



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

**2022 – 2024 School Health Services Plan
for**

Dixie County

Due by September 15, 2022

E-mail Plan as an Attachment to:

HSF.SH_Feedback@flhealth.gov and County School Health Liaison

2022 - 2024 School Health Services Plan Signature Page

My signature below indicates that I have reviewed and approved the 2022 - 2024 School Health Services Plan and its local implementation strategies, activities, and designations of local agency responsibility as herein described:

Position	Name and Signature	Date
Local Department of Health Administrator / Director	Natalie Mckellips, Administrator <i>Natalie Mckellips</i> Printed Name: Natalie Mckellips Signature Date: 9/19/22	
Local Department of Health Nursing Director	Elizabeth Powers, Executive Community Health Nursing Director <i>Elizabeth Powers</i> Printed Name: Elizabeth Powers Signature Date: 9/16/22	
Local Department of Health School Health Coordinator	Sandra Stephens, RN School Health Consultant Dixie County <i>Sandra Stephens, RN</i> Printed Name: Sandra Stephens, RN Signature Date: 9/15/22	
School Board Chair Person	Timothy Alexander, School Board Chair Printed Name: Timothy Alexander Signature Date:	
School District Superintendent	Mike Thomas, Superintendent <i>Mike Thomas</i> Printed Name: Mike Thomas Signature Date: 10/03/2022	
School District School Health Coordinator	N/A Printed Name: N/A Signature Date:	
School Health Advisory Committee Chairperson	Sandra Stephens, Health Advisory Committee Chair <i>Sandra Stephens</i> Printed Name: Sandra Stephens, RN Signature Date: 9/15/22	
School Health Services Public / Private Partner	N/A Printed Name: N/A Signature Date:	

SUMMARY – SCHOOL HEALTH SERVICES PLAN 2022-2024

Statutory Authority: Section (s.) 381.0056, Florida Statutes (F.S.) requires each county health department (CHD) to develop, jointly with the school district and school health advisory committee, a School Health Services Plan (referred herein as the "Plan") that outlines the provisions and responsibilities to provide mandated health services in all public schools. Rule 64F-6.002, Florida Administrative Code (F.A.C.) requires the plan to be completed biennially. Please note that items that are colorized blue are internet links that enable you to directly view the relevant reference material.

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

- Part I: Basic School Health Services - General school health services which are available to all students in Florida's public and participating non-public schools in all 67 school districts.
- Part II: Comprehensive School Health Services - Includes increased services in section 381.0057, Florida Statutes, for student health management, interventions and classes. These services promote student health; reduce high-risk behaviors and their consequences (substance abuse, unintentional/intentional injuries and sexually transmitted diseases); provide pregnancy prevention classes and interventions; and provide support services to promote return to school after giving birth.
- Part III: Health Services for Full Service Schools (FSS) – Includes basic school health services and additional specialized services that integrate education, medical, social and/or human services such as nutrition services, basic medical services, Temporary Assistance for Needy Families (TANF), parenting skills, counseling for abused children, counseling for children at high risk for delinquent behavior and their parent/guardian and adult education to meet the needs of the high-risk student population and their families. These services are required of schools as defined in section 402.3026, Florida Statutes.

The Plan contains 4 columns, as follows:

- Column 1 – Statute and/or Rule References. This column includes Florida Statutes, administrative rules and references demonstrating best practices related to school health.
- Column 2 – Program Standard/Requirement. This column provides specific requirements related to the statutes, administrative rules and references listed in column 1.
- Column 3 – Local Agency(s) Responsible. The local agencies (CHD, Local Educational Agency (LEA) and School Health Advisory Committee (SHAC)) determine the responsibilities for providing the services described columns 1 and 2.
- Column 4 – Local Implementation Strategy & Activities. This column describes the implementation strategies and activities to fulfill requirements in columns 1 and 2.

Plan submission:

- If the Plan signature page has not been signed by all parties on or before September 15, 2022, you may submit the plan at that time and submit the scanned signature page as a PDF file when it is fully signed.

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategies and Activities
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PART I: BASIC SCHOOL HEALTH SERVICES

<p>1. School Health Services Plan; Basic School Health Services; Comprehensive School Health Services and Full-Service Schools; Rule 64F-6.002, F.A.C.; ss. 381.0056, 381.0057; 402.3026, F.S.</p>	<p>1a. Each local school health services plan shall be completed biennially and approved and signed by, at a minimum, the superintendent of schools, the school board chairperson and the county health department (CHD) administrator/director/health officer.</p>	<p>DOH- Medical Director, Nursing Director and School Health Supervisor</p>	<p>DOH school health supervisor shall collaborate with local school district liaison to update the plan. The DCSD school district chairperson and DOH medical director shall approve changes.</p>
<p>1b. The local school health services plan shall be reviewed each year for the purpose of updating the plan. Amendments shall be signed by the school district superintendent and the CHD administrator/director/health officer and forwarded to the School Health Services Program office.</p>	<p>DOH- Nursing Director, School Health Supervisor, DOE- ESE Director, DOE Designated Liaison</p>	<p>Meet semi-annually to review School Health Services Plan (SHSP) and any new legislative changes or updates. School Health supervisor will report semi-annually or more often if necessary, of any concerns or changes he/she feels are necessary based on her QA reviews of each school and additional input from staff, parents and/or administration.</p>	
<p>1c. The local school health services plan shall describe employing or contracting for all health-related staff and the supervision of all school health services personnel regardless of the funding source.</p>	<p>DOH- Nursing Director, Administrator, Business Manager, School Health Nursing Supervisor DOE- Finance Director and ESE Director.</p>	<p>See annual School Health Report under section School Health Staff on site.</p>	
<p>1d. Each CHD uses annual Schedule C funding allocation to provide school health services pursuant to the School Health Services Act and the requirements of the Schedule C Scope of Work.</p>	<p>DOH- Business Manager, School Health Supervisor, DOE- finance Director and ESE Director</p>	<p>DOH Business Manager and School Health Supervisor will review quarterly. Annual reports and employee activity records coded.</p>	
<p>1e. The CHD and LEA shall each designate one person, RN recommended, to be responsible for the coordination of planning, development, implementation and</p>	<p>DOH- Nursing Director, School Health Supervisor DOE- ESE Director</p>	<p>Meet semi-annually to review SHSP and any new legislative changes or updates. DOH School Health Supervisor will report semi-</p>	

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	evaluation of the program. These individuals should collaborate throughout the school year to assure program compliance and to plan and assess the delivery of program services.		annually or more often if necessary, of any concerns or changes he/she feels are necessary based on her QA reviews of each school and additional input from staff, parents and/or administration.
	1f. Protocols for supervision of school health services personnel shall be described in the local school health services plan to assure that such services are provided in accordance with statutory and regulatory requirements and professional standards and are consistent with the Nurse Practice Act.	DOH- medical director, nursing director, School Health nursing supervisor, DOE- School Health Advisory committee chair (SHAC) and ESE director	Establish medical protocols/standing orders for the delivery of health services in the school clinic as indicated. Policies will be in place to train, evaluate and review staff that deliver school health services.
	1g. Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the CHD medical director in conjunction with district school boards, local school health advisory committees, the school district medical consultant if employed or the student's private physician.	DOH- medical director, nursing director, school health supervisor, DOE- SHAC and ESE Director	Establish medical protocols/standing orders for the delivery of health services in the school clinic as indicated. Policies will be in place to train, evaluate and review staff that deliver school health services.
	1h. Establish procedures for health services reporting in Health Management System (HMS) and the annual report, to include services provided by all partners.	DOH- school health staff DOE- School health staff	DOH School health personnel will enter services completed and data weekly into HMS. DOE school health personnel, will submit services completed and data weekly to DOH for entry into HMS by designated personnel. DOH employees will enter their own data.
	1i. Each SHAC should include members representing the eight components of the Centers for Disease Control and Prevention's Coordinated School Health	DOH- School Health Supervisor, school health staff	SHAC in conjunction with the local school district will meet at minimum twice a year to address the components of the 10 CSH

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2. Health Appraisal s. 381.0056(4)(a)(1), F.S.	2a. Determine the health status of students. (CSH) model. The SHAC is encouraged to address the eight CSH components in the school district's wellness policy.	DOE- ESE, Food Service and Wellness Coordinator DOH- School Health Supervisor, School Nurse, Health Support Techs DOE- Data entry/counselor	components as well as the DOE local school wellness policy. DOE Data entry staff or HST shall receive entry documents such as Health Physical exam, shots and other records and shall immediately forward that information to the School Nurse for follow up with the parent/physician for health management.
3. Records Review s. 381.0056(4)(a)(2), F.S.; s. 1003.22(1)(4) F.S.; Rules 64F-6.005(1), F.A.C.; 64F-6.004(1)(a), F.A.C.	3a. Perform initial school entry review of student health records, to include school entry physical, immunization status, cumulative health record, emergency information, school health screenings and student-specific health related documents. 3b. Emergency information card/form for each student shall be updated each year.	DOH- School health supervisor, Health support techs DOE- Data entry/counselor DOH- School health supervisor, school nurses, health support techs DOE- data entry/counselor and principals	Review of new records and emergency cards to establish any specific health issues that will require additional case management and additional parent/physician information. DOE will ensure that records are compliant with statute timeliness and available to School Health supervisor and school health nurses within that timeline. Principal or designee at each school will ensure that every student has an updated emergency card on file and copy sent to the Health Team for review. School nurses will review new records and health alerts will be completed as necessary and sent to those with a need to know. The school nurse or designee in the Health Team will contact parent/physicians for additional information as needed.

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p>4. Nurse Assessment s. 381.0056(4)(a)(3), F.S.; Rules: 64F-6.001(6), F.A.C.; 6A-6.0253, F.A.C; 6A-6.0252, F.A.C.; 6A-6.0251, F.A.C.</p>	<p>4a. Perform nursing (RN) assessment of student health needs.</p> <p>4b. For day-to-day and emergency care of students with chronic and/or complex health conditions at school, the RN develops an individualized health care plan (IHP) and Emergency Care Plan (ECP).</p>	<p>DOH- School RN DOE- ESE Director</p> <p>DOH- School Health Supervisor DOE- ESE and parent/guardian</p>	<p>RN will review student's records that have evidence of specific health needs and collaborate with the School health team, student's parent/guardian, and ESE to identify and address needs so that student can attend safely and without barriers.</p> <p>School RN's will be responsible for developing IHCP on all students with special health needs/concerns. Care plan templates are utilized from skyward electronic record and individualized for each student. The RN will do individual instruction for students with complex issues. The ECP is kept in the Health Room for trained Health personnel to review and follow. In addition, an EAP (locally designated Emergency action plan) is a condensed version and it will be stored in skyward and available for review by any DOE personnel that have access rights to that student's records. The skyward record will be such way to note there is a Health Alert/ or plan. Teachers can do a quick print to create a folder for substitutes without skyward access in each classroom with step by step instructions.</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p>5. Nutrition Assessment s. 381.0056(4)(a)(4), F.S.; Florida School Health Administrative Resource Manual, 2017</p>	<p>5a. Identify students with nutrition related problems and refer to an appropriate health care provider.</p>	<p>DOH- School Health Nurse and Health Support Techs DOE- ESE, Physical education instructors and Food Service Staff</p>	<p>Provide growth and development mandatory screenings according to Statute. Notify and assist parent with referrals to local providers for follow up as results indicate. Collaborate with SHAC and Wellness Liaison regarding overall school findings related to nutritional problems to improve community and school nutritional programs and access. Instructors shall refer students to school nurse should they have any concerns in this area. RN's will coordinate with Food Service staff regarding food allergies or nutritional exceptions. Reference guidelines 2021.</p>
<p>6. Preventive Dental Program s. 381.0056(4)(a)(5), F.S.</p>	<p>6a. Provide services such as oral health education, screenings and referrals, dental sealants, fluoride varnish and/or fluoride rinse as appropriate.</p>	<p>DOH- RNs, HSTs, Dental Hygienist & Business Manager DOE- Principals & ESE Director</p>	<p>Oral health problems may be identified as part of a routine health room visit or by referrals from student's instructor. DOH Dental Health Sealant Program will be available on site to students by a licensed Hygienist with parental consent. The School nurse will assist families with referrals for any additional care when necessary. Oral Health Classroom education will be encouraged by the school RN and coordinated upon request of the school principal.</p>
<p>7. Health Counseling s. 381.0056(4)(a)(10), F.S.</p>	<p>7a. Provide health counseling as appropriate.</p>	<p>DOH- School Nurse and Health Support Techs DOE- Principals</p>	<p>Principal shall provide a confidential space for health counseling with students. Instructors/staff shall refer any student's when they have related</p>

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<p>8. Referral and Follow-up of Suspected and Confirmed Health Problems s. 381.0056(4)(a)(1), F.S.</p>	<p>8a. Provide referral and follow-up for abnormal health screenings, emergency health issues and acute or chronic health problems. Coordinate and link to community health resources.</p>	<p>DOH- School Health Nurse and Health Support Techs DOE- Counselor/Social Services and ESE</p>	<p>concerns. Health Counseling shall be non-judgmental, accurate, age appropriate and up to date on the health-related issue and within the school health staff scope of practice. Parent/Guardian will be notified of a potential health problem as a result of mandatory health screening. The RN in concert with the parent/guardian will assist family in follow up and care for the identified problem. At least 3 attempts to contact the parent/guardian will be made after which the School Health Team will report inability to contact parent/guardian to the School Principal to assist with resolution. Classroom instructors will be notified of any abnormal screenings so that they can make accommodations to assist the student.</p>
<p>9. Provisions for Screenings s. 381.0056(4)(a)(6-9),(e) F.S.; Rule 64F-6.003(1-4), F.A.C.</p>	<p>9a. Provide mandated screenings unless the parent requests in writing an exemption: (1) Vision screening shall be provided, at a minimum, to non-exempted students in grades kindergarten, 1, 3 and 6 and students entering Florida schools for the first time in grades kindergarten – 5. (2) Hearing screening shall be provided, at a minimum, to non-exempted students in grades kindergarten, 1 and 6; to students entering Florida schools for the first time in grades kindergarten</p>	<p>DOH- School RN, Health Support tech, MRC & Approved Volunteers DOE- Principals, Speech and Language</p>	<p>School RN shall coordinate with school principal or designee to set up annual mandatory school health screenings as well as screenings on new enrollees. The school principal shall ensure that space and time are made available to conduct these screenings. Volunteers can be utilized for basic screening and any abnormal results will be rescreened/verified by the school RN. Results are documented in Skyward and coded in HMS. See</p>

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	<p>– 5; and optionally to students in grade 3.</p> <p>(3) Growth and development screening shall be provided, at a minimum, to non-exempted students in grades 1, 3 and 6 and optionally to students in grade 9.</p> <p>(4) Scoliosis screening shall be provided, at a minimum, to non-exempted students in grade 6.</p>		<p>local screening policy for referral details. Reference Florida School Health Administrative Guidelines.</p>
	<p>9b. Provide screening services to all specified students pursuant to s. 381.0056(4)(a) unless a parent/guardian requests exemption from the screening services in writing.</p>	<p>DOH- School Health RN DOE- Local School District; Principals</p>	<p>Schools will provide information to parents prior to mandatory screenings. Options for opt out will be included. This will be done on the Consent for School Health Services form which is a one time consent that remains in effect until parent submits a written note to revoke consent. Principal will designate a staff member to inform the Health Team prior to screenings of any OPT OUT students. Any written opt outs will be given to the nurse prior to screening dates.</p>
	<p>9c. The School shall obtain parent/guardian permission in writing prior to any invasive screening. (e.g. comprehensive eye exam, Covid testing).</p>	<p>Not Done</p>	<p>N/A</p>
	<p>9d. Refer students with abnormal screening results to service providers for additional evaluation and/or treatment (e.g. state contracted vision service providers).</p>	<p>DOH- School Health RN DOE- Principals, Social Workers and ESE</p>	<p>Referral criteria includes documented abnormal screening based on current guidelines. Referral sources are Lion's club, Heiken Vision Services and other resources that become available such as Vision Service Plan available to NASN members.</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p>10. Meeting Emergency Health Needs ss. 381.0056(4)(a)(10), F.S.; s. 1006.165, F.S.; Rule 64F-6.004(1), F.A.C.; Emergency Guidelines for Schools, 2019 Florida Edition</p>	<p>10a. Ensure written health emergency policies and protocols are maintained and include minimum provisions. Ensure that student emergency information forms/cards are updated annually and completed for each student listing contact person, family physician, allergies, significant health history and permission for emergency care.</p> <p>10b. Ensure health room staff and two additional staff in each school are currently certified in cardiopulmonary resuscitation (CPR) and first aid and a list is posted in key locations.</p>	<p>DOH- Medical Director, Nursing Director, School Health supervisor & School Health RN DOE- District and school administrators</p> <p>DOH- School RN & Health Support Techs DOE- Principals, PE Teachers, ESE Bus Drives and Aides</p>	<p>DOE medical director will suggest updates on emergency care as needed. Follow guidelines in Emergency Guidelines for School Florida Edition., most current edition</p> <p>All director service school health staff will be trained in American Heart CPR/ 1st Aid every two years. The school principal or designee will designate additional school staff to be trained. Designated staff will be trained in CPR/AED as designated by FHSA guidelines. Lists of trained personnel will be posted at a minimum in the Front office, Gym, Cafeteria, health room, Administrative office, designated classrooms, and any areas where injuries are likely. The main school office number will be documented on this list. Room number and phone extension if available, of designated personnel will be posted. Copies of certifications will be made available to the School Health RN's upon request from the School district or school site administrator.</p> <p>Time will be set aside prior to start of each school year to train/update an adequate number of staff in emergency response. Encourage training at least 2 DOH staff in</p>
	<p>10c. Assist in the planning and training of staff responsible for emergency situations.</p>	<p>DOH- School Health Supervisor, School Nurse & Nursing Director DOE- Safety Coordinator, School Principal, EMS-</p>	

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	10d. The school nurse shall monitor adequacy and expiration of first aid supplies, emergency equipment and facilities.	Health and Safety coordinator, School Resource Officers (SRO)	CPR/1st Aide Instruction. Coordinate with EMS Health & Safety and SRO on campus for response plans. DOE Safety Coordinator will include school health team in Safety planning for emergencies. Emergency 1st aid bag will be located in each school health room and will contain a minimum of 1st Aid products, see School Health Resource Manual. HST's will check inventory and expiration dates monthly and notify School RN if anything will outdate in less than 60 days or additional supply need.
	10e. The school principal (or designee) shall assure first aid supplies, emergency equipment and facilities are maintained.	DOE ESE, Finance and Facilities Director	Finance/ ESE Director will assist DOH School RN/Supervisor in obtaining equipment/supplies needed for school health operations from the school district
	10f. All injuries and episodes of sudden illness referred for emergency health treatment shall be documented and reported immediately to the principal or the person designated by the principal or the acting principal.	DOH- School health supervisor, School RN, Health Support Techs DOE- Principal, HR Risk Manager	Any DOE Instructors/staff that witness an injury/sudden illness on campus will report to and call for help from the School Health Team immediately. Witness to an injury shall complete a School District Incident report if injury occurred on campus, bus or during a school sponsored activity. First aid/care given will be documented in Skyward. The Principal will be notified by the school nurse or in her absence the health tech if 9-1-1 is called or serious injury occurs.

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	<p>10g. It is the responsibility of each school that is a member of the Florida High School Athletic Association to:</p> <p>(1) Have an operational automatic external defibrillator (AED);</p> <p>(2) Ensure employees expected to use the AED obtain appropriate training; and</p> <p>(3) Register the AEDs with the county emergency medical services director.</p>	<p>DOE- Superintendent, Principal, Athletic Director/Trainer, Finance and Facilities Director</p>	<p>The Superintendent or his designee will ensure AED's are available at each school. The principal shall designate someone on campus to check AED's daily and run a safety check monthly and make certain that pads not expired. Results will be recorded on a log. The Principal/Athletic Director will assure at least one coat at an athletic event will have training in the use of AED and access to an AED for each Event.</p>
<p>11. Assist in Health Education Curriculum s. 381.0056(4)(a)(13), F.S.</p>	<p>11a. Collaborate with schools, health staff and others in health education curriculum development.</p>	<p>DOH- School Health Supervisor, School Health RN DOE- Director of Curriculum Director, Absstinence Educators and Health Educators</p>	<p>All Health Curriculums will be reviewed as mandated by DOE, approved, and presented without variance according to DOE guidelines, state mandates and in consideration of local risks and data.</p>
<p>12. Refer Student to Appropriate Health Treatment s. 381.0056(4)(a)(14), F.S.</p>	<p>12a. Use community or other available referral resources. Assist in locating referral sources for Medicaid eligible, uninsured and underinsured students.</p>	<p>DOH- School Health Nurse DOE- Counselor/Social worker</p>	<p>Parent/guardian will be notified and in consultation with them appropriate referral will be made. Insurance and resource information will be given to those without financial resources. At least 3 attempts one in writing; will be made to follow up on abnormal findings. If unable to contact after three attempts will refer to school principal for assistance in communicating with family.</p>
<p>13. Consult with Parent/Guardian Regarding Student's Health Issues s. 381.0056(4)(a)(15), F.S.; Rule 64F-6.001(1), F.A.C.</p>	<p>13a. Provide consultation with parent/guardian, students, staff and physicians regarding student health issues.</p>	<p>DOH- School Health Nurse, Health Support Techs DOE- counselor/Social workers</p>	<p>Notify parents of any health needs identified. Assist them with understanding issues. Update staff as needed regarding health issues that may arise with a certain student in their care during</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p>14. Maintain Health-Related Student Records s. 381.0056(4)(a)(16), F.S.; s. 1002.22, F.S.; Rule 64F-6.005(1)(2), F.A.C.</p>	<p>14a. Maintain a cumulative health record for each student that includes required information.</p>	<p>DOH- School Health Nurse and Health Support Techs DOE- Principal or designee</p>	<p>the school day. Collaborate with physicians regarding the health of students. Obtain mutual exchange of information consent when consulting in an area outside of mandatory requirements of communicable diseases</p> <p>An individual Health Record will be maintained in Skyward Health. Access to health records will be protected by password and designated for need to know employees only. Paper records will be assimilated into the academic cumulative record and stored by DOE. These records will be retrievable for School Health Needs and Official Audits.</p>
<p>15. Nonpublic School Participation s. 381.0056(5)(a)(18), F.S.; s. 381.0056(5)(a)(9), F.S.</p>	<p>15a. Notification to the local nonpublic schools of the school health services program, allowing the nonpublic school to request participation in the school health services program provided they meet requirements.</p>	<p>DOH- School Health Supervisor DOE- School District and Local Private Schools</p>	<p>Private schools will be sent an invitation to participate in development of the SHSP. If a private school elects to participate in school health services, they will be sent Statutory guidelines and invitation to planning meetings (SHAC). They will also be assisted with training and implementation by the school health team.</p>
<p>16. Provision of Health Information for Exceptional Student Education (ESE) Program Placement s. 381.0056(4)(a)(17), F.S.; Rules 6A-6.0331, F.A.C.; 64F-6.006, F.A.C.</p>	<p>16a. The District School Board will ensure that relevant health information for ESE staffing and planning is provided.</p>	<p>DOH- School Health Nurse DOE- School District, ESE Director, School Staffing Coordinator</p>	<p>School district designee will notify School Health RN of ESE staffing meetings for them to participate and assist with the plan. The school nurse will attend, provide information or recommendations, and assist family as able.</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
17. Provide In-service Health Training for School Personnel s. 381.0056(6)(b), F.S.; Rule 64F-6.002, F.A.C.	17a. The District School Board will ensure that district staff are provided with training to assist with the day-to-day and emergency health needs of students.	DOH- School Health Nurse DOE- ESE Director and Principal	School Health RN will provide new Health room staff with orientation to School Health Plan, scope of practice and skills training. In addition, annual updates will be provided and student specific health training for HST's, classroom instructors, bus drivers, paraprofessionals and subs and any other staff identified and by DOE
18. Health Services and Health Education as Part of the Comprehensive Plan for the School District: s. 381.0056(6)(a), F.S.; Rule 64F-6.002, F.A.C.	18a. The District School Board will ensure that school-based health services and health education are provided to public school children in grades pre-kindergarten - 12.	DOH- Medical Director, Nursing Director, School Health Supervisor DOE- Curriculum Director and designees, ESE Director, SHAC	Annual contract for School Health Services plan and shall contain components of the FAC 64F-6.002. This plan shall be made in collaboration with DOH Medical Director, School Health Supervisor, SHAC and other designee of DOE.
19. Physical Facilities for Health Services s. 381.0056(6)(c), F.S.; State Requirements for Educational facilities, 2014 and/or State Requirements for Existing Educational Facilities 2014	19a. The District School Board will ensure that adequate health room facilities are made available in each school and meet the Florida Department of Education requirements.	DOH- School Nurse, Nursing Director DOE- Facilities Director, Finance Director and Principals	Annual inspection of each Health Room will be done to ensure compliance with this Statute utilizing form "School Health Room Review". Deficiencies will be addressed immediately by school Principal, DOE District Staff and School Health Supervisor.
20. Helping Children be Physically Active and Eating Healthy s. 381.0056(6)(d), F.S.	20a. The District School Board will ensure that at the beginning of each school year, a list programs and/or resources is made available to the parent/guardian so they can help their children be physically active and eat healthy foods.	DOE- District Administrators, IT, Wellness Coordinator Food Service Director	DOE provides annual information over multiple formats to all students in August of each year that directs parents to information on physical activity and eating healthy foods. This information will be at minimum on District Website and Individual school links.
21. Inform Parent/Guardian of the Health Services Provided	21a. The District School Board will ensure that at the beginning of each school year,	DOH- School Health Supervisor	School District staff will place information in multiple locations so

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<p>s. 381.0056(6)(e), F.S. s. 1001.42(8)(c), F.S.</p>	<p>the parent/guardian will be informed in writing that their children will receive specified health services as provided for in the district health services plan and the opportunity to request an exemption of any service(s) in writing.</p>	<p>DOE- Administration, IT, ESE Director</p>	<p>that all parents/guardians are informed, such as but not limited to: District Website, School FB pages, Annual and New Student Welcome packets, and Newsletters.</p>
<p>22. Declaring a Communicable Disease Emergency s. 1003.22(9), F.S.; Rule 64F-6.002(2)(d), F.A.C.</p>	<p>22a. The county health department director, administrator or the state health officer may declare a communicable disease emergency in the event of any communicable disease for which immunization is required by the Florida Department of Health in a Florida public or private school. A communicable disease policy must be developed and needs to provide for interagency coordination during suspected or confirmed disease outbreaks in schools.</p>	<p>DOH- Medical Director, CDC guidelines, School Health Supervisor, School Health Nurse & Health Support Techs DOE- District Administration & Principals</p>	<p>School Principal in collaboration with School Health RN's will support Enforcement of established school health policy, 5.41 and School Health Services Manual (SHSM)- "Student's suspected or infected with a communicable disease". This policy shall be reviewed at minimum, every two years or more often by the SH Supervisor, DOH Medical Director and DOE District Designee if updates necessary or Statutory changes.</p>
<p>23. Administration of Medication and Provision of Medical Services by District School Board Personnel s. 1006.062(1)(a), F.S.;</p>	<p>23a. The District School Board will include provisions to provide training, by a registered nurse, a licensed practical nurse, a physician or a physician assistant (pursuant to Chapter 458 or 459, F.S.), to the school personnel designated by the school principal to assist students in the administration of prescribed medication.</p>	<p>DOH- School Health RN, Medical Director or APRN DOE- Administrators</p>	<p>DOE Principal shall ensure 1 staff (hired by DOH or DOE) will be available to administer medication on a regular basis and 1 person as a consistent back up. Additional staff can be identified for area such as Special needs classrooms or transportation. DOH RN, Medical Director or APRN will train identified staff in Administration of medication, evaluate this training with written test and direct observation.</p>
<p>24. Policy and Procedure Governing the Administration of Prescription Medication s. 1006.062(1)(b), F.S.; Rule 64B9-14, F.A.C.</p>	<p>24a. The District School Board will adopt policies and procedures governing the administration of prescription medication by district school board personnel and be consistent with delegation practices.</p>	<p>DOH- School Health Nurse, Health Support Techs, Medical Director or APRN DOE- Administrators</p>	<p>DOE District policy 5.15 and SHSM (school health services manual) Medication Policy</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p>25. Policy and Procedure for Allowing Qualified Patients to use Marijuana. s. 1006.062(8), F.S.; s. 381.986, F.S.</p>	<p>25a. Each district school board shall adopt a policy and a procedure for allowing a student who is a qualified patient, as defined in s. 381.986, to use marijuana obtained pursuant to that section.</p> <p>25b. Pursuant to the district policy, develop procedures to follow when parents of students, that are qualified patients, request that medical marijuana be administered to their child at school.</p>	<p>DOH- School Health Nurse, Medical Director or APRN, Health Support Techs DOE- District Administrator, Principal & ESE Director</p> <p>DOH- School Health Supervisor, School Health Nurse DOE- District Administrator, Principal & ESE Director</p>	<p>DOE District policy 5.15 and SHSM Marijuana Policy and Medication Policy</p> <p>DOE District policy 5.15 and SHSM Marijuana Policy and Medication Policy</p>
<p>26. Students with Asthma Carrying a Metered Dose Inhaler s. 1002.20(3)(n), F.S.; National Association of School Nurses (NASN) Position Statement, The Use of Asthma Rescue Inhalers in the School Setting</p>	<p>25c. Ensure that all school health room/clinic staff and school staff designated by principals have read and have on file the school district policy on medical marijuana.</p> <p>26a. Students with asthma whose parent/guardian and physician provide approval, may carry a metered dose inhaler on their person while in school. Ensure written authorization for use of metered dose inhaler at school is completed and signed by health care provider and parent/guardian.</p>	<p>DOH- School Health Nurse and Health Support Techs DOE- Principal and Teachers</p> <p>DOE- Principal</p>	<p>The school RN will develop the IHP and EAP when they are aware of a student that requires an inhaler for Asthma. Health alert will be activated in Skyward. School RN or HST will ensure that a signed consent form the parent and prescription label is on file for the student to carry an inhaler. See SHS Manual for details.</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p>27. Students with Life Threatening Allergies s. 1002.20(3)(l), F.S.; Rules 6A-6.0251, F.A.C.; 64F-6.004(4), F.A.C.; NASN Position Statement on Rescue Medications in School; Students with Life-Threatening Allergies, 2017 Updated Guidance</p>	<p>27a. Ensure that written parent/guardian and physician authorization has been obtained from students who may carry an epinephrine auto-injector and self-administer while enroute to and from school, in school, or at school-sponsored activities.</p> <p>27b. For students with life threatening allergies, the RN shall develop and update annually IHP that includes an ECP, in cooperation with the student, parent/guardian, physician and school staff. The IHP shall include child-specific training to protect the safety of all students from the misuse or abuse of auto-injectors. The ECP 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.</p>	<p>DOH- School Health Nurse and Health Support Techs DOE- Principal</p> <p>DOH- School Health Nurse and Health Support Techs Local- EMS</p>	<p>School Health RN will ensure that written authorization to carry and self-administer, is on hand. Principal shall ensure staff are aware of this policy so as not to interfere.</p> <p>See SHSM policy Emergency Procedure for Anaphylaxis in someone with a documented history and Epinephrine Pen on hand in the health room. School RN will develop the IHP, ICP and EAP.</p>
<p>28. Epinephrine Auto-injectors Use and Supply s. 1002.20(3)(i)(2), F.S.</p>	<p>28a. If the school district has chosen to maintain supplies of epinephrine auto-injectors from a wholesale distributor or manufacturer as defined in s. 499.003, F.S., the School District Board will insure that a standing order and written protocol be developed by a licensed physician and is available at all schools where the epinephrine auto-injectors are stocked. The participating school district shall adopt a protocol developed by a licensed physician for the administration by school personnel who are trained to recognize an anaphylactic reaction and to administer an epinephrine auto-injection.</p>	<p>N/A</p>	<p>N/A</p>

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
<p>29. Emergency Allergy Treatment s. 381.88, F.S.</p>	<p>29a. The School District Board will ensure that school staff, who are designated by the principal, (in addition to school health staff in the school clinic), to administer stock epinephrine auto-injectors (not prescribed to an individual student) are trained by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity approved by the Florida Department of Health.</p> <p>29b. The curriculum must include at a minimum: (a) Recognition of the symptoms of systemic reactions to food, insect stings, and other allergens; and (b) The proper administration of an epinephrine auto-injector.</p>	<p>*Not administering Stock epinephrine* DOH RN's & DOE Principal</p>	<p>*Not administering Stock epinephrine* School Health Staff and designated Backups are trained every two years with the American Heart 1st Aid curriculum. If additional staff need to be designated for students with prescriptions for epinephrine, training will be provided for them as well.</p> <p>*Not administering Stock See Above</p>
<p>30. Diabetes Management s. 1002.20(3)(j), F.S.; Rule 6A-6.0253, F.A.C.-Diabetes management</p>	<p>30a. Students with diabetes must have a Diabetes Medical Management Plan (DMMP) from the student's health care provider that includes medication orders and orders for routine and emergency care.</p> <p>30b. An IHP will be developed from the DMMP by the RN in collaboration with the parent/guardian, student, health care providers and school personnel for the management of diabetes while enroute to and from school, in school, or at school-sponsored activities.</p>	<p>DOH School Health RN</p>	<p>School Health RN will make certain that orders are obtained from the student's health care provider and are on file in that student's school health record. SHSM Section 13 describes components for Students with Diabetes.</p> <p>An IHP will be developed by the School Health RN in collaboration with the parent/guardian and physician. This plan will identify issues that can occur in all school settings or school sanctioned activities.</p>
<p>30c. An ECP will be developed as a child-specific action plan to facilitate quick and appropriate responses to an individual emergency in the school setting.</p>	<p>DOH School Health RN</p>	<p>From the IHP the School Health RN will develop an ECP and an EAP in lay terms that will be available in the students Skyward</p>	

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
31. Diabetes Self-Management s. 1002.20(3)(j), F.S.; Rule 6A-6.0253, F.A.C.-Diabetes management	30d. Maintain a copy of the current physician's diabetes medical management plan and develop and implement an IHP and ECP to ensure safe management of diabetes.	DOH School Health RN	record. This will be available to all staff that need access. Individualized training for Health room and classroom staff will be done as necessary Duplicate strategy. See above.
	31a. Students with diabetes that have physician and parent/guardian approval may carry their diabetic supplies and equipment and self-manage their diabetes while enroute to and from school, in school, or at school- sponsored activities. The written authorization shall identify the diabetic supplies, equipment and activities the student can perform without assistance for diabetic self-management, including hypoglycemia and hyperglycemia.	DOH School Health RN	DOH School Health RN in collaboration with student's parent/guardian and physician, will obtain physician orders for student's self-management and keep that information on file in the Electronic Health Record. The RN will develop an IHP that indicates the above. They will review this plan for changes annually or as needed.
	31b. Maintain a copy of the current physician's diabetes medical management plan and develop and implement an IHP and ECP to ensure safe self-management of diabetes.	DOH- School Health RN DOE- Principals	This plan will be stored in the Electronic Health Record- Skyward. ECP/EAP will be available to all staff with access to that student information.
32. Use of Prescribed Pancreatic Enzyme Supplements s. 1002.20(3)(k), F.S.; Rule 6A-6.0252, F.A.C.	32a. Develop and implement an IHP and ECP for management of the conditions requiring pancreatic enzyme supplements and to ensure that the student carries and self-administers such supplements as prescribed by the physician.	School Health RN	School Health RN will develop and IHP and ECP for students identified as needing pancreatic enzymes during the school day or school activities. The RN will collaborate with the parents and physician to obtain the written authorization and prescription for these medications. The ECP will

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	32b. Maintain documentation of health care provider and parental/guardian authorization for a student to self-carry and self-administer a prescribed pancreatic enzyme supplement while enroute to and from school, in school, or at school sponsored activities.	DOH- School Health RN DOE- Principals	be available to all staff that have access to the student in the electronic health record. This document will be stored in the Electronic Health Record-Skyward. ECP/EAP will be available to all staff with access to the student's information. Principal or designee shall ensure that other staff such as bus drivers, athletic coaches etc. have access to this information.
33. Naloxone Use and Supply s. 1002.20(3)(o), F.S.	33a. If the school district has chosen to obtain and maintain supplies of naloxone the School District Board will insure that a written protocol regarding storage, accessibility and administration of naloxone be developed and available at all schools where naloxone is stocked.	N/A	Dixie School district contracts with the Local Sheriff Dept to provide a Resource Office (SRO) on each school campus. SRO's are trained by their agency in the administration of naloxone and carry it with them on campus.
34. Administration of Medication and Provision of Medical Services by Nonmedical Assistive Personnel s. 1006.062(4), F.S.; Rules: 64B9-14.002(3), F.A.C., 64B9-14, F.A.C.;	34a. The School District Board will ensure that nonmedical assistive personnel 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. 34b. An RN must document health related child-specific training for delegated staff. The delegation process shall include communication to the unlicensed assistant personnel (UAP) which identifies the task or activity, the expected or desired outcome, the limits of authority, the time frame for the delegation, the nature of the supervision required, verification of delegate's understanding of assignment, verification of monitoring and supervision. The	DOE- District Administration and School Principal DOH- School Health RN DOE- Principal	District Administration will support the training of nonmedical assistive personnel to perform health related services. Chapter 7 of the SHSM describes in detail procedures for non-medical personnel (UAP) training and monitoring of advanced procedures. The RN will be responsible for appropriately delegating tasks to the UAP. The School Principal will be responsible for identifying staff to delegate to.

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	documentation of training and competencies should be signed and dated by the RN and the trainee.		
354. Background Screening Requirements for School Health Services Personnel Chapter 435, F.S., s. 381.0059, F.S.; s. 1012.465, F.S.	343c. The School District board will ensure that the use of nonmedical assistive personnel shall be consistent with delegation practices per requirements. 354a. The District School Board and CHD will ensure that any person who provides services under this school health services plan must meet the requirements of a level 2 background screening.	DOH- School Health Supervisor, HR Liaison DOE- HR	Tasks delegated to UAP's will be within their scope of practice. See SHSM Delegation. DOE and DOH staff shall ensure that any current or new staff have met the requirements of a Level 2 background screening before any interactions with students
365. Involuntary Examination s. 394.463, F.S. including: s. 1002.20(3)(l), F.S.; s. 1002.33(9), F.S.; s. 381.0056(4)(a)(19), F.S.	365a. The School District Board will ensure that it develops policies and procedures for the implementation of this statutory requirement. A reasonable attempt must be made to notify a student's parent/guardian, or caregiver before the student is removed from school, school transportation, or a school-sponsored activity and taken to a receiving facility for an involuntary examination.	DOE Staff	School Administrative staff will be responsible for reasonable diligence to make contact with student's parent, guardian or caretaker in this situation. The HST will provide aide in assuring the safety of the student and others. The HST will contact the School Health RN to come and provide support as needed.
376. Parental Consent for Health Care Services Section 1014.06, F.S.	37a6. The School District Board must ensure that it develops policies and procedures for the implementation of the Parent's Bill of Rights. Address the following statutory requirements: (1) Obtain written parental consent prior to providing, soliciting or arranging to provide health care services or prescribe medicinal drugs to a minor child. (2) Obtain written parental consent prior	DOE School District Administrative Designee, Principals, DOE Director of Curriculum	School Administrative staff will be responsible for ensuring parental consent is obtained for health services on all students. This consent will last until graduation or until parent/ guardian revokes consent in writing. School District and Principals will ensure all students have a consent on file. The principal or designee shall be

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
38. Care of Students with Epilepsy or Seizure Disorders: Creates section 1006.0626	to a medical procedure to be performed on a minor child in its facility.	DOH- Nursing Supervisor, School Health Nurse Local-Certified First Aid Instructor	responsible for notifying the School Health Staff of any students who are exempt and from which services. District is currently working on a digital way to track this consent or revocation
	38a. Requires a school to provide epilepsy or seizure disorder care to a student under certain circumstances.	DOH- Nursing Supervisor, School Health Nurse Local-Certified First Aid Instructor	Annual seizure training is provided for health and school staff that have regular contact with seizure disorder students with additional training updates as needed according to the health care provider Individualized Seizure Action Plan (ISAP)
	38b. Provide requirements for the implementation of an individualized seizure action plan for a student with epilepsy or a seizure disorder.	DOH- School Health Nurse, Health Support Techs DOE- ESE Director, Classroom Teachers	School District staff will notify School RN immediately upon identifying a student with a Seizure disorder. They will collaborate to meet with parents/contact medical providers and obtain an ISAP. RN will ensure that ISAP is on file and up to date. Distribution of Emergency Action Plan via Skyward and print copy for sub plans for staff with a need to know
	38c. Provide that an individualized seizure action plan remains in effect until certain criteria are met.	DOH School Health Nurse	School Health RN will make certain that orders are obtained from the student's health care provider (ISAP) and is on file in that student's school health record and current with student needs.
	38d. Authorize a school to provide training and supports to a student in the absence of such a plan.	DOE School District	School District will provide general seizure education based on appropriate level of training from the Epilepsy Foundation (via online portal) to all staff who have

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	<p>38e. Provide requirements for such plans; requiring a school nurse or appropriate school employee to coordinate the care of such students and verify the training of certain school employees relating to the care of the students.</p> <p>38f. Provide requirements for such training; based on guidance issued by the Department of Education.</p> <p>38g. Require schools to provide specified information to certain school employees</p>	<p>DOH- Nursing Supervisor, School Health Nurse DOE- School District Local- Certified CPR/1st Aide (including seizure mgmt) Instructor</p> <p>DOH- Nursing Supervisor & School Health Nurse DOE- School District</p>	<p>regular contact with a student identified as having epilepsy or a seizure disorder.</p> <p>RN's or Certified Instructors provide specific seizure training to school employees as well as HST's that have regular contact with students with seizure disorders.</p> <p>School district will be responsible for ensuring that identified DOE staff have completed their training and have a certificate on file. The RN for each school will provide child specific training and a higher level of response to Medical Staff trained to provide care.</p> <p>See above strategies</p>

PART II: COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP)

<p>39. The Provision of Comprehensive School Health Services. The Services Provided Under This Section are Additional and are Intended to Supplement, Rather Than Supplant, Basic School Health Services. s. 381.0057(6), F.S.; s. 743.065, F.S.</p>	<p>39a. Provide in-depth health management, interventions and follow-up through the increased use of professional school nurse staff.</p> <p>39b. Provide health activities that promote healthy living in each school.</p>	<p>DOH- School Health RN, Health Support Techs DOE- ESE, Administration and Faculty</p> <p>DOH- School Nurse DOE- Admin, Faculty, SHAC/Wellness</p>	<p>The onsite school nurse shall follow up any concerns referred by faculty or identified by HSTs. Care plans (IHP) will be coordinated with family, student and physician and implemented as necessary</p> <p>DOE approved Health education will be provided by the classroom teachers or school nurse/guest speakers on identified areas of need as available and without variance from approved content. Will utilize DOH health educators as available.</p>
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Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	39c. Provide health education classes.	As Above	As Above
	38d. Provide or coordinate counseling and referrals to decrease substance abuse/misuse.	DOH- School Nurse DOE- Guidance/Social workers, ESE, SRO Meridian, Anti-Drug Coalition, Prevention Coalition	Faculty shall refer students with substance abuse issues to the school nurse, counselor, or school resource officer. Parent will be notified and Appropriate referrals and follow up will be made
	39e. Provide or coordinate counseling and referrals to decrease the incidence of suicide attempts.	DOH- School Nurse DOE- Principal, ESE, Counselor/Social Worker, SRO/LEO Meridian	Follow emergency guidelines for schools "Behavioral Emergencies" in coordination with school administration
	39f. Provide or coordinate health education classes to reduce the incidence of substance abuse or misuse, suicide attempts and other high-risk behaviors.	DOH-School Health Nurse DOE- Faculty, Admin, SHAC/Wellness	DOE approved Health education will be provided by the classroom teachers or school nurse/guest speakers on identified areas of need available and without variance from approved content
	39g. Identify and provide interventions for students at risk for early parenthood.	DOH- School Health Nurse, TAPP coordinator DOE- Dropout Prevention, Principal, Counselor/Social Worker	All suspect or confirmed pregnancies in students shall be referred to the school nurse. The RN will coordinate with counselor/family/physicians for care as appropriate. Will refer to TAPP coordinator for CBE classes with appropriate consent.
	39h. Provide counseling and education of teens to prevent and reduce involvement in sexual activity.	DOH- School Health Nurse, Nurse Supervisor, SRA Instructors DOE- Admin and Faculty	Implement and support the Abstinence Education program for 7 th and 8 th grade students with appropriate parental consent. Program will include Relationship and other risk behaviors. (SRA, REAL Essentials, SOS)
	39i. Collaborate with interagency initiatives to prevent and reduce teen pregnancy.	DOH- RN Supervisors, SHAC, DOH APRN, SRA Local- OB/Medical Providers	Implement and support the Abstinence Education program for 7 th and 8 th grade students with appropriate parental consent. All

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	<p>39j. Facilitate the return to school after delivery and provide interventions to decrease repeat pregnancy.</p>	<p>DOH- School Nurse, TAPP DOE- Counselors/social workers, Dropout prevention</p>	<p>students will receive education on healthy relationship and how to avoid risky behavior during their classes. (SRA, REAL Essentials, SOS)</p>
	<p>39k. Refer all pregnant students who become known to staff for prenatal care and Healthy Start services.</p>	<p>DOH-School Nurse, HST's, TAPP DOE- Faculty and staff</p>	<p>The School RN or TAPP coordinator will refer all pregnant students to CONNECT referral source for Healthy Start Program in their county.</p>

PART III: HEALTH SERVICES FOR FULL SERVICE SCHOOLS (FSS)

40. Full Service Schools s. 402.3026(1), F.S.	40a. The State Board of Education and the Florida Department of Health shall jointly establish FSS to serve students from schools that have a student population at high risk of needing medical and social services.		
	40b. Designate FSS based on demographic evaluations.		
	40c. Provide nutritional services.		
	40d. Provide basic medical services.		
	40e. Provide referral to dependent children Temporary Assistance to Needy Families (TANF).		

Statute and/or Rule References	Program Standard/Requirement	Local Agency(s) Responsible	Local Implementation Strategy & Activities
	<p>40f. Provide referrals for abused children.</p> <p>40g. 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 parent/guardian, and adult education.</p> <p>40h. Develop local agreements with providers and/or partners for in-kind health and social services on school grounds.</p>		