness in the lives of school children and staff.
- h. Quarter: One-fourth (three months) of a fiscal year. The quarters are July 1 through September 30 (quarter 1); October 1 through December 31 (quarter 2); January 1 through March 31 (quarter 3); and April 1 through June 30 (quarter 4).
- i. Youth Risk Behavior Survey (YRBS): School-based survey that monitors six types of health-risk behaviors and is conducted by the Centers for Disease Control and Prevention in collaboration with local educational and health agencies. The survey is conducted every other odd-numbered year. The health-risk behaviors that it monitors are behaviors that contribute to unintentional injuries and violence; sexual behaviors that contribute to unintended pregnancy and sexually transmitted



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diseases, including HIV infection; alcohol and other drug use; tobacco use; unhealthy dietary behaviors, and inadequate physical activity.

2. General Description

- a. General Statement: This contract provides school health services to students enrolled in and attending public and participating non-public schools in Pasco County.
- b. Authority: Sections 381.0056, 381.0059, and 402.3026, Florida Statutes; and Florida Administrative Code Chapter 64F-6.

3. Clients to be Served

- a. General Description: Provider will provide school health services to students attending public and participating non-public schools identified in Attachment V.
- b. Client Eligibility: All students ("eligible students") enrolled in and attending a public or participating non-public school identified in Attachment V, whose parents do not submit a written opt-out form are eligible to receive services under this contract.

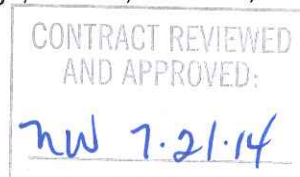
B. Manner of Service Provision

1. Scope of Work: Provider will provide basic school health services at all schools listed in Attachment V. Provider will also participate in the development of the School Health Services Plan, send opt-out forms to parents/guardians, and create emergency information forms for all students.
 - a. Task List - Provider must perform the following tasks:
 - 1) Collaborate with the Department, the Local Education Agency (LEA), and the School Health Advisory Committee (SHAC) in the development of the School Health Services Plan. The School Health Services Plan must be developed in accordance with Florida Administrative Code Rule 64F-6.002(2) and (3).
 - 2) Ensure all parents/guardians receive written information about the school health services offered under this contract and an opt-out form within 30 days of the start of the school year, allowing them to exempt their child from receiving services under this contract.
 - 3) Collect emergency information forms for all eligible students which must include at a minimum, emergency contact information, information on the student's known allergies, list of the student's medications, and authorization for emergency medical treatment.
 - 4) Provide basic school health services at all schools listed in Attachment V. Basic school health services must be provided in accordance with Section 381.0056, Florida Statutes, Florida Administrative Code Chapter 64F-6.001-6.006, and the most recent version of the Florida School Health Administrative Guidelines. For basic school health services, Provider must:



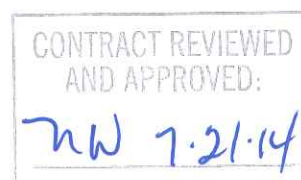
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- a) Review student health records for all students by June 30th of each contract year.
 - b) Perform vision screenings for all eligible students in kindergarten, first, third, and sixth grade each contract year.
 - c) Perform hearing screenings for all eligible students in kindergarten, first, and sixth grade each contract year
 - d) Perform scoliosis screenings for all eligible students in sixth grade each contract year.
 - e) Perform growth and development screenings which must include a body mass index (BMI) percentile calculation, for all eligible students in first, third, and sixth grade each contract year.
 - f) Refer all students with abnormal screening results to appropriate health care providers for further evaluation and or treatment within 45 days of receiving an abnormal screening result.
 - g) Follow-up with parents of students referred for further evaluation and or treatment to ensure the students received the necessary additional evaluation and or treatment.
 - h) If Provider becomes aware that a student is pregnant, Provider must provide the student with information on interagency collaborations for assistance, counseling, education, and prenatal care.
 - i) Provide additional basic school health services as specified in the most recent version of the School Health Services Plan.
- 5) Participate in the Youth Risk Behavior Survey (YRBS) if one of the schools Provider serves under this contract is selected for the survey.
 - 6) Submit all service and screening data for each month to the Department within 15 days following the end of each month in a format that can be used by the Department for entry into HMS.
 - 7) Maintain the following documentation and information:
 - a) Cumulative health record for each student, which contains:
 - (1) Florida Certificate of Immunization (Form DH 680) or Part A or B exemptions.
 - (2) School Entry Health Exam form (DH 3040, 6/02/DH3040-CHP-07-2013) or other form as specified in Section 1003.22, Florida Statutes and Florida Administrative Code Chapter 6A-6.024.
 - (3) Documentation of screenings, results, referrals, follow-up attempts and outcomes.



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- b) Individualized healthcare plans, as determined by the nursing process and emergency care plans for chronic or complex health conditions.
 - c) Individualized medication administration records to document medication assistance to students.
 - d) Treatment logs to document medical procedures and treatments.
 - e) Daily Clinic Logs in all public and participating non-public schools pursuant to General Records Schedule GS7 for Public Schools PreK-12 and Adult and Career Education, June 1, 2012.
 - f) 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.
 - g) Child-Specific training and periodic follow-up monitoring of unlicensed assistive personnel as determined by the nursing process as specified in Sections 1006.062(1)(b)2.(4)(a)-(d) and 1006.062(1)(b)2.(5), Florida Statutes.
 - h) Health records of individual students must be maintained in accordance with Section 1002.22, Florida Statutes.
- 8) Submit all information necessary for the completion of the Annual School Health Services Report to the Contract Manager within 30 days following the end of each contract year.
- b. Deliverables - Provider must complete or submit the following deliverables:
- 1) Quarterly basic school health services, with supporting documentation as specified in Task B.1.a.1) through B.1.a.4).
 - 2) Quarterly administrative support as specified in Tasks B.1.a.5) through B.1.a.7).
 - 3) Annual School Health Services Report as specified in Task B.1.a.8).
- c. Performance Measures - Deliverables must be met at the following minimum level of service:
- 1) Deliverable B.1.b.1):
 - a) Provider must ensure all parents/guardians receive written information describing the school health services offered under this contract along with an opt-out form within 30 days of the start of the school year.
 - b) Provider must collect emergency information forms for all eligible students by September 30th.



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- c) Provider must review student health records for 3% of all students by September 30th, 15% of all students by December 31st, and 90% of all students by March 31st.
- d) Vision screenings must be performed for 45% of eligible students in kindergarten, first, third, and sixth grade by December 31st and 95% of eligible students in kindergarten, first, third, and sixth grades by March 31st of each contract year.
- e) Hearing screenings must be performed for 45% of eligible students in kindergarten, first, and sixth grade by December 31st and 95% of eligible students in kindergarten, first, and sixth grade by March 31st of each contract year.
- f) Scoliosis screenings must be performed for 45% of eligible students in sixth grade by December 31st and 95% of eligible students in sixth grade by March 31st of each contract year.
- g) Growth and development screenings must be performed for 45% of eligible students in first, third, and sixth grade by December 31st and 95% of eligible students in first, third, and sixth grade by March 31st of each contract year.
- h) All students with abnormal screening results must be referred within 45 days of receiving the abnormal screening results.
- i) Provider must follow-up with all parents/guardians of students who were referred for additional evaluation and or treatment.

2) Deliverable B.1.b.2):

- a) Provider must submit monthly service and screening data to the Contract Manager within 15 days following the end of each month as specified.
- b) Provider must maintain all student health records as specified at all times during the contract.

3) Deliverable B.1.b.3): Provider must submit all information necessary for the Annual School Health Services Report to the Contract Manager within 30 days following the end of each contract year.

2. **Financial Consequences** - If Provider does not complete the deliverables in the time and manner specified in Section B.1.b., the following financial consequences will be assessed:

a. Deliverable B.1.b.1):

- 1) Failure to provide all parents/guardians with written information on the school health services offered under this contract and an opt-out exemption form within 30 days of the start of the school year will result in a 1% reduction to the first quarter's invoice.

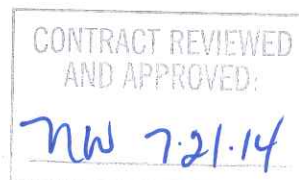


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- 2) Failure to collect an emergency form for all eligible students by September 30th will result in a 1% reduction to the first quarter's invoice.
- 3) Failure to review student health records for 3% of all students by September 30th will result in a 1% reduction to the first quarter's invoice. Failure to review student health records for 15% of all students by December 31st will result in a 1% reduction to the second quarter's invoice. Failure to review student health records for 90% of all students by March 31st will result in a 1% reduction to the third quarter's invoice.
- 4) Failure to provide vision screenings to 45% of eligible students in kindergarten, first, third, and sixth grades by December 31st will result in a 1% reduction to the second quarter's invoice. Failure to provide vision screenings to 95% of eligible students in kindergarten, first, third, and sixth grades by March 31st will result in a 1% reduction to the third quarter's invoice.
- 5) Failure to provide hearing screenings to 45% of eligible students in kindergarten, first, and sixth grade by December 31st will result in a 1% reduction to the second quarter's invoice. Failure to provide hearing screenings to 95% of eligible students in kindergarten, first, and sixth grade by March 31st will result in a 1% reduction to the third quarter's invoice.
- 6) Failure to provide scoliosis screenings to 45% of eligible students in sixth grade by December 31st will result in a 1% reduction to the second quarter's invoice. Failure to provide scoliosis screenings to 95% of eligible students in sixth grade by March 31st will result in a 1% reduction to the third quarter's invoice.
- 7) Failure to provide growth and development screenings to 45% of eligible students in first, third, and sixth grade by December 31st will result in a 1% reduction to the second quarter's invoice. Failure to provide growth and development screenings to 95% of eligible students in first, third, and sixth grade by March 31st will result in a 1% reduction to the third quarter's invoice.
- 8) Failure to refer all students with abnormal screening results to an appropriate health care provider within 45 days following the abnormal screening will result in a 1% reduction to the quarterly invoice.
- 9) Failure to follow-up with all parents/guardians whose child received a referral, will result in a 1% reduction to the quarterly invoice.

b. Deliverable B.1.b.2):

- 1) Failure to submit monthly service data within 15 days following the end of each month in a format that can be entered into HMS will result in a 1% reduction to the quarterly invoice for each month within the quarterly reporting period the deliverable is not met.
- 2) Failure to maintain all student health records as specified will result in a 1% reduction to the quarterly invoice each quarter the deliverable is not met.



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- c. Deliverable B.1.b.3): Failure to submit all information necessary for the Annual School Health Service Report to the Contract Manager within 30 days following the end of each contract year will result in a 1% reduction to the fourth quarter's invoice.

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 the most recent version of the State Requirements for Educational Facilities, Florida School Health Administrative Guidelines, and the county's approved School Health Services Plan.

b. Service Times

Services will be provided in accordance with time frames identified in the current approved school year calendar.

c. Equipment

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

4. Staffing Requirements

a. Staffing Levels

Provider will maintain an administrative organizational structure sufficient to discharge its contractual responsibilities. Provider must replace any employee whose continued presence would be detrimental to the success of the program with an employee of equal or superior qualifications. Information to document staffing configuration for basic school health services will be provided to the Contract Manager for inclusion in the Annual School Health Services Report each year for the duration of this contract.

b. Professional Qualifications

All Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) performing services under this contract must be licensed pursuant to Chapter 464, Florida Statutes. All Unlicensed Assistive Personnel (UAPs) must have a high school diploma, General Equivalence Diploma (GED), or 0 years of experience performing duties similar to that of a UAP. UAPs must also be certified in First Aid and Cardiopulmonary Resuscitation (CPR), and have received medication administration and other training as referenced in B.1.a.7.g necessary to provide health services under this contract.

c. Staffing Changes

- 1) Provider must notify the Contract Manager in writing within ten days of all position vacancies.



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- 2) Provider must minimize the disruption of services due to position vacancies. If problems arise such that Provider can no longer fulfill the requirements of this contract, Provider must contact the Contract Manager within 24 hours of making this determination.

d. Subcontractors

Subcontracting will only take place when Provider does not have the capacity to fulfill service requirements as specified in the current School Health Services Plan. Provider must obtain written approval from the Contract Manager before entering into any subcontracts.

C. Method of Payment

1. This is a fixed price (fixed fee) contract. The Department will pay Provider for completion of deliverables in accordance with the terms and conditions of this contract **\$28,353.22** per quarter for three (3) quarters, and **\$28,353.24 for the fourth quarter**, for a total dollar amount not to exceed **\$113,412.90**.
2. A unit of service consists of one quarter of deliverables as specified in Section B.1.b. A quarter of deliverables includes all deliverables due in that quarter, including monthly or annual deliverables.
3. Invoice Requirements: Provider will request payment on a quarterly basis through submission of a properly completed invoice (Attachment VI) within 15 days following the end of the quarter for which payment is being requested.

D. Special Provisions

1. Background Screening Requirements

Any person who provides services under a School Health Services Plan pursuant to Section 381.0056, Florida Statutes, must complete a level two background screening as provided in Section 381.0059, Florida Statutes and Chapter 435, Florida Statutes. Any person required to obtain a 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 period or for the term of the original contract, whichever is longer. Such renewals must be in writing, made by mutual agreement, and are contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the Department and are subject to the availability of funds.

3. 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 must be listed on the property records of Provider. Provider must 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 must be inventoried annually and an inventory report must be submitted to the Department along with the final expenditure report. A report of non-expendable property must be submitted to the Department along with the expenditure report for the period in which it was purchased.

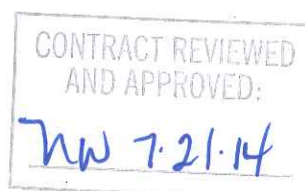
Title (ownership) to all non-expendable property acquired with funds from this contract is vested in the Department upon completion or termination of this contract.

At no time will Provider dispose of non-expendable property purchased under this contract except with the permission of the Department and in accordance with the Department's 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 this contract. As such, the state is entitled to the return of all property once this 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 funding source and contract 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.

CONTRACT REVIEWED
AND APPROVED:

NW 7.21.14

cab

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; Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), and 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 9 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:



A. The Department of Health as follows:

SingleAudits@flhealth.gov

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: Bureau of Finance & Accounting, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFA), 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), 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@flhealth.gov

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: Bureau of Finance & Accounting, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFA), 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:

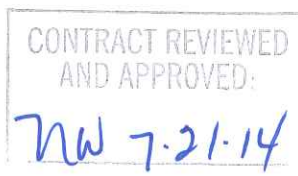
A. The Department of Health as follows:

: SingleAudits@flhealth.gov

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: Bureau of Finance & Accounting, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFA), 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



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:

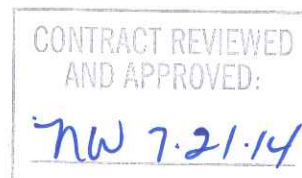
State financial assistance subject to Sec. 215.97, F.S.: CSFA# _____ Title _____ \$ _____
State financial assistance subject to Sec. 215.97, F.S.: CSFA# _____ Title _____ \$ _____
TOTAL STATE FINANCIAL ASSISTANCE AWARDED PURSUANT TO SECTION 215.97, F.S. \$ 0.00

Matching and Maintenance of Effort *

Matching resources for federal program(s) _____ CFDA# _____ Title _____ \$ _____
Maintenance of Effort (MOE) _____ CFDA# _____ Title _____ \$ _____

*Matching resources and MOE amounts should not be included by the provider when computing threshold amounts. However, these amounts could be included under notes in the financial audit or footnoted in the Schedule of Expenditures of Federal Awards and State Financial Assistance (SEFA). Matching or MOE is not State/Federal Assistance.

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



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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 is 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 69I-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-5.006, 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.

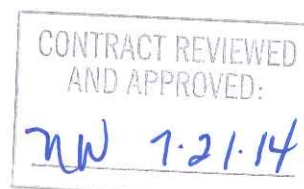
**For funding passed through U.S. Health and Human Services, 45 CFR 92; for funding passed through U.S. Department of Education, 34 CFR 80.

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:



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 or exclusive. Fund recipients will be held to applicable legal requirements whether or not outlined herein.



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EXHIBIT 3

INSTRUCTIONS FOR ELECTRONIC SUBMISSION OF SINGLE AUDIT REPORTS

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: Bureau of Finance & Accounting, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFA), 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@flhealth.gov or by telephone to the Single Audit Review Section at (850) 245-4444 ext. 4186.



Single Audit Data Collection Form

GENERAL INFORMATION

1. Fiscal period ending date for the Single Audit.

Month	Day	Year
/	/	

2. Auditee Identification Number

a. Primary Employer Identification Number (EIN)

		--							
--	--	----	--	--	--	--	--	--	--

b. Are multiple EINs covered in this report ☐ Yes ☐ No

c. If "yes", complete No. 3.

3. ADDITIONAL ENTITIES COVERED IN THIS REPORT

Employer Identification

		--									
		--									
		--									
		--									

Name of Entity

4. AUDITEE INFORMATION

a. Auditee name:

b. Auditee address (number and street)

City

State

Zip Code

c. Auditee contact

Name:

Title:

d. Auditee contact telephone

() -

e. Auditee contact FAX

() -

f. Auditee contact E-mail

5. PRIMARY AUDITOR INFORMATION

a. Primary auditor name:

b. Primary auditor address (number and street)

City

State

Zip Code

c. Primary auditor contact

Name:

Title:

d. Primary auditor contact telephone

() -

e. Primary auditor E-mail

() -

f. Audit Firm License Number

6. AUDITEE CERTIFICATION STATEMENT – This is to certify that, to the best of my knowledge and belief, the auditee has: (1) engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 and/or Section 215.97, Fla. Statutes, for the period described in Item 1; (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the aforementioned Circular and/or Statute; (3) the attached audit is a true and accurate copy of the final audit report issued by the auditor for the period described in Item 1; and (4) the information included in this data collection form is accurate and complete. I declare the foregoing is true and correct.

AUDITEE CERTIFICATION

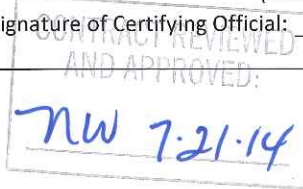
Date ____/____/____

Date Audit Received From Auditor: ____/____/____

Name of Certifying Official: _____
(Please print clearly)

Title of Certifying Official: _____
(Please print clearly)

Signature of Certifying Official: _____





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:

NW 7.21.14

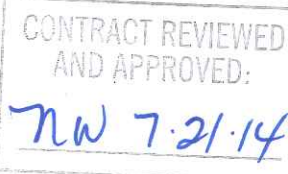
Contact Person

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

Name: Lisa Kern
Credentials: RN, MSN, NCSN
Position: Supervisor Student Services (Health)
Agency: Pasco County School District
Mailing Address: 7227 Land O'Lakes Blvd
City: Land O'Lakes
County: Pasco
State: Florida
Zip Code: 34638
Phone: 727-774-2360
Work Cell Phone: none
Fax: 727-774-2120
Email: lkern@pasco.k12.fl.us

SUMMARY - SCHOOL HEALTH SERVICES PLAN 2012 - 2014

Statutory Reference. Section 381.0056, F.S. requires each county health department (CHD) to develop, jointly with the school district and school health advisory committee, a School Health Services Plan (referred herein as the "Plan") that outlines the provisions and responsibilities to provide mandated health services in all public schools. Chapter 64F-6.002, Florida Administrative Code (F.A.C.) requires the plan to be completed biennially.



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

- **Part I: 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:

HW 7.21.14

GENERAL INSTRUCTIONS

- The 2012 - 2014 plan format is in a Microsoft Excel file. The cells where you enter information are "unlocked" and allow you to type information into them. The cells with references from statute, rule or program standards are locked.
- Please make sure that you only open the 2012 - 2014 School Health Services Plan format in Microsoft Excel.
- Do not work in this file until you have opened and saved it to your network drive or a flash/travel drive. When saving for the first time, use the "Save As" function and add your county's name to the beginning of the file name so your plan will not be confused with that of another county.
- Insert your county's name into the file "Header" by choosing "File", "Page Set-Up", Header/Footer", "Custom Header".
- If you need clarification on the programmatic items in the plan, please email the School Health mailbox at: hsf_sh_feedback@doh.state.fl.us
- If you have any technical questions about the Excel format not answered by these instructions, please contact Leslie Wurster at (850) 245-4444, Extension 2936 or Leslie_Wurster@doh.state.fl.us for assistance.
- Submit the School Health Services Plan (completed electronic Excel file) by September 15, 2012 to the School Health mailbox at HSF_SH_Feedback@doh.state.fl.us and copy your county's state School Health Program Office liaison.



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

CONTRACT REVIEWED
AND APPROVED:
NW 7.21.14

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 I: PREVENTIVE HEALTH SERVICES FOR ALL PUBLIC SCHOOLS				
I.	1. s. 381.0056, F.S. School Health Services Program.-	Each county health department (CHD) uses the annual schedule C funding allocation (General Appropriations Act) to provide school health services pursuant to the <i>School Health Services Act</i> . (s. 381.0056(1), F.S.)	DSBPC/PCHD	Schedule C funds are allocated to the district to deliver basic and full-service school health services to students by contractual agreement annually.
I.	2. s. 381.0056(3), F.S. The Department of Health (DOH), in cooperation with the Department of Education (DOE), shall supervise the administration of the school health services program and perform periodic program reviews.	a. The CHD and local education agency (LEA) each designate one person to be responsible for the coordination of planning, development, implementation and evaluation of the local school health program. Those two individuals should collaborate throughout the school year to assure program compliance and to plan and assess the delivery of program services. (Ch. 64F-6.002(2)(i), F.A.C.)	DSBPC/PCHD	CHD designee: Carol Cummins, Nursing Director LEA designee: Lisa Kern, Supervisor Student Services (Health) Numerous opportunities for collaborative planning re: delivery of program services occurs on a regular basis.
		b. The local school health services plan shall describe employing or contracting for all health-related staff and the supervision of all school health services personnel regardless of funding source. (Ch. 64F-6.002(2)(j), F.A.C.)	DSBPC/PCHD	The school health model utilized in Pasco County includes Registered Professional School Nurses, Licensed Practical Nurses, and Clinic Assistants (UAP).
		c. Protocols for supervision of school health services personnel shall be described in the local school health services plan to assure that such services are provided in accordance with statutory and regulatory requirements and professional standards. (Ch. 64F-6.002(2)(j)(1), F.A.C.)	DSBPC/PCHD	The Supervisor of Student Services (Health) who is a Registered Professional School Nurse provides clinical supervision for school health staff. The Registered Professional School Nurse provides supervision and direction to LPN staff, and delegates health services as appropriate to UAP.

CONTRACT REVIEWED
AND APPROVED:

NW 7.21.14

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.

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NW 7.21.14

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		d. As per s. 381.0056(4)(a)(18)(b), F.S., each School Health Advisory Committee (SHAC) should include members representing the eight components of the Centers for Disease Control and Prevention's Coordinated School Health (CSH) model. The SHAC is encouraged to address these eight CSH components in the school district's wellness policy pursuant to s. 1003.453, F.S..	DSBPC/PCHD	The School District's School Health Advisory Committee (SHAC) includes members representing the eight components of the Coordinated School Health (CSH) model - health education, physical education, health services, nutrition, counseling, psychological and social services, safe schools, health promotion, and family/community. Percentage of SHAC membership is as follows: 26% LEA, 18% CHD, and 56% Community. Our district achieved Florida Healthy Schools Silver level for the 2012 - 2014 school year.
I.	4. s. 381.0056(4)(a)(1), F.S. Health appraisal	a. Determine the health status of students.	DSBPC	The Registered Professional School Nurse assesses student health status assisted by school health staff (LPN/UAP).
I.	5. s. 381.0056(4)(a)(2), F.S. Records review	a. Perform initial school entry review of student health records, to include school entry physical, immunization status (DH 680), cumulative health record, emergency information, etc. (Ch. 64F-6.005(1), F.A.C.)	DSBPC	The Registered Professional School Nurse (assisted by school health staff) reviews student health records, including physical, immunization, health record, and emergency information.
		b. Perform annual review of each student's emergency information and medical status. An emergency information card for each student shall be updated each year. (CH. 64F-6.004(1)(a), F.A.C.)	DSBPC	The Registered Professional School Nurse (assisted by school health staff) reviews emergency information/medical status annually via emergency card submitted by parent each year.

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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.

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		b. Refer uninsured students that are ineligible for Medicaid to state contracted vision service provider assigned to county (Florida Vision Quest or Florida Heiken Children's Vision Program).	DSBPC, FVQ, Lenscrafters Gift of Sight, Target Optical, Walmart, Lions Club, OneSight Luxottica Group Foundation Vision Van, Kiwanis club	The Registered Professional School Nurse utilizes available state contracted vision services and local community partnerships to refer uninsured or underinsured students with abnormal screening results.
		b. Track screening results and referrals.	DSBPC	The student-based electronic HealthTracker program allows the school nurse to track individual vision screening results and referral outcomes.
		c. Ensure all vision screening services are coded into HMS, to include FTTYs (First Time This Year), outcomes, and incomplete referrals.	DSBPC/PCHD	The electronic HealthTracker program maintains vision screening information and generates EARS reports which are forwarded to the CHD for coding into HMS each month.
I.	10. s. 381.0056(4)(a)(7), F.S. Hearing Screening	a. Provide hearing screening in grades K, 1, & 6 and to new students in K - 5 (minimum), and optionally 3. (Ch. 64F-6.003(2), F.A.C.)	DSBPC, Sertoma Speech & Hearing Foundation, school volunteers	The Registered Professional School Nurse assists the Speech & Language Therapists (SLP) to coordinate mandated hearing screenings utilizing trained volunteers provided by Sertoma Foundation.
		b. Track screening results and referrals.	DSBPC	The student-based electronic HealthTracker program allows the school nurse & SLP to track individual hearing screening results and referrals.
		c. Ensure all hearing screening services are coded into HMS, to include FTTYs, outcomes, and incomplete referrals.	DSBPC/PCHD	The electronic HealthTracker program maintains hearing screening information and generates EARS reports which are forwarded to the CHD for coding into HMS each month.
I.	11. s. 381.0056(4)(a)(8), F.S. Scoliosis Screening	a. Provide scoliosis screening in grade 6 (minimum). (Ch. 64F-6.003(4), F.A.C.)	DSBPC	The Registered Professional School Nurse performs mandatory scoliosis screening annually.
		b. Track screening results and referrals.	DSBPC	The student-based electronic HealthTracker program allows the school nurse to track scoliosis screening results and referrals.

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		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.

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I.	15. s. 381.0056(4)(a)(12), F.S. Meeting emergency health needs in each school	a. Ensure written health emergency policies and protocols are maintained and include minimum provisions. (Ch. 64F-6.004(1), F.A.C.)	DSBPC	The district's successful completion of the Readiness & Emergency Management Grant has led to increased training, improved drill compliance, and updated School Health Emergency Response plans. All schools follow the District Comprehensive Emergency Operations Plan, recently revised and available on the district website. The district is also updating pandemic response and special needs evacuation plans.
		b. Ensure health room staff and two additional staff in each school are currently certified in cardiopulmonary resuscitation (CPR) and first aid and a list posted in key locations. (Ch. 64F-6.004(2&3), F.A.C.)	DSBPC	The clinic assistant position requires current CPR/First Aid certification. List of CPR, FA, and AED certified staff is posted on every campus in clinic, front office, cafeteria, gym, and other locations.
		c. Assist in the planning and training of staff responsible for emergency situations. (Ch. 64F-6.004(4), F.A.C.)	DSBPC	The Registered Professional School Nurse maintains instructor trainer status through the American Heart Association and is responsible for providing school-based staff certification. Each school campus drills their Health Emergency Response Team each semester, including AED protocol.
		d. The school nurse shall monitor adequacy and expiration of first aid supplies, emergency equipment and facilities. (Ch. 64F-6.004(5), F.A.C.)	DSBPC	The Registered Professional School Nurse (assisted by school health staff) monitors supplies, equipment and facilities for adequacy. A trauma bag is maintained by the school nurse at all sites. Each campus is equipped with at least one AED.
		e. The school principal (or designee) shall assure first aid supplies, emergency equipment, and facilities are maintained. (Ch. 64F-6.004(6), F.A.C.)	DSBPC	The site administrator (assisted by school health staff) makes sure that all necessary first aid supplies, equipment and facilities are maintained appropriately.
		f. Document all injuries or illnesses requiring emergency treatment & report to the principal. (Ch. 64F-6.004(7), F.A.C.)	DSBPC	Site administrator receives notification whenever 911 is called and Health Emergency Response Team is activated. Accident forms are completed as necessary.
		g. It is the responsibility of each school that is a member of the Florida High School Athletic Association to: (1) have an operational automatic external defibrillator (AED), (2) ensure employees expected to use the AED obtain appropriate training, and (3) and register the AEDs with the county emergency medical services director. (s. 1006.165, F.S.)	DSBPC	Board Policy: 8452 - USE OF AUTOMATIC EXTERNAL DEFIBRILLATORS (AED) describes district policy & procedural guidelines for AED use including plan development, drills, and use during FHSAA events. Each school has an active, appropriately trained AED/Health Emergency Response Team, and one staff member is responsible for AED maintenance and monthly checks. PCHD Medical Director provides oversight for the AED program and each activated machine is registered with Pasco Fire & Rescue.

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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, RCMC, 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 (RMC), 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.

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I.	20. s. 381.0056(4)(a)(17), F.S. Provision of health information for exceptional student education (ESE) program placement	Provide relevant health information for ESE staffing and planning according Ch. 6A-6.0331 and 64F-6.006, F.A.C.	DSBPC	Collaboration between the Student Services and ESE Department to provide health care for special needs students occurs on a continuous basis. The Registered Professional School Nurse provides direction and supervision to school-based LPN and delegates health services to UAP as appropriate on select school campuses where students require specialized health care. School nurses are members of the Response to Intervention (RtI) / MTSS teams which engage in collaborative problem-solving to provide effective, evidenced-based instruction and social-emotional-health intervention to all students.
I.	21. s. 381.0056(5)(a)(18), F.S.	a. Notify each private school annually of the school health services program and the opportunity to participate.	DSBPC	Private schools receive notification re: availability of school health services on an annual basis.
		b. Private schools participating in the program shall meet specified requirements per s. 381-0056(5)(a)-(g), F.S.	DSBPC	Administrators of participating non-public schools complete annual contracts which specify required school health program standards. Each site designates a representative to participate on the School Health Advisory Committee (SHAC).
I.	22. s. 381.0056(6)(a), F.S. The district school board shall include health services and health education as part of the comprehensive plan for the school district.		DSBPC	The DSBPC recognizes and supports the importance of providing quality school health services and health education so that all students can reach their highest potential.
I.	23. s. 381.0056(6)(b), F.S. The district school board shall provide in-service health training for school personnel.		DSBPC	Annual training is provided to all school health staff working in school health clinics. New staff receive orientation and are assigned mentors. The Registered Professional School Nurse provides regular training for staff on Blood Borne Pathogens, chronic health conditions, CPR/AED/FA, communicable diseases and other health-related topics.
I.	24. s. 381.0056(6)(c), F.S. The district school board shall make available adequate physical facilities for health services.	Health room facilities in each school will meet DOE requirements. (State Requirements for Educational facilities, December 2007)	DSBPC	Each school campus has designated an appropriate location for provision of health services. These school clinics meet or exceed all DOE requirements.
I.	25. s. 381.0056(6)(d), F.S. The district school board shall, at the beginning of each school year, provide parents with information concerning ways that they can help their children to be physically active and eat healthful foods.		DSBPC	Students and parents are informed of ways to help their children stay physically active and eat healthy foods through the DSBPC website (http://www.pasco.k12.fl.us/nutrition/) and also receive wellness information through individual school newsletter and/or website.

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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/student/services/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/student/services/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.

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I.	29. s. 1006.062(1)(a), F.S. Each district school board shall include in its approved school health services plan a procedure to provide training, by a licensed registered nurse, a practical nurse, a physician or a physician assistant (pursuant to chapter 458 or 459), to the school personnel designated by the school principal to assist students in the administration of prescribed medication.	Include provisions in the procedure for general and student-specific medication training.	DSBPC/PCHD	The Registered Professional School Nurse provides annual general and student-specific medication training to unlicensed assistive personnel (UAP) designated by the site administrator. A copy of the medication administration guidelines are provided to each trained staff member. The Healthy Student Program protocols guide UAPs to administer over-the-counter medications to students under the guidance and direction of the school nurse (with parent authorization). The Medical Director of the CHD provides oversight for this program which is available on most secondary school campuses, and is designed to treat simple health complaints and allow students to remain in school.
I.	30. s. 1006.062(1)(b), F.S. Each district school board shall adopt policies and procedures governing the administration of prescription medication by district school board personnel.	a. The school district medication policy will be reviewed annually and updated as necessary to ensure student safety.	DSBPC	Board Policy: 5330 - USE OF MEDICATIONS addresses administration of prescription and over-the-counter medications. It is reviewed annually and updated as needed. Medication administration procedures are available on the district website (http://www.pasco.k12.fl.us/student-services/programs/immunizations/) and in the student planner.
		b. The school district medication policy will address the use of designated school staff for medication administration and be consistent with delegation practices per Ch. 64B9-14, F.A.C.	DSBPC	The Registered Professional School Nurse provides annual general and student-specific medication training to unlicensed assistive personnel (UAP) designated by the site administrator. Medication administration guidelines are provided to each trained staff member.
	31. s. 1002.20(3)(h), F.S. Students with asthma whose parent and physician provide approval may carry a metered dose inhaler on their person while in school.	Develop and implement an individualized health care plan (IHCP) and Emergency Action Plan (EAP) to ensure safe use of inhaler by student.	DSBPC	An authorization to carry and self-administer MDI 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.

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	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.

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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.	35. s. 1006.062(4), F.S. Nonmedical assistive personnel shall be allowed to perform health-related services upon successful completion of child specific training by a registered nurse or advanced registered nurse practitioner, physician or physician assistant.	a. Document health related child-specific training by an RN for delegated staff.	DSBPC	According to Board Policy 5335: CARE OF STUDENTS WITH CHRONIC HEALTH CONDITIONS: The Registered Professional School Nurse and the site administrator are responsible for maintaining documentation of child-specific training on an annual basis.
		b. Use of nonmedical assistive personnel shall be consistent with delegation practices per Ch. 64B9-14, F.A.C.	DSBPC	The Registered Professional School Nurse delegates performance of health-related services to unlicensed assistive personnel (UAP) designated by the site administrator in accordance with FAC.

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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

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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)
II.	4. s. 381.0057(6), F.S. Reducing teenage pregnancy.	a. Identify and provide interventions for students at risk for early parenthood.	N/A	N/A
		b. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.	N/A	N/A
		c. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.	N/A	N/A
		d. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.	N/A	N/A
II.	5. s. 381.0057(5), F.S. A parent may, by written request, exempt a child from all or certain services provided by a school health services program described in subsection (3).		N/A	N/A

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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 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 RCMCM 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				

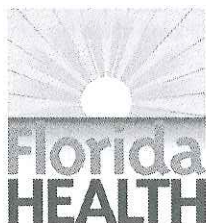
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Part	Statutory Requirements (Legislative mandates that establish School Health Program requirements)	Program Standards (Standards that support the associated statutory requirements, are identified, if required. Administrative codes are identified when 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)
IV.	1. s. 381.0059, F.S. Pursuant to the provisions of chapter 435, any person who provides services under a school health services plan pursuant to s. 381.0056 must meet level 2 screening requirements as described in s. 435.04. A person may satisfy the requirements of this subsection by submitting proof of compliance with the requirements of level 2 screening conducted within 12 months before the date that person initially provides services under a school health services plan.	Collaborate with school district to ensure district background screening policies per s. 1012.465, F.S., do not result in duplicate or conflicting background screening requirements for staff providing school health services.	DSBPC/PCHD	All employees of DSBPC and CHD must have level 2 background screening prior to employment. There is no duplication of screening requirements for CHD staff providing school health services.

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NW 7-21-14



2012–2013 Annual School Health Report

PASCO County

Due by August 15, 2013

Email Report as an Attachment to:

To: HSF SH Feedback@doh.state.fl.us

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AND APPROVED:

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2012-2013 Annual School Health Services Report

2012-2013 Annual School Health Report General Instructions and List of Changes from 2011-2012

Please read these instructions completely before entering information in the 2012-2013 Annual School Health Report format.

General Instructions: The 2012-2013 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 2012-13 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 2011-2012 Annual School Health Report

- Page 3: Name and contact information for Comprehensive and Full Service are no longer being requested, name and contact information for the Department of Health County Office being requested.
- Page 4: A space for the dual category Comprehensive/Full Service Schools is no longer provided. Please distribute these schools between the Comprehensive and Full Service categories.
- Page 5: The directions for the table documenting students needing medications and/or procedures now clarify that this table documents the numbers of students that have parental authorizations and physicians' orders for medications and/or medical procedures at school (in some counties - parental authorization only for over-the-counter medications).
- Page 6: Outcomes/Dispositions of School Health Room/Clinic Visits do not have to be reported for Basic, Comprehensive and Full Service. Only report the total number of School Health Room Outcome/Dispositions by type: Return to Class, Sent Home, Other.
- Page 7: The Comprehensive School Health Total Visits table (Table I) has been eliminated.
- Page 10 The table to report the number of schools with school health staff on-site full-time (5 Days a Week, 6 - 8 Hours Per Day) In 2012-2013 has a new section to report the number of schools with any full-time health staff (ARNP, RN, LPN, Health Aide/Health Tech/CNA).
- Page 12 This table that documents Non-Schedule C funds expended for school health services is now referred to as Non-Schedule C Revenue and Expenditures for school health services. Do not document the school health general revenue, tobacco revenue and federal revenue that DOH allocated to your county in this table.



2012-2013 Annual School Health Services Report

Pasco

County Name

School Health Contacts for 2013-2014 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.

Department of Health County Office

Administrator / Director

Name: Michael J Napier
Licenses and/or Degrees: MS
Job Title: Administrator
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

Department of Health County Office

Director of Nursing

Name: Kathleen Yeater
Licenses and/or Degrees: RN, BSN, MS, CHES
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: Kathleen_Yeater@doh.state.fl.us

Department of Health County Office

Business Manager for School Health

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

Department of Health County Office

School Health Coordinator

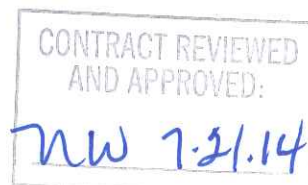
Name: Kathleen Yeater
Licenses and/or Degrees: RN, BSN, MS, CHES
Job Title: Executive Community Health Nursing Director
Address: 10841 Little Road, Building B
City: New Port Richey Zip Code: 34654
Phone/Ext: (727) 861-5250, ext. 107
Work Cell Phone: _____
Fax: (727) 861-4817
Email: Kathleen_Yeater@doh.state.fl.us

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

Name: Lisa Kern
Licenses and/or Degrees: MSN, RN, 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

School Health Advisory Committee Chairperson

Name: Margaret E. Polk
Licenses and/or Degrees: BSN, RN, 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



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2012-2013 Annual School Health Services Report

ANNUAL SCHOOL HEALTH REPORT

Part I: Basic School Health (in Basic, Comprehensive and Full Service Schools) Reporting Period July 1, 2012 through June 30, 2013

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	28339	15032	16748	325	60,444
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	1302		2579		3,881
Public Charter SCHOOLS				5	5
Public Charter School STUDENTS				2194	2,194
Public Alternative SCHOOLS (not Department of Juvenile Justice)				2	2
Public Alternative School STUDENTS (not Department of Juvenile Justice)				238	238
Total Public SCHOOLS	46	15	13	9	83
Total Public School STUDENTS	29,641	15,032	19,327	2,757	66,757

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2012-2013 Annual School Health Services Report

I-B.1 Types of Health Conditions - July 1, 2012 through June 30, 2013

Directions: The number of health conditions that are identified through review of emergency information records, physical assessments, or physicians diagnoses on medication administration forms in all elementary, middle and high schools in the school district.

Reported Health Conditions		Totals
ADD/ADHD		4,863
Allergies - Not Severe		6,897
Allergies - Severe		787
Asthma		7,584
Bleeding Disorder		25
Cancer		54
Cardiac Conditions		697
Cystic Fibrosis		15
Diabetes		220
Epilepsy / Seizures		661
Kidney Disorders		257
Psychiatric Conditions		1,782
Sickle Cell Disease		20
Other:	Gastrointestinal Disorder	437
Other:	Thyroid Disorder	70
Other:		
Totals		24,369

I-C.1 Number of Students Needing Medications and/or Procedures from July 1, 2012 through June 30, 2013

Directions: Complete this table with an unduplicated count of the students that had parental authorizations and physician's orders for the procedures and/or medications during 2012-13. *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		169
Medications/Other Injections		699
Medication/Intravenous		0
Medications/Inhaler (or nebulizer)		1,313
Medications/Oral (by mouth)		3,888
Medications/Nasal		9
Other Route-Specify:	Rectal	57
Other Route-Specify:	Topical	365
Other Route-Specify:	Eye/Ear	27
Sub-Total		6,527
Procedures		
Carbohydrate Counting		153
Glucose Monitoring		192
Catheterization		14
Colostomy, Ileostomy, Urostomy, Jejunostomy Care (site care)		37
Electronic Monitoring (cardiac, oximetry, other)		45
J, PEG, NG Tube Feeding		37
Oxygen Continuous or Intermittent		1
Specimen Collection or Testing		120
Tracheostomy Care		3
Ventilator Dependent Care		1
Other Procedure- Specify:	VNS	5
Other Procedure- Specify:	Oral suctioning	4
Other Procedure- Specify:		
Sub-Total		612
Total		7,139

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2012-2013 Annual School Health Services Report

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 2013 February FTE Week

Directions: Include health room/clinic (or other location) visits for school health services documented during February 2013 FTE Week (February 11-15, 2013) 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 2013 FTE week:	15913
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I-D.2 Number of Medication Doses Administered and/or Procedures Performed during 2013 February FTE Week

Directions: In this table document all procedures performed and/or medications administered at district schools during February 2013 FTE Week (February 11-15, 2013) 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		811
Medications/Other Injections		0
Medication/Intravenous		0
Medications/Inhaler (or nebulizer)		1,099
Medications/Oral (by mouth)		3,307
Medications/Nasal		5
Other Route-Specify:	Eye/ear gtt	37
Other Route-Specify:	Topical	148
Other Route-Specify:	G Tube Medication	77
Sub-Total		5,484
Procedures		
Carbohydrate Counting		816
Glucose Monitoring		1,255
Catheterization		75
Colostomy, Ileostomy, Urostomy, Jejunostomy Care (site care)		75
Electronic Monitoring (cardiac, oximetry, other)		11
J, PEG, NG Tube Feeding		208
Oxygen Continuous or Intermittent		0
Specimen Collection or Testing		126
Tracheostomy Care		22
Ventilator Dependent Care		0
Other Procedure- Specify:	G Tube vent/flush	138
Other Procedure- Specify:	Skin observation	35
Other Procedure- Specify:	BP monitoring	38
Sub-Total		2,799
Total		8,283

I-E.1 Outcomes/Dispositions of Student Visits to the School Health Rooms/Clinics ALL SCHOOL HEALTH PROGRAMS

NOTE: NOT AN FTE WEEK CHART, INCLUDE ALL VISITS FROM SCHOOL CLINIC LOGS FROM JULY 1, 2012 - JUNE 30, 2013.

School Health Room Visit Outcomes/Dispositions: All School Health Programs

1. Returned to Class	364,717
2. Sent Home	40,023
3. Other:	130
Total	404,870

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2012-2013 Annual School Health Services Report

Part II: Comprehensive School Health Reporting Period: July 1, 2012 through June 30, 2013

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 Student Referrals in Schools with Comprehensive School Health Services

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, 2012 through June 30, 2013

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, 2012 through June 30, 2013) after giving birth.



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2012-2013 Annual School Health Services Report

II-C.1 Group Health Services Log Summary for July 1, 2012 through June 30, 2013

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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2012-2013 Annual School Health Services Report

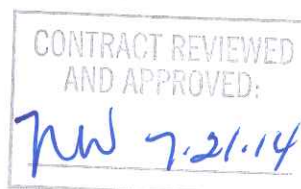
Part III: Full Service Schools

Part III-A.1 In-Kind Services Provided at Full Services Schools from July 1, 2012 through June 30, 2013

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 2012-2013. 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	10.0	400.00
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	1186.0	168,412.00
Economic Services		
Healthy Start/Healthy Families	35.0	4,375.00
Job Placement Services	20.0	300.00
Mental Health Services	210.0	6,720.00
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	100.0	3,600.00
Social Work Services		
Substance Abuse Counseling		
TANF programs (job training, pregnancy prevention, etc.)		
All Other		
Totals	5,258	\$286,209



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2012-2013 Annual School Health Services Report

Part IV: Staffing for July 1, 2012 through June 30, 2013

IV-A.1 Number of Schools with School Health Staff On-Site Full Time (5 Days a Week, 6 - 8 Hours Per Day) In 2012-2013 THIS TABLE COUNTS SCHOOLS NOT STAFF

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).

	Elementary Schools	Middle Schools	High Schools	Combined Level Schools
Hiring Entity	Schools that are Staffed with a Full-Time Advanced Registered Nurse Practitioner (ARNP)			
County Health Department				
School District	0	0	0	0
Community Partners				
Other				
	Schools that are Staffed with a Full-Time Registered Nurse (RN)			
County Health Department				
School District	0	1	1	2
Community Partners				
Other				
	Schools that are Staffed with a Full-Time Licensed Practical Nurse (LPN)			
County Health Department				
School District	8	1	5	0
Community Partners				
Other				
	Schools that are Staffed with a Full-Time Health Aide/Health Tech/CNA			
County Health Department				
School District	46	15	13	2
Community Partners				
Other				
	Schools that are Staffed with a Any Full-Time Health Staff (ARNP, RN, LPN, Health Aide/Health Tech/CNA)			
County Health Department				
School District				
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, 2012 through June 30, 2013

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

Directions for School Health Staff in 2012-2013:

- 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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2012-2013 Annual School Health Services Report

2012-2013					
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 2012-2012				
School Health Coordinator-Registered Nurse (RN)					
School Health Coordinator-(Non-RN)					
School Health Nursing Supervisor (RN)		1.0			
Adv. Reg. Nurse Practitioner (ARNP)					
Registered Nurse (RN)		31.0			
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 2012-2013				
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 2012-2013				
School Health Coordinator-Registered Nurse (RN)					
School Health Coordinator-(Non-RN)					
School Health Nursing Supervisor (RN)					
Adv. Reg. Nurse Practitioner (ARNP)					
Registered Nurse (RN)		4.0			
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) 2012-13				
<i>Note: The following section is to document <u>only</u> health services staff that provide services <u>exclusively</u> 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 2012-2013				
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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2012-2013 Annual School Health Services Report

Directions

Section V-A Revenue and Expenditures Health Services and Health Education Services in Schools for July 1, 2012 through June 30, 2013 (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 revenue and expenditures by funding source that were expended for school health services during 2012-2013. 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) Revenue and Expenditures for School Health Services (Do not include School Health Schedule C revenue.): List on the appropriate line CHD revenue and expenditures, by funding source, that were budgeted and expended for school health services during FY 2012-2013.

V-A.2 School District Revenue and Expenditures for School Health Services: List on the appropriate line school district revenue and expenditures, by funding source, that were budgeted and expended for school health services in 2012-2013.

NOTE: Please include only revenues and expenditures 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 revenues and expenditures by funding source, that were budgeted and expended for school health services in 2012-2013.

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

Section V-A Non-Schedule C Revenue and Expenditures for School Health Services for July 1, 2012 - June 30, 2013

NOTE: DO NOT INCLUDE SCHOOL HEALTH SCHEDULE C REVENUE OR CARRYOVER

V-A.1 2012 - 2013 County Health Departments (CHD) Revenue and Expenditures for Health Services and Health Education in Schools		Revenue	Expenditures
Medicaid Certified Match			
Medicaid Cost Reimbursement			
2011-12 CHD Non-Schedule C Schedule C Non-Categorical 2011-12 CHD Trust Fund			
2011-12 CHD Non-Schedule C Non-Schedule C 2011-12 CHD Trust Fund			
Other #1:			
Other #2:			
Other #3:			
County Health Department Sub-Totals		0	0
V-A.2 2012 - 2013 School District Revenue and Expenditures for Health Services and Health Education in Schools		Revenue	Expenditures
Basic School Health (School District Funds - Not CHD Schedule C Funds)		3327105.00	3201819.00
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		114521.00	100849.00
First Start, Pre-Kindergarten, Head Start		299300.00	219901.00
Exceptional Student Education		175783.00	144965.00
Safe & Drug Free Schools			
Safe Schools			
Early Intervention			
Administrative Claiming			
ESE Medicaid Certified Match			
Other #1:	Readiness and Emergency Management Grant	111922.00	111922.00
Other #2:			
School District Sub-Totals		4,028,631	3,779,456
V-A.3 2012 - 2013 Community and Public-Private Partner Revenue and Expenditures for Health Services and Health Education in Schools		Revenue	Expenditures
Abstinence Grant			
Children's Services Council			
Juvenile Welfare Board			
United Way			
County Commission			
Health Care Taxing District			
Hospital Taxing District			
Hospital:			
Hospital:			
University:			
Other #1:			
Other #2:			
Other #3:			

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2012-2013 Annual School Health Services Report

Community and Public-Private Partner Sub-Totals	0	0
Totals	4,028,631	3,779,456

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Attachment V

Sample Invoice

Date

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

Attn: Connie Brooks, Contract Manager

Re: PC501, 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 # PC501, 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



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Memorandum of Negotiation

Contract # PC501

On 5/23/2014, *an email detailing the information was sent* ~~a meeting was held with:~~

Name:

Lisa Kern

Position:

Supervisor of Student Health Services

Representing:

District School Board of Pasco County, and:

Name:

Constance A. Brooks

Position:

Purchasing Director II

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: ☒

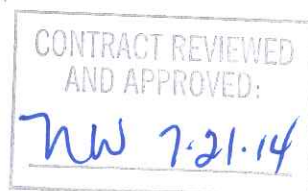
Outcome measures were reviewed: ☐

Provider Representative

Department Representative

Date: _____

Date: _____



Attachment VI

Sample Invoice

Date

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

Attn: Connie Brooks, Contract Manager

Re: PC501, 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. The EARs for the preceding 3 months have previously been submitted.

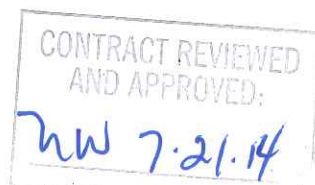
Please remit the amount of \$_____ (\$28,353.22 for quarters #1, 2, and 3, and \$28,353.24 for quarter #4) for services rendered on behalf of the School Health Services Contract # PC501, the _____ installment of the contract.

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



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Attachment V

Pasco County Basic School Health Services Schools: Elementary

Anclote Elementary School
Calusa Elementary School
Centennial Elementary School
Connerton Elementary School
Cotee River Elementary School
Cypress Elementary School
Deer Park Elementary School
Denham Oaks Elementary School
Double Branch Elementary School
Fox Hollow Elementary School
Dr. Mary Giella Elementary School
Gulf Highlands Elementary School
Gulf Trace Elementary School
Gulfside Elementary School
Hudson Elementary School
Lacoochee Elementary School
Lake Myrtle Elementary School
Mitty P. Locke Elementary School
Longleaf Elementary School
James M. Marlowe Elementary School
Moon Lake Elementary School
New River Elementary School
Northwest Elementary School
Oakstead Elementary School
Odessa Elementary School
Pasco Elementary School
Pine View Elementary School
Richey Elementary School
San Antonio Elementary School
Sand Pine Elementary School
Schrader Elementary School
Seven Oaks Elementary School
Seven Springs Elementary School
Sunray Elementary School
Chester W. Taylor Elementary School
Trinity Elementary School
Trinity Oaks Elementary School
Veterans Elementary School
Watergrass Elementary School
Wesley Chapel Elementary School
West Zephyrhills Elementary School

Combined School

Crews Lake K - 8
Marchman Technical Education Center
Moore-Mickens Education Center
Harry Schwettman Education Center
James Irvin Education Center

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Middle

Bayonet Point Middle School
Centennial Middle School
Chasco Middle School
Gulf Middle School
Hudson Middle School
Dr. John Long Middle School
Pasco Middle School
Pine View Middle School
River Ridge Middle School
Charles S. Rushe Middle School
Seven Springs Middle School
Paul R. Smith Middle School
R. B. Stewart Middle School
T. E. Weightman Middle School

High

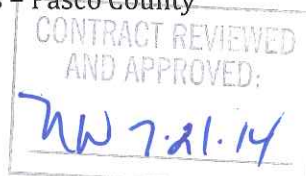
Anclote High School
Fivay High School
Gulf High School
Hudson High School
Land O'Lakes High School
James W. Mitchell High School
River Ridge High School
Sunlake High School
Wesley Chapel High School
Wiregrass Ranch High School
Zephyrhills High School

Pasco County Full Service Schools:

R. B. Cox Elementary School
Woodland Elementary School
Pasco High School
Ridgewood High School

Pasco County Charter Schools:

Academy at the Farm
Athenian Academy of Pasco
Classical Preparatory
Countryside Montessori
Dayspring Academy (Elementary)
Dayspring Academy (Middle School)
FL Virtual Academy at Pasco Schools
Imagine School at Land O'Lakes
Learning Lodge Academy
Pepin Academies - Pasco County



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CFDA No. 93.767

CSFA No.

Contract # 2015000099

STATE OF FLORIDA
DEPARTMENT OF HEALTH
STANDARD CONTRACT

☐ Client ☐ Non-Client
☐ Multi-County

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 (F.S.)

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, F.S. The Department may, if specified in Attachment I, establish rates lower than the maximum provided in §112.061, F.S. To allow public access to all documents, papers, letters, or other materials subject to the provisions of Chapter 119, F.S., 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 §215.473, F.S. Pursuant to §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 §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 §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.

NW 7-21-14

- 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 contract manager. 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 §215.97 F.S., 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.
9. Public Records. Keep and maintain public records that ordinarily and necessarily would be required by the provider in order to perform the service; provide the public with access to such public records on the same terms and conditions that the public agency would provide the records and at a cost that does not exceed that provided in Chapter 119, F.S., or as otherwise provided by law; ensure that public records that are exempt or that are confidential and exempt from public record requirements are not disclosed except as authorized by law; and meet all requirements for retaining public records and transfer to the public agency, at no cost, all public records in possession of the contractor upon termination of the contract and destroy any duplicate public records that are exempt or confidential and exempt. All records stored electronically must be provided to the public agency in a format that is compatible with the information technology systems of the agency.

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

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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

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.
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. **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, F.S.**

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, F.S., 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 the 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 Subcontractor Expenditure 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, F.S. 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, F.S., 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, F.S., and Chapter 41-2,

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NW 7-21-14

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08/13

F.A.C. The provider shall submit to the Department the reports required pursuant to Volume 10, Chapter 27, Department of Health 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, F.S., in the same manner and under the procedures set forth in §946.515(2) and §(4), F.S. 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 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, F.S.

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 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 procurement system. Pursuant to §287.057(23), F.S. (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 Department of Health 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, F.S., 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 fifteen (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, F.S., 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, F.S., 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

AND APPROVED:
NW 7.21.14

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08/13

any public entity, and may not transact business with any public entity in excess of the threshold amount provided in §287.017, F.S., 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, F.S., 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 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, F.S., 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. Questions should be directed to the EFT Section at (850) 410-9466. The previous sentence is for notice purposes only. Copies of Authorization form and sample bank letter are available from the Department.

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, §384.29, §381.004, §392.65, and §456.057, F.S. 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 \$137,325.25 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, F.S., 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, F.S., 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.



08/13

III. THE PROVIDER AND THE DEPARTMENT MUTUALLY AGREE

A. Effective and Ending Dates

This contract shall begin on July 1, 2014 or on the date on which the contract has been signed by both parties, whichever is later. It shall end on June 30, 2015.

B. Termination

1. Termination at Will

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), F.A.C. 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.

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
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

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
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, VI, 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: 02/26/14



PC502 (Continued)

PROVIDER: **District School Board of Pasco County**

Signature: _____
 Alison Crumbley, Chairman

Date: _____



ATTACHMENT I

A. Services to be Provided

1. Definition of Terms

- a. Annual School Health Services Report: An annual report submitted to the Department by August 15th of each year that reflects reported health conditions, services provided, staffing and expenditures. The reporting period will cover July 1st through June 30th each year for the duration of this contract.
- b. Contract Manager – The individual designated by the Department to be responsible for the monitoring and management of this contract.
- c. Fiscal Year: July 1st to June 30th.
- d. Health Management System (HMS): The Department's data system into which documented school health services are entered by service codes identified in the most current School Health Coding Manual, incorporated by reference. This data is used to provide a full accounting of school health services provided.
- e. Local Education Agency (LEA): As defined in the Elementary and Secondary Education Act, a public board of education or other public authority legally constituted within a State for either administrative control or direction of, or to perform a service function for, public elementary schools or secondary schools in a city, county, township, school district, or other political subdivision of a State, or for a combination of school districts or counties that is recognized in a State as an administrative agency for its public elementary schools or secondary schools.
- f. School Health Services Plan: A document created by the Department, the Local Education Agency, and the local School Health Advisory Committee, that describes the school health services to be provided within the county, and the responsibility for provision of the services, as required by Section 381.0056(4)(e), Florida Statutes. The School Health Services Plan is developed every two years.
- g. School Health Advisory Committee (SHAC): Committee that provides a forum for the school community, health professionals, and interested citizens to discuss issues and seek solutions to better wellness in the lives of school children and staff.
- h. Quarter: One-fourth (three months) of a fiscal year. The quarters are July 1 through September 30 (quarter 1); October 1 through December 31 (quarter 2); January 1 through March 31 (quarter 3); and April 1 through June 30 (quarter 4).
- i. Youth Risk Behavior Survey (YRBS): School-based survey that monitors six types of health-risk behaviors and is conducted by the Centers for Disease Control and Prevention in collaboration with local educational and health agencies. The survey is conducted every other odd-numbered year. The health-risk behaviors that it monitors are behaviors that contribute to unintentional injuries and violence; sexual behaviors that contribute to unintended pregnancy and sexually transmitted

diseases, including HIV infection; alcohol and other drug use; tobacco use; unhealthy dietary behaviors, and inadequate physical activity.

2. General Description

- a. General Statement: This contract provides school health services to students enrolled in and attending public and participating non-public schools in Pasco County.
- b. Authority: Sections 381.0056, 381.0059, and 402.3026, Florida Statutes; and Florida Administrative Code Chapter 64F-6.

3. Clients to be Served

- a. General Description: Provider will provide school health services to students attending public and participating non-public schools identified in Attachment V.
- b. Client Eligibility: All students ("eligible students") enrolled in and attending a public or participating non-public school identified in Attachment V, whose parents do not submit a written opt-out form are eligible to receive services under this contract.

B. Manner of Service Provision

1. Scope of Work: Provider will provide basic school health services at all schools listed in Attachment V, as well as specialized services at schools designated as full service schools in Attachment V. Provider will also participate in the development of the School Health Services Plan, send opt-out forms to parents/guardians, and create emergency information forms for all students.
 - a. Task List - Provider must perform the following tasks:
 - 1) Collaborate with the Department, the Local Education Agency (LEA), and the School Health Advisory Committee (SHAC) in the development of the School Health Services Plan. The School Health Services Plan must be developed in accordance with Florida Administrative Code Rule 64F-6.002(2) and (3).
 - 2) Ensure all parents/guardians receive written information about the school health services offered under this contract and an opt-out form within 30 days of the start of the school year, allowing them to exempt their child from receiving services under this contract.
 - 3) Collect emergency information forms for all eligible students which must include at a minimum, emergency contact information, information on the student's known allergies, list of the student's medications, and authorization for emergency medical treatment.
 - 4) Provide basic school health services at all schools listed in Attachment V. Basic school health services must be provided in accordance with Section 381.0056, Florida Statutes, Florida Administrative Code Chapter 64F-6.001-6.006, and the most recent version of the Florida School Health Administrative Guidelines. For basic school health services, Provider must:

- a) Review student health records for all students by June 30th of each contract year.
 - b) Perform vision screenings for all eligible students in kindergarten, first, third, and sixth grade each contract year.
 - c) Perform hearing screenings for all eligible students in kindergarten, first, and sixth grade each contract year
 - d) Perform scoliosis screenings for all eligible students in sixth grade each contract year.
 - e) Perform growth and development screenings which must include a body mass index (BMI) percentile calculation, for all eligible students in first, third, and sixth grade each contract year.
 - f) Refer all students with abnormal screening results to appropriate health care providers for further evaluation and or treatment within 45 days of receiving an abnormal screening result.
 - g) Follow-up with parents of students referred for further evaluation and or treatment to ensure the students received the necessary additional evaluation and or treatment.
 - h) If Provider becomes aware that a student is pregnant, Provider must provide the student with information on interagency collaborations for assistance, counseling, education, and prenatal care.
 - i) Provide additional basic school health services as specified in the most recent version of the School Health Services Plan.
- 5) Provide specialized services in accordance with Section 402.3026, Florida Statutes and as specified in the most recent version of the local School Health Services Plan at schools designated as full service schools in Attachment V.
 - 6) Participate in the Youth Risk Behavior Survey (YRBS) if one of the schools Provider serves under this contract is selected for the survey.
 - 7) Submit all service and screening data for each month to the Department within 15 days following the end of each month in a format that can be used by the Department for entry into HMS.
 - 8) Maintain the following documentation and information:
 - a) Cumulative health record for each student, which contains:
 - (1) Florida Certificate of Immunization (Form DH 680) or Part A or B exemptions.



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- (2) School Entry Health Exam form (DH 3040, 6/02/DH3040-CHP-07-2013) or other form as specified in Section 1003.22, Florida Statutes and Florida Administrative Code Chapter 6A-6.024.
- (3) Documentation of screenings, results, referrals, follow-up attempts and outcomes.
- b) Individualized healthcare plans, as determined by the nursing process and emergency care plans for chronic or complex health conditions.
- c) Individualized medication administration records to document medication assistance to students.
- d) Treatment logs to document medical procedures and treatments.
- e) Daily Clinic Logs in all public and participating non-public schools pursuant to General Records Schedule GS7 for Public Schools PreK-12 and Adult and Career Education, June 1, 2012.
- f) 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.
- g) Child-Specific training and periodic follow-up monitoring of unlicensed assistive personnel as determined by the nursing process as specified in Sections 1006.062(1)(b)2.(4)(a)-(d) and 1006.062(1)(b)2.(5), Florida Statutes.
- h) Health records of individual students must be maintained in accordance with Section 1002.22, Florida Statutes.
- 9) Submit all information necessary for the completion of the Annual School Health Services Report to the Contract Manager within 30 days following the end of each contract year.
- b. Deliverables - Provider must complete or submit the following deliverables:
 - 1) Quarterly basic school health services, with supporting documentation as specified in Task B.1.a.1) through B.1.a.4).
 - 2) Quarterly specialized services as specified in Task B.1.a.5).
 - 3) Quarterly administrative support as specified in Tasks B.1.a.6) through B.1.a.8).
 - 4) Annual School Health Services Report as specified in Task B.1.a.9).
- c. Performance Measures - Deliverables must be met at the following minimum level of service:
 - 1) Deliverable B.1.b.1):



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- a) Provider must ensure all parents/guardians receive written information describing the school health services offered under this contract along with an opt-out form within 30 days of the start of the school year.
 - b) Provider must collect emergency information forms for all eligible students by September 30th.
 - c) Provider must review student health records for 3% of all students by September 30th, 15% of all students by December 31st, and 90% of all students by March 31st.
 - d) Vision screenings must be performed for 45% of eligible students in kindergarten, first, third, and sixth grade by December 31st and 95% of eligible students in kindergarten, first, third, and sixth grades by March 31st of each contract year.
 - e) Hearing screenings must be performed for 45% of eligible students in kindergarten, first, and sixth grade by December 31st and 95% of eligible students in kindergarten, first, and sixth grade by March 31st of each contract year.
 - f) Scoliosis screenings must be performed for 45% of eligible students in sixth grade by December 31st and 95% of eligible students in sixth grade by March 31st of each contract year.
 - g) Growth and development screenings must be performed for 45% of eligible students in first, third, and sixth grade by December 31st and 95% of eligible students in first, third, and sixth grade by March 31st of each contract year.
 - h) All students with abnormal screening results must be referred within 45 days of receiving the abnormal screening results.
 - i) Provider must follow-up with all parents/guardians of students who were referred for additional evaluation and or treatment.
- 2) Deliverable B.1.b.2): Provider must provide specialized services at schools designated as full service schools in Attachment V, as specified.
- 3) Deliverable B.1.b.3):
- a) Provider must submit monthly service and screening data to the Contract Manager within 15 days following the end of each month as specified.
 - b) Provider must maintain all student health records as specified at all times during the contract.
- 4) Deliverable B.1.b.4): Provider must submit all information necessary for the Annual School Health Services Report to the Contract Manager within 30 days following the end of each contract year.

2. Financial Consequences - If Provider does not complete the deliverables in the time and manner specified in Section B.1.b., the following financial consequences will be assessed:

a. Deliverable B.1.b.1):

- 1) Failure to provide all parents/guardians with written information on the school health services offered under this contract and an opt-out exemption form within 30 days of the start of the school year will result in a 1% reduction to the first quarter's invoice.
- 2) Failure to collect an emergency form for all eligible students by September 30th will result in a 1% reduction to the first quarter's invoice.
- 3) Failure to review student health records for 3% of all students by September 30th will result in a 1% reduction to the first quarter's invoice. Failure to review student health records for 15% of all students by December 31st will result in a 1% reduction to the second quarter's invoice. Failure to review student health records for 90% of all students by March 31st will result in a 1% reduction to the third quarter's invoice.
- 4) Failure to provide vision screenings to 45% of eligible students in kindergarten, first, third, and sixth grades by December 31st will result in a 1% reduction to the second quarter's invoice. Failure to provide vision screenings to 95% of eligible students in kindergarten, first, third, and sixth grades by March 31st will result in a 1% reduction to the third quarter's invoice.
- 5) Failure to provide hearing screenings to 45% of eligible students in kindergarten, first, and sixth grade by December 31st will result in a 1% reduction to the second quarter's invoice. Failure to provide hearing screenings to 95% of eligible students in kindergarten, first, and sixth grade by March 31st will result in a 1% reduction to the third quarter's invoice.
- 6) Failure to provide scoliosis screenings to 45% of eligible students in sixth grade by December 31st will result in a 1% reduction to the second quarter's invoice. Failure to provide scoliosis screenings to 95% of eligible students in sixth grade by March 31st will result in a 1% reduction to the third quarter's invoice.
- 7) Failure to provide growth and development screenings to 45% of eligible students in first, third, and sixth grade by December 31st will result in a 1% reduction to the second quarter's invoice. Failure to provide growth and development screenings to 95% of eligible students in first, third, and sixth grade by March 31st will result in a 1% reduction to the third quarter's invoice.
- 8) Failure to refer all students with abnormal screening results to an appropriate health care provider within 45 days following the abnormal screening will result in a 1% reduction to the quarterly invoice.
- 9) Failure to follow-up with all parents/guardians whose child received a referral, will result in a 1% reduction to the quarterly invoice.



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b. Deliverable B.1.b.2): Failure to provide specialized services as specified in the School Health Services Plan at all full service schools will result in a 1% reduction to the quarterly invoice for each quarter the deliverable is not met.

c. Deliverable B.1.b.3):

1) Failure to submit monthly service data within 15 days following the end of each month in a format that can be entered into HMS will result in a 1% reduction to the quarterly invoice for each month within the quarterly reporting period the deliverable is not met.

2) Failure to maintain all student health records as specified will result in a 1% reduction to the quarterly invoice each quarter the deliverable is not met.

d. Deliverable B.1.b.4): Failure to submit all information necessary for the Annual School Health Service Report to the Contract Manager within 30 days following the end of each contract year will result in a 1% reduction to the fourth quarter's invoice.

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 the most recent version of the State Requirements for Educational Facilities, Florida School Health Administrative Guidelines, and the county's approved School Health Services Plan.

b. Service Times

Services will be provided in accordance with time frames identified in the current approved school year calendar.

c. Changes in Location

Provider cannot change the school sites designated in Attachment V as full service schools without the prior written approval of the Contract Manager, the School Health Program Office, and an approved amendment to the School Health Services Plan.

d. Equipment

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

4. Staffing Requirements

a. Staffing Levels

Provider will maintain an administrative organizational structure sufficient to discharge its contractual responsibilities. Provider must replace any employee

whose continued presence would be detrimental to the success of the program with an employee of equal or superior qualifications. Information to document staffing configuration for basic school health services and specialized services will be provided to the Contract Manager for inclusion in the Annual School Health Services Report each year for the duration of this contract.

b. Professional Qualifications

All Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) performing services under this contract must be licensed pursuant to Chapter 464, Florida Statutes. All Unlicensed Assistive Personnel (UAPs) must have a high school diploma, General Equivalence Diploma (GED), or 0 years of experience performing duties similar to that of a UAP. UAPs must also be certified in First Aid and Cardiopulmonary Resuscitation (CPR), and have received medication administration and other training as referenced in B.1.8.g necessary to provide health services under this contract.

c. Staffing Changes

- 1) Provider must notify the Contract Manager in writing within ten days of all position vacancies.
- 2) Provider must minimize the disruption of services due to position vacancies. If problems arise such that Provider can no longer fulfill the requirements of this contract, Provider must contact the Contract Manager within 24 hours of making this determination.

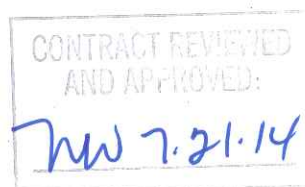
d. Subcontractors

Subcontracting will only take place when Provider does not have the capacity to fulfill service requirements as specified in the current School Health Services Plan. Provider must obtain written approval from the Contract Manager before entering into any subcontracts.

C. Method of Payment

1. This is a fixed price (fixed fee) contract. The Department will pay Provider for completion of deliverables in accordance with the terms and conditions of this contract \$34,331.31 per quarter for three (3) quarters, and \$34,331.32 for the fourth quarter, for a total dollar amount not to exceed \$137,325.25.
2. A unit of service consists of one quarter of deliverables as specified in Section B.1.b. A quarter of deliverables includes all deliverables due in that quarter, including monthly or annual deliverables.
3. Invoice Requirements: Provider will request payment on a quarterly basis through submission of a properly completed invoice (Attachment VI) within 15 days following the end of the quarter for which payment is being requested.

D. Special Provisions



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1. Background Screening Requirements

Any person who provides services under a School Health Services Plan pursuant to Section 381.0056, Florida Statutes, must complete a level two background screening as provided in Section 381.0059, Florida Statutes and Chapter 435, Florida Statutes. Any person required to obtain a 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 period or for the term of the original contract, whichever is longer. Such renewals must be in writing, made by mutual agreement, and are contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the Department and are subject to the availability of funds.

3. 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 must be listed on the property records of Provider. Provider must 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 must be inventoried annually and an inventory report must be submitted to the Department along with the final expenditure report. A report of non-expendable property must 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 this contract is vested in the Department upon completion or termination of this contract.

At no time will Provider dispose of non-expendable property purchased under this contract except with the permission of the Department and in accordance with the Department's 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 this contract. As such, the state is entitled to the return of all property once this contract has expired.



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END OF TEXT



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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 funding source and contract 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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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; Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), and 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 9 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:



- A. The Department of Health as follows:

SingleAudits@flhealth.gov

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: Bureau of Finance & Accounting, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFA), 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), 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@flhealth.gov

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: Bureau of Finance & Accounting, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFA), 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@flhealth.gov

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: Bureau of Finance & Accounting, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFA), 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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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.

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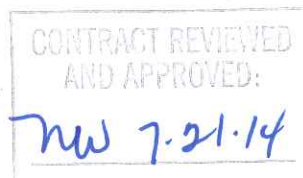


EXHIBIT - 1

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

Federal Program 1 _____ CFDA#93.767 Title _____ \$42,861.15
Federal Program 2 _____ CFDA# _____ Title _____ \$ 0.00
TOTAL FEDERAL AWARDS \$ 42,861.15

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:

State financial assistance subject to Sec. 215.97, F.S.: CSFA# _____ Title _____ \$ 0.00
State financial assistance subject to Sec. 215.97, F.S.: CSFA# _____ Title _____ \$ 0.00
TOTAL STATE FINANCIAL ASSISTANCE AWARDED PURSUANT TO SECTION 215.97, F.S. \$ 0.00

Matching and Maintenance of Effort *

Matching resources for federal program(s) _____ CFDA# _____ Title _____ \$ _____
Maintenance of Effort (MOE) _____ CFDA# _____ Title _____ \$ _____

*Matching resources and MOE amounts should not be included by the provider when computing threshold amounts. However, these amounts could be included under notes in the financial audit or footnoted in the Schedule of Expenditures of Federal Awards and State Financial Assistance (SEFA). Matching or MOE is not State/Federal Assistance.

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



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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 is 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 69I-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-5.006, 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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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 or exclusive. Fund recipients will be held to applicable legal requirements whether or not outlined herein.



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EXHIBIT 3

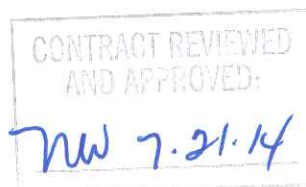
INSTRUCTIONS FOR ELECTRONIC SUBMISSION OF SINGLE AUDIT REPORTS

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: Bureau of Finance & Accounting, Attention: Single Audit Review, 4052 Bald Cypress Way, Bin B01 (HAFA), 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@flhealth.gov or by telephone to the Single Audit Review Section at (850) 245-4444 ext. 4186.



Single Audit Data Collection Form

GENERAL INFORMATION

1. Fiscal period ending date for the Single Audit.

Month	Day	Year
/	/	

2. Auditee Identification Number

a. Primary Employer Identification Number (EIN)

--	--	--	--	--	--	--	--	--	--

b. Are multiple EINs covered in this report ☐ Yes ☐ No

c. If "yes", complete No. 3.

3. ADDITIONAL ENTITIES COVERED IN THIS REPORT

Employer Identification #

Name of Entity

		--																	
		--																	
		--																	
		--																	

4. AUDITEE INFORMATION

a. Auditee name:

b. Auditee address (number and street)

City

State

Zip Code

c. Auditee contact

Name:

Title:

d. Auditee contact telephone

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e. Auditee contact FAX

() -

f. Auditee contact E-mail

5. PRIMARY AUDITOR INFORMATION

a. Primary auditor name:

b. Primary auditor address (number and street)

City

State

Zip Code

c. Primary auditor contact

Name:

Title:

d. Primary auditor contact telephone

() -

e. Primary auditor E-mail

() -

f. Audit Firm License Number

6. AUDITEE CERTIFICATION STATEMENT – This is to certify that, to the best of my knowledge and belief, the auditee has: (1) engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 and/or Section 215.97, Fla. Statutes, for the period described in Item 1; (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the aforementioned Circular and/or Statute; (3) the attached audit is a true and accurate copy of the final audit report issued by the auditor for the period described in Item 1; and (4) the information included in this data collection form is accurate and complete. I declare the foregoing is true and correct.

AUDITEE CERTIFICATION

Date ____/____/____

Date Audit Received From Auditor: ____/____/____

Name of Certifying Official: _____

(Please print clearly)

Title of Certifying Official: _____

(Please print clearly)

Signature of Certifying Official: _____

CONFIRM REVIEWED
AND APPROVED:
NW 7-21-14

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mw/eam
7/21/14

CONTRACT REVIEWED AND APPROVED: NW 7-21-14
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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](mailto:HSF_SH_Feedback@doh.state.fl.us)



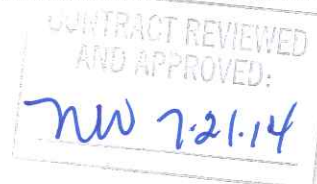
Contact Person

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

Name: Lisa Kern
Credentials: RN, MSN, NCSN
Position: Supervisor Student Services (Health)
Agency: Pasco County School District
Mailing Address: 7227 Land O'Lakes Blvd
City: Land O'Lakes
County: Pasco
State: Florida
Zip Code: 34638
Phone: 727-774-2360
Work Cell Phone: none
Fax: 727-774-2120
Email: lkern@pasco.k12.fl.us

SUMMARY - SCHOOL HEALTH SERVICES PLAN 2012 - 2014

Statutory Reference. Section 381.0056, F.S. requires each county health department (CHD) to develop, jointly with the school district and school health advisory committee, a School Health Services Plan (referred herein as the "Plan") that outlines the provisions and responsibilities to provide mandated health services in all public schools. Chapter 64F-6.002, Florida Administrative Code (F.A.C.) requires the plan to be completed biennially.



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

- **Part I: 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.

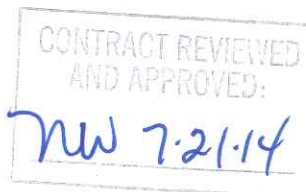
CHANGES FROM 2010 - 2012

- 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.



GENERAL INSTRUCTIONS

- The 2012 - 2014 plan format is in a Microsoft Excel file. The cells where you enter information are "unlocked" and allow you to type information into them. The cells with references from statute, rule or program standards are locked.
- Please make sure that you only open the 2012 - 2014 School Health Services Plan format in Microsoft Excel.
- Do not work in this file until you have opened and saved it to your network drive or a flash/travel drive. When saving for the first time, use the "Save As" function and add your county's name to the beginning of the file name so your plan will not be confused with that of another county.
- Insert your county's name into the file "Header" by choosing "File", "Page Set-Up", Header/Footer", "Custom Header".
- If you need clarification on the programmatic items in the plan, please email the School Health mailbox at: hsf_sh_feedback@doh.state.fl.us
- If you have any technical questions about the Excel format not answered by these instructions, please contact Leslie Wurster at (850) 245-4444, Extension 2936 or Leslie_Wurster@doh.state.fl.us for assistance.
- Submit the School Health Services Plan (completed electronic Excel file) by September 15, 2012 to the School Health mailbox at HSF_SH_Feedback@doh.state.fl.us and copy your county's state School Health Program Office liaison.



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

CONTRACT REVIEWED
AND APPROVED:

NW 7-21-14

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 I: PREVENTIVE HEALTH SERVICES FOR ALL PUBLIC SCHOOLS				
I.	1. s. 381.0056, F.S. School Health Services Program.-	Each county health department (CHD) uses the annual schedule C funding allocation (General Appropriations Act) to provide school health services pursuant to the <i>School Health Services Act</i> . (s. 381.0056(1), F.S.)	DSBPC/PCHD	Schedule C funds are allocated to the district to deliver basic and full-service school health services to students by contractual agreement annually.
I.	2. s. 381.0056(3), F.S. The Department of Health (DOH), in cooperation with the Department of Education (DOE), shall supervise the administration of the school health services program and perform periodic program reviews.	a. The CHD and local education agency (LEA) each designate one person to be responsible for the coordination of planning, development, implementation and evaluation of the local school health program. Those two individuals should collaborate throughout the school year to assure program compliance and to plan and assess the delivery of program services. (Ch. 64F-6.002(2)(i), F.A.C.)	DSBPC/PCHD	CHD designee: Carol Cummins, Nursing Director LEA designee: Lisa Kern, Supervisor Student Services (Health) Numerous opportunities for collaborative planning re: delivery of program services occurs on a regular basis.
		b. The local school health services plan shall describe employing or contracting for all health-related staff and the supervision of all school health services personnel regardless of funding source. (Ch. 64F-6.002(2)(j), F.A.C.)	DSBPC/PCHD	The school health model utilized in Pasco County includes Registered Professional School Nurses, Licensed Practical Nurses, and Clinic Assistants (UAP).
		c. Protocols for supervision of school health services personnel shall be described in the local school health services plan to assure that such services are provided in accordance with statutory and regulatory requirements and professional standards. (Ch. 64F-6.002(2)(j)(1), F.A.C.)	DSBPC/PCHD	The Supervisor of Student Services (Health) who is a Registered Professional School Nurse provides clinical supervision for school health staff. The Registered Professional School Nurse provides supervision and direction to LPN staff, and delegates health services as appropriate to UAP

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		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 2010/11 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.

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		d. As per s. 381.0056(4)(a)(18)(b), F.S., each School Health Advisory Committee (SHAC) should include members representing the eight components of the Centers for Disease Control and Prevention's Coordinated School Health (CSH) model. The SHAC is encouraged to address the these eight CSH components in the school district's wellness policy pursuant to s. 1003.453, F.S..	DSBPC/PCHD	The School District's School Health Advisory Committee (SHAC) includes members representing the eight components of the Coordinated School Health (CSH) model - health education, physical education, health services, nutrition, counseling, psychological and social services, safe schools, health promotion, and family/community. Percentage of SHAC membership is as follows: 26% LEA, 18% CHD, and 56% Community. Our district achieved Florida Healthy Schools Silver level for the 2012 - 2014 school year.
I.	4. s. 381.0056(4)(a)(1), F.S. Health appraisal	a. Determine the health status of students.	DSBPC	The Registered Professional School Nurse assesses student health status assisted by school health staff (LPN/UAP).
I.	5. s. 381.0056(4)(a)(2), F.S. Records review	a. Perform initial school entry review of student health records, to include school entry physical, immunization status (DH 680), cumulative health record, emergency information, etc. (Ch. 64F-6.005(1), F.A.C.)	DSBPC	The Registered Professional School Nurse (assisted by school health staff) reviews student health records, including physical, immunization, health record, and emergency information.
		b. Perform annual review of each student's emergency information and medical status. An emergency information card for each student shall be updated each year. (CH. 64F-6.004(1)(a), F.A.C.)	DSBPC	The Registered Professional School Nurse (assisted by school health staff) reviews emergency information/medical status annually via emergency card submitted by parent each year.

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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.

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		b. Refer uninsured students that are ineligible for Medicaid to state contracted vision service provider assigned to county (Florida Vision Quest or Florida Heiken Children's Vision Program).	DSBPC, FVQ, Lenscrafters Gift of Sight, Target Optical, Walmart, Lions Club, OneSight Luxottica Group Foundation Vision Van, Kiwanis club	The Registered Professional School Nurse utilizes available state contracted vision services and local community partnerships to refer uninsured or underinsured students with abnormal screening results.
		b. Track screening results and referrals.	DSBPC	The student-based electronic HealthTracker program allows the school nurse to track individual vision screening results and referral outcomes.
		c. Ensure all vision screening services are coded into HMS, to include FTTYs (First Time This Year), outcomes, and incomplete referrals.	DSBPC/PCHD	The electronic HealthTracker program maintains vision screening information and generates EARS reports which are forwarded to the CHD for coding into HMS each month.
I.	10. s. 381.0056(4)(a)(7), F.S. Hearing Screening	a. Provide hearing screening in grades K, 1, & 6 and to new students in K - 5 (minimum), and optionally 3. (Ch. 64F-6.003(2), F.A.C.)	DSBPC, Sertoma Speech & Hearing Foundation, school volunteers	The Registered Professional School Nurse assists the Speech & Language Therapists (SLP) to coordinate mandated hearing screenings utilizing trained volunteers provided by Sertoma Foundation.
		b. Track screening results and referrals.	DSBPC	The student-based electronic HealthTracker program allows the school nurse & SLP to track individual hearing screening results and referrals.
		c. Ensure all hearing screening services are coded into HMS, to include FTTYs, outcomes, and incomplete referrals.	DSBPC/PCHD	The electronic HealthTracker program maintains hearing screening information and generates EARS reports which are forwarded to the CHD for coding into HMS each month.
I.	11. s. 381.0056(4)(a)(8), F.S. Scoliosis Screening	a. Provide scoliosis screening in grade 6 (minimum). (Ch. 64F-6.003(4), F.A.C.)	DSBPC	The Registered Professional School Nurse performs mandatory scoliosis screening annually.
		b. Track screening results and referrals.	DSBPC	The student-based electronic HealthTracker program allows the school nurse to track scoliosis screening results and referrals.

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		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.

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I.	15. s. 381.0056(4)(a)(12), F.S. Meeting emergency health needs in each school	a. Ensure written health emergency policies and protocols are maintained and include minimum provisions. (Ch. 64F-6.004(1), F.A.C.)	DSBPC	The district's successful completion of the Readiness & Emergency Management Grant has led to increased training, improved drill compliance, and updated School Health Emergency Response plans. All schools follow the District Comprehensive Emergency Operations Plan, recently revised and available on the district website. The district is also updating pandemic response and special needs evacuation plans.
		b. Ensure health room staff and two additional staff in each school are currently certified in cardiopulmonary resuscitation (CPR) and first aid and a list posted in key locations. (Ch. 64F-6.004(2&3), F.A.C.)	DSBPC	The clinic assistant position requires current CPR/First Aid certification. List of CPR, FA, and AED certified staff is posted on every campus in clinic, front office, cafeteria, gym, and other locations.
		c. Assist in the planning and training of staff responsible for emergency situations. (Ch. 64F-6.004(4), F.A.C.)	DSBPC	The Registered Professional School Nurse maintains instructor trainer status through the American Heart Association and is responsible for providing school-based staff certification. Each school campus drills their Health Emergency Response Team each semester, including AED protocol.
		d. The school nurse shall monitor adequacy and expiration of first aid supplies, emergency equipment and facilities. (Ch. 64F-6.004(5), F.A.C.)	DSBPC	The Registered Professional School Nurse (assisted by school health staff) monitors supplies, equipment and facilities for adequacy. A trauma bag is maintained by the school nurse at all sites. Each campus is equipped with at least one AED.
		e. The school principal (or designee) shall assure first aid supplies, emergency equipment, and facilities are maintained. (Ch. 64F-6.004(6), F.A.C.)	DSBPC	The site administrator (assisted by school health staff) makes sure that all necessary first aid supplies, equipment and facilities are maintained appropriately.
		f. Document all injuries or illnesses requiring emergency treatment & report to the principal. (Ch. 64F-6.004(7), F.A.C.)	DSBPC	Site administrator receives notification whenever 911 is called and Health Emergency Response Team is activated. Accident forms are completed as necessary.
		g. It is the responsibility of each school that is a member of the Florida High School Athletic Association to: (1) have an operational automatic external defibrillator (AED), (2) ensure employees expected to use the AED obtain appropriate training, and (3) and register the AEDs with the county emergency medical services director. (s. 1006.165, F.S.)	DSBPC	Board Policy: 8452 - USE OF AUTOMATIC EXTERNAL DEFIBRILLATORS (AED) describes district policy & procedural guidelines for AED use including plan development, drills, and use during FHSAA events. Each school has an active, appropriately trained AED/Health Emergency Response Team, and one staff member is responsible for AED maintenance and monthly checks. PCHD Medical Director provides oversight for the AED program and each activated machine is registered with Pasco Fire & Rescue.

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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, RMC, 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 (RMC), 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.

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I.	20. s. 381.0056(4)(a)(17), F.S. Provision of health information for exceptional student education (ESE) program placement	Provide relevant health information for ESE staffing and planning according Ch. 6A-6.0331 and 64F-6.006, F.A.C.	DSBPC	Collaboration between the Student Services and ESE Department to provide health care for special needs students occurs on a continuous basis. The Registered Professional School Nurse provides direction and supervision to school-based LPN and delegates health services to UAP as appropriate on select school campuses where students require specialized health care. School nurses are members of the Response to Intervention (RtI) / MTSS teams which engage in collaborative problem-solving to provide effective, evidenced-based instruction and social-emotional-health intervention to all students.
I.	21. s. 381.0056(5)(a)(18), F.S.	a. Notify each private school annually of the school health services program and the opportunity to participate.	DSBPC	Private schools receive notification re: availability of school health services on an annual basis.
		b. Private schools participating in the program shall meet specified requirements per s. 381-0056(5)(a)-(g), F.S.	DSBPC	Administrators of participating non-public schools complete annual contracts which specify required school health program standards. Each site designates a representative to participate on the School Health Advisory Committee (SHAC).
I.	22. s. 381.0056(6)(a), F.S. The district school board shall include health services and health education as part of the comprehensive plan for the school district.		DSBPC	The DSBPC recognizes and supports the importance of providing quality school health services and health education so that all students can reach their highest potential.
I.	23. s. 381.0056(6)(b), F.S. The district school board shall provide in-service health training for school personnel.		DSBPC	Annual training is provided to all school health staff working in school health clinics. New staff receive orientation and are assigned mentors. The Registered Professional School Nurse provides regular training for staff on Blood Borne Pathogens, chronic health conditions, CPR/AED/FA, communicable diseases and other health-related topics.
I.	24. s. 381.0056(6)(c), F.S. The district school board shall make available adequate physical facilities for health services.	Health room facilities in each school will meet DOE requirements. (State Requirements for Educational facilities, December 2007)	DSBPC	Each school campus has designated an appropriate location for provision of health services. These school clinics meet or exceed all DOE requirements.
I.	25. s. 381.0056(6)(d), F.S. The district school board shall, at the beginning of each school year, provide parents with information concerning ways that they can help their children to be physically active and eat healthful foods.		DSBPC	Students and parents are informed of ways to help their children stay physically active and eat healthy foods through the DSBPC website (http://www.pasco.k12.fl.us/nutrition/) and also receive wellness information through individual school newsletter and/or website.

CONTRACT RENEWED
AND APPROVED:

NW 7.21.14

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/student-services/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/student-services/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 7-21-14

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I.	29. s. 1006.062(1)(a), F.S. Each district school board shall include in its approved school health services plan a procedure to provide training, by a licensed registered nurse, a practical nurse, a physician or a physician assistant (pursuant to chapter 458 or 459), to the school personnel designated by the school principal to assist students in the administration of prescribed medication.	Include provisions in the procedure for general and student-specific medication training.	DSBPC/CHD	The Registered Professional School Nurse provides annual general and student-specific medication training to unlicensed assistive personnel (UAP) designated by the site administrator. A copy of the medication administration guidelines are provided to each trained staff member. The Healthy Student Program protocols guide UAPs to administer over-the-counter medications to students under the guidance and direction of the school nurse (with parent authorization). The Medical Director of the CHD provides oversight for this program which is available on most secondary school campuses, and is designed to treat simple health complaints and allow students to remain in school.
I.	30. s. 1006.062(1)(b), F.S. Each district school board shall adopt policies and procedures governing the administration of prescription medication by district school board personnel.	a. The school district medication policy will be reviewed annually and updated as necessary to ensure student safety.	DSBPC	Board Policy: 5330 - USE OF MEDICATIONS addresses administration of prescription and over-the-counter medications. It is reviewed annually and updated as needed. Medication administration procedures are available on the district website (http://www.pasco.k12.fl.us/studentservices/programs/immunizations/) and in the student planner.
		b. The school district medication policy will address the use of designated school staff for medication administration and be consistent with delegation practices per Ch. 64B9-14, F.A.C.	DSBPC	The Registered Professional School Nurse provides annual general and student-specific medication training to unlicensed assistive personnel (UAP) designated by the site administrator. Medication administration guidelines are provided to each trained staff member.
	31. s. 1002.20(3)(h), F.S. Students with asthma whose parent and physician provide approval may carry a metered dose inhaler on their person while in school.	Develop and implement an individualized health care plan (IHCP) and Emergency Action Plan (EAP) to ensure safe use of inhaler by student.	DSBPC	An authorization to carry and self-administer MDI 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.

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	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.

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I.	35. s. 1006.062(4), F.S. Nonmedical assistive personnel shall be allowed to perform health-related services upon successful completion of child specific training by a registered nurse or advanced registered nurse practitioner, physician or physician assistant.	a. Document health related child-specific training by an RN for delegated staff.	DSBPC	According to Board Policy 5335: CARE OF STUDENTS WITH CHRONIC HEALTH CONDITIONS: The Registered Professional School Nurse and the site administrator are responsible for maintaining documentation of child-specific training on an annual basis.
		b. Use of nonmedical assistive personnel shall be consistent with delegation practices per Ch. 64B9-14, F.A.C.	DSBPC	The Registered Professional School Nurse delegates performance of health-related services to unlicensed assistive personnel (UAP) designated by the site administrator in accordance with FAC.

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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

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II.	4. s. 381.0057(6), F.S. Reducing teenage pregnancy.	a. Identify and provide interventions for students at risk for early parenthood.	N/A	N/A
		b. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.	N/A	N/A
		c. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.	N/A	N/A
		d. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.	N/A	N/A
II.	5. s. 381.0057(5), F.S. A parent may, by written request, exempt a child from all or certain services provided by a school health services program described in subsection (3).		N/A	N/A

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PART III: HEALTH SERVICES FOR FULL SERVICE SCHOOLS (FSS)				
III.	1. s. 402.3026(1), F.S. The State Board of Education and the Department of Health shall jointly establish full-service schools (FSS) to serve students from schools that have a student population at high risk of needing medical and social services.	a. Designate full service schools based on demographic evaluations.	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 RCM 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				

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IV.	1. s. 381.0059, F.S. Pursuant to the provisions of chapter 435, any person who provides services under a school health services plan pursuant to s. 381.0056 must meet level 2 screening requirements as described in s. 435.04. A person may satisfy the requirements of this subsection by submitting proof of compliance with the requirements of level 2 screening conducted within 12 months before the date that person initially provides services under a school health services plan.	Collaborate with school district to ensure district background screening policies per s. 1012.465, F.S., do not result in duplicate or conflicting background screening requirements for staff providing school health services.	DSBPC/PCHD	All employees of DSBPC and CHD must have level 2 background screening prior to employment. There is no duplication of screening requirements for CHD staff providing school health services.

CONTRACT REVIEWED
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NW 7.21.14



2012–2013 Annual School Health Report

PASCO County

Due by August 15, 2013

Email Report as an Attachment to:

To: HSF SH Feedback@doh.state.fl.us

CONTRACT REVIEWED
AND APPROVED:

NW 7.21.14

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2012-2013 Annual School Health Services Report

2012-2013 Annual School Health Report General Instructions and List of Changes from 2011-2012

Please read these instructions completely before entering information in the 2012-2013 Annual School Health Report format.

General Instructions: The 2012-2013 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 2012-13 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 2011-2012 Annual School Health Report

- Page 3: Name and contact information for Comprehensive and Full Service are no longer being requested, name and contact information for the Department of Health County Office being requested.
- Page 4: A space for the dual category Comprehensive/Full Service Schools is no longer provided. Please distribute these schools between the Comprehensive and Full Service categories.
- Page 5: The directions for the table documenting students needing medications and/or procedures now clarify that this table documents the numbers of students that have parental authorizations and physicians' orders for medications and/or medical procedures at school (in some counties - parental authorization only for over-the-counter medications).
- Page 6: Outcomes/Dispositions of School Health Room/Clinic Visits do not have to be reported for Basic, Comprehensive and Full Service. Only report the total number of School Health Room Outcome/Dispositions by type: Return to Class, Sent Home, Other.
- Page 7: The Comprehensive School Health Total Visits table (Table I) has been eliminated.
- Page 10: The table to report the number of schools with school health staff on-site full-time (5 Days a Week, 6 - 8 Hours Per Day) In 2012-2013 has a new section to report the number of schools with any full-time health staff (ARNP, RN, LPN, Health Aide/Health Tech/CNA).
- Page 12: This table that documents Non-Schedule C funds expended for school health services is now referred to as Non-Schedule C Revenue and Expenditures for school health services. Do not document the school health general revenue, tobacco revenue and federal revenue that DOH allocated to your county in this table.



2012-2013 Annual School Health Services Report

Pasco

County Name

School Health Contacts for 2013-2014 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.

Department of Health County Office Administrator / Director

Name: Michael J Napier
Licenses and/or Degrees: MS
Job Title: Administrator
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

Department of Health County Office Business Manager for School Health

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

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

Name: Lisa Kern
Licenses and/or Degrees: MSN, RN, 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

Department of Health County Office Director of Nursing

Name: Kathleen Yeater
Licenses and/or Degrees: RN, BSN, MS, CHES
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: Kathleen_Yeater@doh.state.fl.us

Department of Health County Office School Health Coordinator

Name: Kathleen Yeater
Licenses and/or Degrees: RN, BSN, MS, CHES
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: Kathleen_Yeater@doh.state.fl.us

School Health Advisory Committee Chairperson

Name: Margaret E. Polk
Licenses and/or Degrees: BSN, RN, 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



2012-2013 Annual School Health Services Report

ANNUAL SCHOOL HEALTH REPORT

Part I: Basic School Health (in Basic, Comprehensive and Full Service Schools) Reporting Period July 1, 2012 through June 30, 2013

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	28339	15032	16748	325	60,444
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	1302		2579		3,881
Public Charter SCHOOLS				5	5
Public Charter School STUDENTS				2194	2,194
Public Alternative SCHOOLS (not Department of Juvenile Justice)				2	2
Public Alternative School STUDENTS (not Department of Juvenile Justice)				238	238
Total Public SCHOOLS	46	15	13	9	83
Total Public School STUDENTS	29,641	15,032	19,327	2,757	66,757

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2012-2013 Annual School Health Services Report

I-B.1 Types of Health Conditions - July 1, 2012 through June 30, 2013

Directions: The number of health conditions that are identified through review of emergency information records, physical assessments, or physicians diagnoses on medication administration forms in all elementary, middle and high schools in the school district.

Reported Health Conditions	Totals
ADD/ADHD	4,863
Allergies - Not Severe	6,897
Allergies - Severe	787
Asthma	7,584
Bleeding Disorder	25
Cancer	54
Cardiac Conditions	697
Cystic Fibrosis	15
Diabetes	220
Epilepsy / Seizures	661
Kidney Disorders	257
Psychiatric Conditions	1,782
Sickle Cell Disease	20
Other: Gastrointestinal Disorder	437
Other: Thyroid Disorder	70
Other:	
Totals	24,369

I-C.1 Number of Students Needing Medications and/or Procedures from July 1, 2012 through June 30, 2013

Directions: Complete this table with an unduplicated count of the students that had parental authorizations and physician's orders for the procedures and/or medications during 2012-13. *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	169
Medications/Other Injections	699
Medication/Intravenous	0
Medications/Inhaler (or nebulizer)	1,313
Medications/Oral (by mouth)	3,888
Medications/Nasal	9
Other Route-Specify: Rectal	57
Other Route-Specify: Topical	365
Other Route-Specify: Eye/Ear	27
Sub-Total	6,527
Procedures	
Carbohydrate Counting	153
Glucose Monitoring	192
Catheterization	14
Colostomy, Ileostomy, Urostomy, Jejunostomy Care (site care)	37
Electronic Monitoring (cardiac, oximetry, other)	45
J, PEG, NG Tube Feeding	37
Oxygen Continuous or Intermittent	1
Specimen Collection or Testing	120
Tracheostomy Care	3
Ventilator Dependent Care	1
Other Procedure- Specify: VNS	5
Other Procedure- Specify: Oral suctioning	4
Other Procedure- Specify:	
Sub-Total	612
Total	7,139

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2012-2013 Annual School Health Services Report

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 2013 February FTE Week

Directions: Include health room/clinic (or other location) visits for school health services documented during February 2013 FTE Week (February 11-15, 2013) 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 2013 FTE week:	15913
---	-------

I-D.2 Number of Medication Doses Administered and/or Procedures Performed during 2013 February FTE Week

Directions: In this table document all procedures performed and/or medications administered at district schools during February 2013 FTE Week (February 11-15, 2013) 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		811
Medications/Other Injections		0
Medication/Intravenous		0
Medications/Inhaler (or nebulizer)		1,099
Medications/Oral (by mouth)		3,307
Medications/Nasal		5
Other Route-Specify:	Eye/ear gtt	37
Other Route-Specify:	Topical	148
Other Route-Specify:	G Tube Medication	77
Sub-Total		5,484
Procedures		
Carbohydrate Counting		816
Glucose Monitoring		1,255
Catheterization		75
Colostomy, Ileostomy, Urostomy, Jejunostomy Care (site care)		75
Electronic Monitoring (cardiac, oximetry, other)		11
J, PEG, NG Tube Feeding		208
Oxygen Continuous or Intermittent		0
Specimen Collection or Testing		126
Tracheostomy Care		22
Ventilator Dependent Care		0
Other Procedure- Specify:	G Tube vent/flush	138
Other Procedure- Specify:	Skin observation	35
Other Procedure- Specify:	BP monitoring	38
Sub-Total		2,799
Total		8,283

I-E.1 Outcomes/Dispositions of Student Visits to the School Health Rooms/Clinics ALL SCHOOL HEALTH PROGRAMS

NOTE: NOT AN FTE WEEK CHART, INCLUDE ALL VISITS FROM SCHOOL CLINIC LOGS FROM JULY 1, 2012 - JUNE 30, 2013.

School Health Room Visit Outcomes/Dispositions: All School Health Programs

1. Returned to Class	364,717
2. Sent Home	40,023
3. Other:	130
Total	404,870

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2012-2013 Annual School Health Services Report

Part II: Comprehensive School Health Reporting Period: July 1, 2012 through June 30, 2013

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 Student Referrals in Schools with Comprehensive School Health Services

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, 2012 through June 30, 2013

- 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, 2012 through June 30, 2013) after giving birth.



2012-2013 Annual School Health Services Report

II-C.1 Group Health Services Log Summary for July 1, 2012 through June 30, 2013

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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Part III: Full Service Schools

Part III-A.1 In-Kind Services Provided at Full Services Schools from July 1, 2012 through June 30, 2013

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 2012-2013. 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	10.0	400.00
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	1186.0	168,412.00
Economic Services		
Healthy Start/Healthy Families	35.0	4,375.00
Job Placement Services	20.0	300.00
Mental Health Services	210.0	6,720.00
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	100.0	3,600.00
Social Work Services		
Substance Abuse Counseling		
TANF programs (job training, pregnancy prevention, etc.)		
All Other		
Totals	5,258	\$286,209

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2012-2013 Annual School Health Services Report

Part IV: Staffing for July 1, 2012 through June 30, 2013

IV-A.1 Number of Schools with School Health Staff On-Site Full Time (5 Days a Week, 6 - 8 Hours Per Day) In 2012-2013 THIS TABLE COUNTS SCHOOLS NOT STAFF

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
Schools that are Staffed with a Full-Time Advanced Registered Nurse Practitioner (ARNP)				
County Health Department				
School District	0	0	0	0
Community Partners				
Other				
Schools that are Staffed with a Full-Time Registered Nurse (RN)				
County Health Department				
School District	0	1	1	2
Community Partners				
Other				
Schools that are Staffed with a Full-Time Licensed Practical Nurse (LPN)				
County Health Department				
School District	8	1	5	0
Community Partners				
Other				
Schools that are Staffed with a Full-Time Health Aide/Health Tech/CNA				
County Health Department				
School District	46	15	13	2
Community Partners				
Other				
Schools that are Staffed with a Any Full-Time Health Staff (ARNP, RN, LPN, Health Aide/Health Tech/CNA)				
County Health Department				
School District				
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, 2012 through June 30, 2013

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

Directions for School Health Staff in 2012-2013:

- 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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2012-2013 Annual School Health Services Report

2012-2013					
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 2012-2012				
School Health Coordinator-Registered Nurse (RN)					
School Health Coordinator-(Non-RN)					
School Health Nursing Supervisor (RN)		1.0			
Adv. Reg. Nurse Practitioner (ARNP)					
Registered Nurse (RN)		31.0			
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 2012-2013				
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 2012-2013				
School Health Coordinator-Registered Nurse (RN)					
School Health Coordinator-(Non-RN)					
School Health Nursing Supervisor (RN)					
Adv. Reg. Nurse Practitioner (ARNP)					
Registered Nurse (RN)		4.0			
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) 2012-13				
<i>Note: The following section is to document <u>only</u> health services staff that provide services <u>exclusively</u> 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 2012-2013				
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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2012-2013 Annual School Health Services Report

Directions

Section V-A Revenue and Expenditures Health Services and Health Education Services in Schools for July 1, 2012 through June 30, 2013 (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 revenue and expenditures by funding source that were expended for school health services during 2012-2013. 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) Revenue and Expenditures for School Health Services (Do not include School Health Schedule C revenue.): List on the appropriate line CHD revenue and expenditures, by funding source, that were budgeted and expended for school health services during FY 2012-2013.

V-A.2 School District Revenue and Expenditures for School Health Services: List on the appropriate line school district revenue and expenditures, by funding source, that were budgeted and expended for school health services in 2012-2013.

NOTE: Please include only revenues and expenditures 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 revenues and expenditures by funding source, that were budgeted and expended for school health services in 2012-2013.

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

Section V-A Non-Schedule C Revenue and Expenditures for School Health Services for July 1, 2012 - June 30, 2013

NOTE: DO NOT INCLUDE SCHOOL HEALTH SCHEDULE C REVENUE OR CARRYOVER

V-A.1 2012 - 2013 County Health Departments (CHD) Revenue and Expenditures for Health Services and Health Education in Schools		Revenue	Expenditures
Medicaid Certified Match			
Medicaid Cost Reimbursement			
2011-12 CHD Non-Schedule C Schedule C Non-Categorical 2011-12 CHD Trust Fund			
2011-12 CHD Non-Schedule C Non-Schedule C 2011-12 CHD Trust Fund			
Other #1:			
Other #2:			
Other #3:			
County Health Department Sub-Totals		0	0
V-A.2 2012 - 2013 School District Revenue and Expenditures for Health Services and Health Education in Schools		Revenue	Expenditures
Basic School Health (School District Funds - Not CHD Schedule C Funds)		3327105.00	3201819.00
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		114521.00	100849.00
First Start, Pre-Kindergarten, Head Start		299300.00	219901.00
Exceptional Student Education		175783.00	144965.00
Safe & Drug Free Schools			
Safe Schools			
Early Intervention			
Administrative Claiming			
ESE Medicaid Certified Match			
Other #1:	Readiness and Emergency Management Grant	111922.00	111922.00
Other #2:			
School District Sub-Totals		4,028,631	3,779,456
V-A.3 2012 - 2013 Community and Public-Private Partner Revenue and Expenditures for Health Services and Health Education in Schools		Revenue	Expenditures
Abstinence Grant			
Children's Services Council			
Juvenile Welfare Board			
United Way			
County Commission			
Health Care Taxing District			
Hospital Taxing District			
Hospital:			
University:			
Other #1:			
Other #2:			
Other #3:			

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2012-2013 Annual School Health Services Report

Community and Public-Private Partner Sub-Totals	0	0
Totals	4,028,631	3,779,456

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Attachment VI

Sample Invoice

Date

Florida Department of Health
10841 Little Road, Building B
New Port Richey, Florida 34654

Attn: Connie Brooks, Contract Manager

Re: PC502, Full Service School Health Contract

Dear Ms. Brooks:

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

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. The EARs for the preceding 3 months have previously been submitted.

Please remit the amount of \$_____ (\$34,331.31 for quarters #1, 2, and 3, and \$34,331.32 for quarter #4) for services rendered on behalf of the School Health Services Contract # PC502, the _____ installment of the contract.

Sincerely,

Lisa Kern
Director of Student Services (School Health)

Enclosure: Services Report



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Attachment V

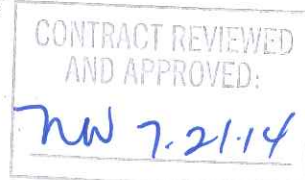
Pasco County Basic School Health Services Schools:

Elementary

Anclote Elementary School
Calusa Elementary School
Centennial Elementary School
Connerton Elementary School
Cotee River Elementary School
Cypress Elementary School
Deer Park Elementary School
Denham Oaks Elementary School
Double Branch Elementary School
Fox Hollow Elementary School
Dr. Mary Giella Elementary School
Gulf Highlands Elementary School
Gulf Trace Elementary School
Gulfside Elementary School
Hudson Elementary School
Lacoochee Elementary School
Lake Myrtle Elementary School
Mitty P. Locke Elementary School
Longleaf Elementary School
James M. Marlowe Elementary School
Moon Lake Elementary School
New River Elementary School
Northwest Elementary School
Oakstead Elementary School
Odessa Elementary School
Pasco Elementary School
Pine View Elementary School
Richey Elementary School
San Antonio Elementary School
Sand Pine Elementary School
Schrader Elementary School
Seven Oaks Elementary School
Seven Springs Elementary School
Sunray Elementary School
Chester W. Taylor Elementary School
Trinity Elementary School
Trinity Oaks Elementary School
Veterans Elementary School
Watergrass Elementary School
Wesley Chapel Elementary School
West Zephyrhills Elementary School

Combined School

Crews Lake K - 8
Marchman Technical Education Center
Moore-Mickens Education Center
Harry Schwettman Education Center
James Irvin Education Center



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Middle

Bayonet Point Middle School
Centennial Middle School
Chasco Middle School
Gulf Middle School
Hudson Middle School
Dr. John Long Middle School
Pasco Middle School
Pine View Middle School
River Ridge Middle School
Charles S. Rushe Middle School
Seven Springs Middle School
Paul R. Smith Middle School
R. B. Stewart Middle School
T. E. Weightman Middle School

High

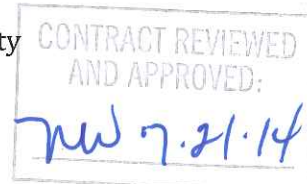
Anclote High School
Fivay High School
Gulf High School
Hudson High School
Land O'Lakes High School
James W. Mitchell High School
River Ridge High School
Sunlake High School
Wesley Chapel High School
Wiregrass Ranch High School
Zephyrhills High School

Pasco County Full Service Schools:

R. B. Cox Elementary School
Woodland Elementary School
Pasco High School
Ridgewood High School

Pasco County Charter Schools:

Academy at the Farm
Athenian Academy of Pasco
Classical Preparatory
Countryside Montessori
Dayspring Academy (Elementary)
Dayspring Academy (Middle School)
FL Virtual Academy at Pasco Schools
Imagine School at Land O'Lakes
Learning Lodge Academy
Pepin Academies – Pasco County



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