



# District School Board of Pasco County

20430 Gator Lane • Land O' Lakes, Florida 34638 • 813/794-2221

Heather Fiorentino, Superintendent

[www.pasco.k12.fl.us](http://www.pasco.k12.fl.us)

## Department of Purchasing

Kendra Goodman, CPPO, CPPB, Purchasing Agent

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

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

352/524-2221 e-mail: [kgoodman@pasco.k12.fl.us](mailto:kgoodman@pasco.k12.fl.us)

August 16, 2011

## MEMORANDUM

TO: Honorable School Board Members

FROM: Kendra Goodman, CPPO, CPPB, Purchasing Agent *KDG*

RE: State of Florida/Department of Health Standard Contracts  
Student Services Department

The attached contracts between the State of Florida, Department of Health and the District School Board of Pasco County are being forwarded to the Board for approval. The Department of Health provides the District funds (a total of \$248,638.15) for full and basic health services to students and families that need medical and social support in order to succeed. These services assist the District in appraising, protecting and promoting the health of students.

At this time, we respectfully request your approval for the attached contracts with the above-referenced agency. These contracts will commence on August 22, 2011 and continue through June 30, 2012. These contracts' format & content were reviewed and approved by the School District's Attorney, Elliott Dunn on July 20, 2011.

If you should have any questions regarding this matter, please contact Ms. Lisa Kern, Supervisor of Student Services (Health) or me at your earliest convenience.

KDG/dp  
Attachments



RECEIVED

7/20/11



## District School Board of Pasco County

7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638 • 813/ 794-2000

Heather Florentino, Superintendent

[www.pasco.k12.fl.us](http://www.pasco.k12.fl.us)

Student Services Department

Lisa Kern, Supervisor

813/ 794-2360 Fax: 813/ 794-2120

727/ 774-2360

352/ 524-2360

### MEMORANDUM

**Date:** July 20, 2011

**To:** Kendra Goodman, CPPB, Purchasing Agent

**From:** Lisa Kern, Supervisor of Student Services (Health) *LK*  
Lizette Alexander, Director of Student Services *LKA*

**Subject:** Florida Department of Health 2011 - 2012 Contracts

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

**State of Florida, Department of Health Contracts: PC2B1 (Full Service) & PC2B2 (Basic School Health)**

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

Thank you

LK/lg



Rick Scott  
Governor

H. Frank Farmer, Jr., M.D., Ph.D.  
State Surgeon General

July 5, 2011

Lisa Kern, MSN, RN, NCSN  
Supervisor of Student Services (Health)  
District School Board of Pasco County  
7227 US Highway 41 North  
Land O'Lakes, FL 34638

Re: Basic and Full Service Contracts for Fiscal Year 2011/2012

Enclosed for your review are the proposed Basic and Full Service School Health contracts, together with attachments, for fiscal year 2010-2011 between the Pasco County Health Department and the District School Board. Please submit these contracts to the Board at your earliest opportunity, have them signed, and return both sets to me. I will provide you with a copy of the fully signed contract for your records.

Please provide me with a Certificate of Liability Insurance for the period from July 1, 2011 through June 30, 2012, as the current policy period expires July 1, 2011. In addition to the contract I have enclosed several other documents which require your review, completion and/or signature as follows:

1. Memorandum of Negotiation: two documents, one for each contract – Please sign where indicated and return to me with the signed contract documents.
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Contracts/Subcontracts: Please sign where indicated and return with to me with the signed contract documents.
3. Certification Regarding Lobbying Certification for Contracts, Grants, Loans and Cooperative Agreements: Please sign and complete the information where indicated and return to me with the signed contract documents.
4. Civil Rights Compliance Checklist: Please complete and return this document on or before November 1, 2011.

It is imperative that we receive the signed contracts before August 1, 2011, so we have sufficient time to enter them in the system before school commences. In the event you have any questions or concerns regarding these documents, please don't hesitate to contact me at extension #130, at the telephone number indicated below.

Sincerely,

Constance A. Brooks  
Business Manager/Contract Manager

/cab

Enclosures

Pasco County Health Department  
David R. Johnson, MD, MS, MHA, Director, County Health Officer  
10841 Little Road • New Port Richey, FL 34654-2513  
(727) 861-5250 • fax: (727) 862-4230



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7/20/11  
FULL SERVICE

CFDA No.

CSFA No. 916.550

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 (FS)

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

C. To the Following Governing Law

1. State of Florida Law

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.

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 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.
- c. 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.
- d. Not to employ unauthorized aliens. The department shall consider employment of unauthorized aliens a violation of §§274A(e) of the Immigration and Naturalization Act (8 U.S.C. 1324 a) and section 101 of the Immigration Reform and Control Act of 1986. Such violation shall be cause for unilateral cancellation of this contract by the department.
- e. 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.
- f. 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).

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.

CONTRACT REVIEWED  
AND APPROVED:  
Kdy 9/26/11

Contract # PC2B1

mm/ed



8. If Exhibit 2 of this contract indicates that the provider is a recipient or subrecipient, the provider will perform the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular A-133, and/or section 215.97 Florida Statutes, as applicable and conform to the following requirements:

a. Documentation. To maintain separate accounting of revenues and expenditures of funds under this contract and each CSFA or CFDA number identified on Exhibit 1 attached hereto in accordance with generally accepted accounting practices and procedures. Expenditures which support provider activities not solely authorized under this contract must be allocated in accordance with applicable laws, rules and regulations, and the allocation methodology must be documented and supported by competent evidence.

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

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

The aforementioned documentation is subject to review by the Department and/or the State Chief Financial Officer and the provider will timely comply with any requests for documentation.

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

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

**E. Monitoring by the Department**

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

**F. Indemnification**

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

- 1. The provider shall be liable for and shall indemnify, defend, and hold harmless the department and all of its officers, agents, and employees from all claims, suits, judgments, or damages, consequential or otherwise and including attorneys' fees and costs, arising out of any act, actions, neglect, or omissions by the provider, its agents, or employees during the performance or operation of this contract or any subsequent modifications thereof, whether direct or indirect, and whether to any person or tangible or intangible property.
- 2. The provider's inability to evaluate liability or its evaluation of liability shall not excuse the provider's duty to defend and indemnify within seven (7) days after such notice by the department is given by certified mail. Only adjudication or judgment after highest appeal is exhausted specifically finding the provider not liable shall excuse performance of this provision. The provider shall pay all costs and fees related to this obligation and its enforcement by the department. The department's failure to notify the provider of a claim shall not release the provider of the above duty to defend.

**G. Insurance**

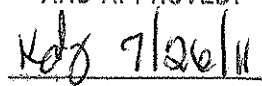
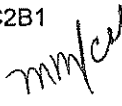
To provide adequate liability insurance coverage on a comprehensive basis and to hold such liability insurance at all times during the existence of this contract and any renewal(s) and extension(s) of it. Upon execution of this contract, unless it is a state agency or subdivision as defined by §768.28,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

**H. Safeguarding Information**

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

**I. Assignments and Subcontracts**

- 1. To neither assign the responsibility of this contract to another party nor subcontract for any of the work contemplated under this contract without prior written approval of the department, which shall not be unreasonably withheld. Any sub-license, assignment, or transfer otherwise occurring shall be null and void.
- 2. The provider shall be responsible for all work performed and all expenses incurred with the project. If the department permits the provider to subcontract all or part of the work contemplated under this contract, including entering into subcontracts with vendors for services and commodities, it is understood by the provider that the department shall not be liable to the subcontractor for any expenses or liabilities incurred under the subcontract and the provider shall be solely liable to the subcontractor for all expenses and liabilities incurred under the subcontract. The provider, at its expense, will defend the department against such claims.

CONTRACT REVIEWED AND APPROVED: Contract # PC2B1  
  


3. The State of Florida shall at all times be entitled to assign or transfer, in whole or part, its rights, duties, or obligations under this contract to another governmental agency in the State of Florida, upon giving prior written notice to the provider. In the event the State of Florida approves transfer of the provider's obligations, the provider remains responsible for all work performed and all expenses incurred in connection with the contract. In addition, this contract shall bind the successors, assigns, and legal representatives of the provider and of any legal entity that succeeds to the obligations of the State of Florida.
4. The contractor shall provide a monthly Minority Business Enterprise report summarizing the participation of certified and non-certified minority subcontractors/material suppliers for the current month, and project to date. The report shall include the names, addresses, and dollar amount of each certified and non-certified MBE participant, and a copy must be forwarded to the Contract Manager of the Department of Health. The Office of Supplier Diversity (850-487-0915) will assist in furnishing names of qualified minorities. The Department of Health, Minority Coordinator (850-245-4199) will assist with questions and answers.
5. Unless otherwise stated in the contract between the provider and subcontractor, payments made by the provider to the subcontractor must be within seven (7) working days after receipt of full or partial payments from the department in accordance with §§287.0585, FS. Failure to pay within seven (7) working days will result in a penalty charged against the provider and paid by the provider to the subcontractor in the amount of one-half of one (1) percent of the amount due per day from the expiration of the period allowed herein for payment. Such penalty shall be in addition to actual payments owed and shall not exceed fifteen (15) percent of the outstanding balance due.

**J. Return of Funds**

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

**K. Incident Reporting**

**Abuse, Neglect, and Exploitation Reporting**

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

**L. Transportation Disadvantaged**

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

**M. Purchasing**

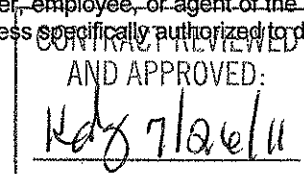
1. It is agreed that any articles which are the subject of, or are required to carry out this contract shall be purchased from Prison Rehabilitative Industries and Diversified Enterprises, Inc. (PRIDE) identified under Chapter 946, FS, in the same manner and under the procedures set forth in §§946.515(2) and (4), FS. For purposes of this contract, the provider shall be deemed to be substituted for the department insofar as dealings with PRIDE. This clause is not applicable to subcontractors unless otherwise required by law. An abbreviated list of products/services available from PRIDE may be obtained by contacting PRIDE, 1-800-643-8459.
2. Procurement of Materials with Recycled Content  
It is expressly understood and agreed that any products or materials which are the subject of, or are required to carry out this contract shall be procured in accordance with the provisions of §403.7065, and §287.045, FS.
3. MyFloridaMarketPlace Vendor Registration  
Each vendor doing business with the State of Florida for the sale of commodities or contractual services as defined in section 287.012, Florida Statutes, shall register in the MyFloridaMarketPlace system, unless exempted under Florida Administrative Code Rule 60A-1.030(3) (F.A.C.).
4. MyFloridaMarketPlace Transaction Fee  
The State of Florida, through the Department of Management Services, has instituted MyFloridaMarketPlace, a statewide eProcurement system. Pursuant to section 287.057(23), Florida Statutes (2008), all payments shall be assessed a Transaction Fee of one percent (1.0%), which the Provider shall pay to the State.  
For payments within the State accounting system (FLAIR or its successor), the Transaction Fee shall, when possible, be automatically deducted from payments to the vendor. If automatic deduction is not possible, the vendor shall pay the Transaction Fee pursuant to Rule 60A-1.031(2), F.A.C. By submission of these reports and corresponding payments, vendor certifies their correctness. All such reports and payments shall be subject to audit by the State or its designee.  
The Provider shall receive a credit for any Transaction Fee paid by the Provider for the purchase of any item(s) if such item(s) are returned to the Provider through no fault, act, or omission of the Provider. Notwithstanding the foregoing, a Transaction Fee is non-refundable when an item is rejected or returned, or declined, due to the vendor's failure to perform or comply with specifications or requirements of the agreement. Failure to comply with these requirements shall constitute grounds for declaring the vendor in default and recovering procurement costs from the vendor in addition to all outstanding fees. Providers delinquent in paying transaction fees may be excluded from conducting future business with the State.

**N. Civil Rights Requirements**

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

**O. Independent Capacity of the Contractor**

1. In the performance of this contract, it is agreed between the parties that the provider is an independent contractor and that the provider is solely liable for the performance of all tasks contemplated by this contract, which are not the exclusive responsibility of the department.
2. Except where the provider is a state agency, the provider, its officers, agents, employees, subcontractors, or assignees, in performance of this contract, shall act in the capacity of an independent contractor and not as an officer, employee, or agent of the State of Florida. Nor shall the provider represent to others that it has the authority to bind the department unless specifically authorized to do so.



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3. Except where the provider is a state agency, neither the provider, its officers, agents, employees, subcontractors, nor assignees are entitled to state retirement or state leave benefits, or to any other compensation of state employment as a result of performing the duties and obligations of this contract.
4. The provider agrees to take such actions as may be necessary to ensure that each subcontractor of the provider will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of the State of Florida.
5. Unless justified by the provider and agreed to by the department in Attachment I, the department will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial, or clerical support) to the provider, or its subcontractor or assignee.
6. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds, and all necessary insurance for the provider, the provider's officers, employees, agents, subcontractors, or assignees shall be the responsibility of the provider.

**P. Sponsorship**

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

**Q. Final Invoice**

To submit the final invoice for payment to the department no more than 30 days after the contract ends or is terminated. If the provider fails to do so, all right to payment is forfeited and the department will not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this contract may be withheld until all reports due from the provider and necessary adjustments thereto have been approved by the department.

**R. Use of Funds for Lobbying Prohibited**

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

**S. Public Entity Crime and Discriminatory Vendor**

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

**T. Patents, Copyrights, and Royalties**

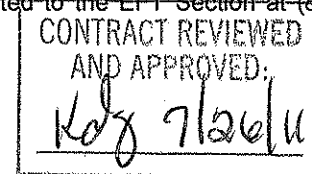
1. If any discovery or invention arises or is developed in the course or as a result of work or services performed under this contract, or in anyway connected herewith, the provider shall refer the discovery or invention to the department to be referred to the Department of State to determine whether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

**U. Construction or Renovation of Facilities Using State Funds**

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

**V. Electronic Fund Transfer**

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



*mmf*

**W. Information Security**

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

**II. THE DEPARTMENT AGREES:**

**A. Contract Amount**

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

**B. Contract Payment**

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

**C. Vendor Ombudsman**

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

**III. THE PROVIDER AND THE DEPARTMENT MUTUALLY AGREE**

**A. Effective and Ending Dates**

This contract shall begin on 8/22/2011 or on the date on which the contract has been signed by both parties, whichever is later. It shall end on 6/30/2012.

**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), FAC. Waiver of breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this contract. The provisions herein do not limit the department's right to remedies at law or in equity.

**4. Termination for Failure to Satisfactorily Perform Prior Agreement**

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

**C. Renegotiation or Modification**

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

CONTRACT REVIEWED  
AND APPROVED:  
*Katy Thacker*

*mmfca*

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

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

Monica Makhholm
10841 Little Road, Bldg. B
New Port Richey, FL 34654
(727) 861-5250, ext. 180

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

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

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

Heather Fiorentino, Superintendent
7227 U.S. 41
Land O'Lakes, FL 34638
(727) 774-2000

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

E. All Terms and Conditions Included

This contract and its attachments as referenced, Attachments I, II, III, and IV, 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 39 page contract to be executed by their undersigned officials as duly authorized.

PROVIDER:

SIGNATURE:

PRINT/TYPE NAME: HEATHER FIORENTINO

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: DAVID R. JOHNSON, MD, MS, MHA

TITLE: DIRECTOR, COUNTY HEALTH OFFICER

DATE:

Handwritten signature of David R. Johnson and date 6-29-2011

District School Board of Pasco County, Chairman

Date:

CONTRACT REVIEWED AND APPROVED: [Signature] 7/26/11

Handwritten initials: mm, cab

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

**Performance Based Contract**

**A. SERVICES TO BE PROVIDED**

**1. Definition of Terms**

**a. Contract Terms**

<b>Fiscal Year</b>	July 1, 2011 to June 30, 2012
<b>Funding Agency</b>	Pasco County Health Department (CHD)
<b>The Provider</b>	<input checked="" type="checkbox"/> Local Education Agency (LEA) <input type="checkbox"/> Other: _____

**b. Program or Service Specific Terms**

- 1. Annual School Health Services Report:** An annual report submitted to the state funding agency each year that reflects services, staffing and expenditures. For the purpose of this contract, the report will cover the period from July 1, 2011 through June 30, 2012.
- 2. Basic School Health Program:** General school health services which are available to all students in Florida's public and participating non-public schools in all 67 school districts. These health services include but are not limited to: screening of vision, hearing, growth and development (utilizing Body Mass Index [BMI] percentile for age and gender), and scoliosis, health appraisals, referral and follow-up, maintenance of health records, meeting emergency health needs, nursing assessments, health counseling, medication assistance, and a preventive dental program as identified in s. 381.0056(5)(a)(1-18), F.S., and Chapter 64F-6.001-6.006, F.A. C.
- 3. Clients:** Students enrolled in Florida public and participating non-public schools. Services may be extended to serve high-risk student populations and their families on school district property.
- 4. Full Service Schools:** 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, 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 to meet the needs of the high risk student population and their families. These services are to be provided on school district property as required by s. 402.3026, F.S., incorporated by reference.
- 5. Funding Agency:** The local County Health Department.
- 6. Health Management System (HMS):** Department of Health (DOH) data system into which documented school health services are entered by service codes identified by DHP 50-20. This data is used to provide a full accounting of school health services provided.



7. **Provider:** The entity with whom the local CHD enters into agreement to provide Basic and/or Full Service School Health Services.
8. **School Health Services Plan:** A document that describes the services to be provided, the responsibility for provision of the services, and evidence of cooperative planning by local school districts and county health departments, as required by s. 381.0056(3)(e), F.S. The plan operates on a two year cycle and for the purpose of this contract, the plan covers years 2010 – 2012.

## 2. General Description

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

(Check services which apply to this contract).

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

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

- b. **Authority:** The provider will deliver school health services required by this contract in compliance with sections 381.0056, 381.0059, and 402.3026, F.S., and with Chapter 64F-6, F.A.C.
- c. **Scope of Services:** The provider will provide basic and/or full service school health services to students enrolled in and attending Pasco County public and participating non-public schools.
- d. **Major Program Goals:**
  1. To appraise, protect and promote the health of students.
  2. To provide health services in schools that are integrated with other school health services and included in the annual school health services plan.

## 3. Clients To Be Served

- a. **General Description:** All students enrolled in and attending a public or participating non-public school in Pasco County whose parents did not document the opt out option for receiving specific school health services. This includes students from schools that have a student population with a high risk of failure due to unmet medical and social services needs.
- b. **Client Eligibility:** Must be enrolled in and attending a public or participating non-public school in Pasco County.
- c. **Client Determination:** In accordance with s.381.0056 (6)(g), F.S., at the beginning of each school year parents or guardians will be informed in writing, about general and specific school health services that students will receive. Students will be exempted from any health service(s), if the parent or guardian requests the exemption in writing.
- d. **Contract Limits**

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



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**B. MANNER OF SERVICE PROVISION**

**3. Service Tasks**

**a. Task List**

1. The provider will make available basic school health services (as defined in Section A.1.b.2) to all students in school locations listed in Attachment III. Basic school health services will be provided as outlined in the School Health Services Act, s. 381.0056, F.S., and Chapter 64F-6.001 – 6.006, F.A.C. In addition, the CHD and LEA will specify, in the School Health Services Plan, other agreed upon tasks and services the provider must deliver.
2. In each Full Service School listed in Attachment III, the provider will deliver basic school health services (as defined in Section A.1.b.2) and specialized services appropriate to its high-risk population, in accordance with s. 402.3026, F.S. In addition, the CHD and LEA will specify, in the School Health Services Plan, other agreed upon tasks and services the provider must deliver.
3. Pregnant students who become known to provider staff will be referred for prenatal care and Healthy Start Services in accordance with s. 743.065, F.S.

**b. Task Limits**

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

1. The School Health Services Act, s. 381.0056, F.S., s. 381.0059, F.S., and Full Service Schools, s. 402.3026, F.S.
2. Chapter 64F-6, F.A.C.
3. School Health Services Plan
4. Department of Health Schedule C Funds, as appropriated for the School Health Program.
5. The Florida School Health Administrative Guidelines, April 2007, all of which are hereby incorporated by reference and any subsequent revisions made during the contract period.

**4. Staffing Requirements**

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

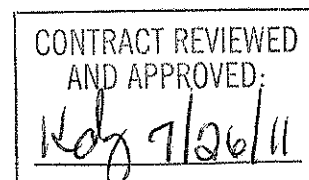
The provider shall replace any employee whose continued presence would be detrimental to the success of the project with an employee of equal or superior qualifications.

Information to document staffing configuration for Basic School Health Services and Full Service schools will be provided for inclusion in the Annual School Health Services Report.

**b. Professional Qualifications**

**School Nurse** – A registered professional nurse currently licensed under Chapter 464, F.S.

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



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

**School Health Social Worker** – A minimum of a bachelor's degree in social work and other staff qualifications to be determined according to the project design.

**c. Staffing Changes**

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

**d. Subcontractors**

Subcontracting will only take place when the provider does not have the capacity to fulfill service requirements as specified in the School Health Services Plan. All subcontracts must be reviewed and approved in writing by the CHD Administrator and in accordance with Contract Management System Update #05-2 (Subcontracting Approval Procedures).

**5. Service Location and Equipment**

**a. Service Delivery Location**

All school health services will be provided in adequate health room or clinic facilities at school sites in accordance with *State Requirements for Educational Facilities, December 2007*, the *Florida School Health Administrative Guidelines, April 2007, Chapter 21*, the county's approved School Health Services Plan. Schools designated as Full Service Schools will be assigned District Area Unit (DAU) numbers identifying school locations. These schools will be listed in Attachment III.

**b. Service Times**

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

**c. Changes in Location**

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

**d. Equipment**

It is the responsibility of the provider, in collaboration with the CHD school health coordinator or his/her designee, to determine and make available the equipment and supplies needed to complete the terms/deliverables of this contract. Funds can be used to purchase/lease equipment, with prior written approval of the CHD school health coordinator or his/her designee. A listing of suggested equipment and first aid supplies is available in the *Florida School Health Administrative Guidelines, April 2007, Chapter 21*.



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## 6. Deliverables

### a. Service Units

Provision of one month or quarter, whichever applies of basic and/or full-service school health services, whichever applies will comprise a unit of service.

### b. Reports

1. The provider will complete and submit to the CHD required data and information to prepare the Annual School Health Services Report which is due to the state funding agency on August 15, 2011.
2. The provider will document and submit services and screening data to the CHD in a format consistent with the requirements of the Personal Health Coding Pamphlet, DHP 50-20, October 1, 2010.
3. Aggregate data will be submitted to the CHD in a format that can be used by CHD staff for entry into HMS. The data will be submitted within 15 days following the end of each month or quarter, whichever pertains to the specified contract billing period.

### c. Records and Documentation

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

1. Cumulative Health Records (DH Form 3041) for each student which contain:
  - a. Florida Certificate of Immunization (DH Form 680) or Part A or B exemptions
  - b. School Entry Health Exam form (DH Form 3040) or other form as specified in s. 1003.22, F.S. and Chapter 6A-6.024, F.A.C.
  - c. Documentation of screenings, results, referrals and outcomes of referrals
  - d. Individual health care plans for chronic or complex health conditions
2. Daily Clinic Logs in all public and participating non-public schools
3. 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.
4. Health records of individual students must be maintained in accordance with s. 1002.22, F.S.

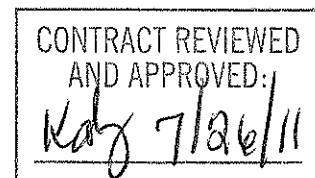
## 7. Performance Specifications

### a. Outcomes and Outputs

School health services provided under this contract will be implemented in accordance with the statutory requirements and program standards outlined in the county's 2010 - 2012 School Health Services Plan.

The provider will submit documentation of health screenings provided in accordance with Chapter 64F-6.003, F.A.C., and meet the following program performance measures:

1. Vision screening:
  - a. Shall be provided to no fewer than 95% of public and participating nonpublic school students in kindergarten, 1<sup>st</sup>, 3<sup>rd</sup>, and 6<sup>th</sup> grades



- b. 75% of students referred for abnormal screening results will have documentation of additional evaluation or treatment.
- 2. Hearing screening:
  - a. Shall be provided to no fewer than 95% of public and participating nonpublic school students in kindergarten, 1<sup>st</sup>, and 6<sup>th</sup> grades
  - b. 75% of students referred for abnormal screening results will have documentation of additional evaluation or treatment.
- 3. Scoliosis screening:
  - a. Shall be provided to no fewer than 95% of public and participating nonpublic school students in the 6<sup>th</sup> grade
  - b. 75% of students referred for abnormal screening results will have documentation of additional evaluation or treatment.
- 4. Growth and development with BMI screening to:
  - a. Shall be provided to no fewer than 95% of public and participating nonpublic school students in 1<sup>st</sup>, 3<sup>rd</sup>, and 6<sup>th</sup> grades
  - b. 75% of students referred for abnormal screening results will have documentation of additional evaluation or treatment, in accordance with local policy.

**b. Standards Definitions**

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

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

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in ninth grade. The BMI screening dates, results, and referral outcomes will be documented on or in the student's Cumulative School Health Record or alternative location (electronic or other) that will be noted on the cover of the student's Cumulative School Health Record.

(Screening requirements and procedures are described in *Florida School Health Administrative Guidelines, April 2007, Section III, Chapter 3, and Appendix H*).

**c. Monitoring and Evaluation Methodology**

By execution of this contract, the provider hereby acknowledges and agrees that its performance under this contract must meet the standards set forth in this contract and will be bound by the conditions set forth in this contract. If the provider fails to meet these standards, the CHD, at its exclusive option, may allow up to six months for the provider to achieve compliance with the standards. If the CHD affords the provider an opportunity to achieve compliance and the provider fails to achieve compliance within the specified time frame, the CHD may apply remedies as defined in Section D.6 or terminate the contract with a 30 day written notice in the absence of any extenuating or mitigating circumstances at the exclusive determination of the CHD.

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

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

**8. Provider Responsibilities**

**a. Provider-Unique Activities**

1. The provider is required to provide administrative supervision of School Health Services program staff according to the Florida School Health Administrative Guidelines, April 2007, to assure that services are provided in accordance with this contract.
2. The provider is required to provide nursing supervision of licensed and unlicensed staff providing school health services according to the professional standards of nursing practice (ss. 464.001 – 464.027, F.S.).
3. By executing this contract the provider recognizes its singular responsibility for the tasks, activities, and deliverables described herein and warrants that it has fully informed itself of all relevant factors affecting accomplishment of the tasks, activities, and deliverables and agrees to be fully accountable for the performance thereof.

**b. Coordination with Other Providers/Entities**

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



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**9. Department Responsibilities**

**a. Department Obligations:**

1. The CHD will be responsible for approving the provision of services outlined in the School Health Services Plan, including those services subcontracted to other providers.
2. The CHD School Health Coordinator is responsible for attaching a copy of this contract and any subcontracts, disclosing the exact amount of funds contracted in the 2011 – 2012 Annual School Health Services Report.
3. The CHD School Health Coordinator is responsible for submitting a completed DOH Programmatic Monitoring Tool for all 2011 – 2012 contracts along with the Annual School Health Report that is due on August 15, 2012.
4. To the extent that resources allow, the CHD will provide technical assistance, programmatic information and support to the provider.

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

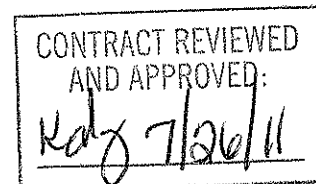
**C. METHOD OF PAYMENT**

1. This is a fixed price (unit cost) contract. The Department will pay the provider, upon satisfactory completion of both the service (s) and all terms and conditions specified in this contract, the amount of \$135,225.25, paid in ten (10) monthly payments, nine (9) such payments in the amount of \$13,522.52, and a tenth payment in the amount of \$13,522.57, subject to the availability of funds.
2. Invoice Requirements: In order to receive the monthly payments, the provider will request payment on a monthly basis through submission of a properly completed invoice (Attachment IV) within 15 days following the end of the month for which payment is being requested. A monthly service report will accompany each invoice.
3. The Department will not honor any requests submitted after the time period specified in paragraph C.2 of this Attachment.
4. The Department may withhold payment under this contract if the Provider fails to submit required reports, perform any tasks or services, or meet deliverables per this contract. Any provision of this contract to the contrary, the Provider shall, within 40 days of termination or non-renewal of this contract repay to the Department funds provided by the Department to the Provider under this contract as follows: the Provider shall repay all funds paid to it by the Department that the Provider has misappropriated or not expended in accordance with the performance standards and specifications of this contract.
5. Funds provided under this contract will be used solely for the operation of Basic School Health Services and where applicable, Full Service School Health Services Programs.

**D. SPECIAL PROVISIONS**

**1. School Health Services Plan and Annual School Health Services Report**

The provider will assist the CHD in preparation for the 2011 - 2012 Annual School Health Services Report. The approved document will be submitted by the CHD to the Department of Health, Family and Community Health/School Health Services Program Office by August 15, 2012.



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**2. Youth Risk Behavior Survey**

The provider agrees to participate every two years in the Youth Risk Behavior Survey (YRBS) from the Centers for Disease Control (CDC), if any of their schools are randomly selected for the survey.

**3. Coordination with Other Providers/Entities**

The provider will collaborate with the CHD, LEA and the School Health Advisory Council in the development of the School Health Services Plan, the Annual School Health Services Report and any other Request for Program Design or grant that becomes available. The provider will coordinate with the CHD on any interagency agreements with community health and social service providers to comply with the plan for Full Service Schools.

**4. Background Screening Requirements**

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

**5. Contract Renewal:**

This contract may be renewed on a yearly basis for no more than three years beyond the initial contract. Such renewals shall be made by mutual agreement and shall be contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the CHD and shall be subject to the availability of funds.

**6. Remedy**

Failure to timely submit the deliverables as identified in Section B.6. or completely perform any tasks or services, per this contract shall result in a 5% reduction of the total invoice amount.

**7. E-Verify**

~~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: (a) all persons new or prospective employees during the contract term by the contractor to perform employment duties within Florida; and (b) all persons (including subcontractors) assigned by the contractor to perform work pursuant to the contract with the state agency.~~

The Provider agrees to utilize the U.S. Department of Homeland Security's E-Verify system, <https://e-verify.uscis.gov/emp> <<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 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. (Changes to this section authorized by Ernest J. Bruton, B.S., Senior Human Services Program Specialist, Florida Department of Health - School Health Services).

*Kdy 8/9/11*

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AND APPROVED:  
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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

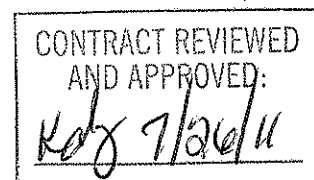
In addition to reviews of audits conducted in accordance with OMB Circular A-133, as revised, and Section 215.97, F.S., (see "AUDITS" below), monitoring procedures may include, but not be limited to, on-site visits by Department of Health staff, limited scope audits as defined by OMB Circular A-133, 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 agreement number for each agreement with the Department of Health in effect during the audit period. Financial reporting packages required under this part must be submitted within the earlier of 30 days after receipt of the audit report or 9 months after the end of the provider's fiscal year end.



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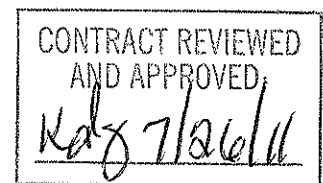
## PART II: STATE FUNDED

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

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

## PART III: REPORT SUBMISSION

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



*mmf*



- A. The Department of Health as follows:

SingleAudits@doh.state.fl.us

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

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

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

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

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

SingleAudits@doh.state.fl.us

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

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

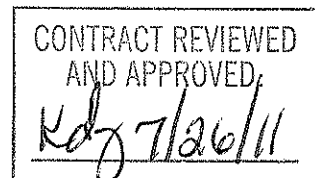
- A. The Department of Health as follows:

SingleAudits@doh.state.fl.us

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

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

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



*mmp*

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

**PART IV: RECORD RETENTION**

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

**End of Text**

CONTRACT REVIEWED  
AND APPROVED:  
*Kdy 7/26/11*

*mmy  
cat*

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 \$ \_\_\_\_\_

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

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

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

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

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

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

CONTRACT REVIEWED AND APPROVED: Kady 7/26/11

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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 are met. Providers who have been determined to be vendors are not subject to the audit requirements of OMB Circular A-133, as revised, and/or Section 215.97, Fla. Stat. Regardless of whether the audit requirements are met, providers who have been determined to be recipients or subrecipients of Federal awards and/or state financial assistance, must comply with applicable programmatic and fiscal compliance requirements.

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

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

NOTE: If a provider is determined to be a recipient/subrecipient of federal and or state financial assistance and has been approved by the department to subcontract, they must comply with Section 215.97(7), F.S., and Rule 691-006(2), FAC [state financial assistance] and Section .400 OMB Circular A-133 [federal awards].

## PART II: FISCAL COMPLIANCE REQUIREMENTS

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

**STATES, LOCAL GOVERNMENTS AND INDIAN TRIBES MUST FOLLOW:**

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

**NON-PROFIT ORGANIZATIONS MUST FOLLOW:**

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

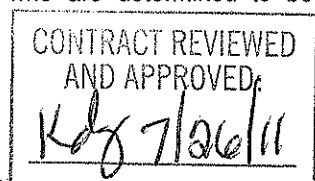
**EDUCATIONAL INSTITUTIONS (EVEN IF A PART OF A STATE OR LOCAL GOVERNMENT) MUST FOLLOW:**

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

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

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

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



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

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

CONTRACT REVIEWED  
AND APPROVED:  
*Kdy 7/26/11*

*mmfca*

## EXHIBIT 3

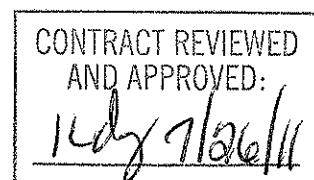
INSTRUCTIONS FOR ELECTRONIC SUBMISSION  
OF SINGLE AUDIT REPORTS

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

The electronic copy of the SARP should:

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

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






Attachment III  
Annual School Health Services Report

WJ

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## 2009 - 2010 Annual School Health Services Report

Due by September 30, 2010

Email Report as an Attachment to:

To: [HSF\\_SH\\_Feedback@doh.state.fl.us](mailto:HSF_SH_Feedback@doh.state.fl.us)

Cc: Your County's Quality Improvement Liaison

*Handwritten initials and signature*

**Pasco** School Health Contacts for 2010-2011 School Year  
*County Name*

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

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

Name: David R. Johnson  
Licenses and/or Degrees: MD, MS, MHA  
Job Title: Director, County Health Officer  
Address: 10841 Little Road, Building B  
City: New Port Richey Zip Code: 34654  
Phone/Ext: (727) 861-5250, ext. 101  
Fax: (727) 862-4230  
Email: David\_Johnson@doh.state.fl.us

**CHD Comprehensive School Health Services  
Coordinator (if applicable)**

Name: \_\_\_\_\_  
Licenses and/or Degrees: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone/Ext: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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

Name: Carol L. Cummins  
Licenses and/or Degrees: MSN, A570ARNP  
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  
Fax: (727) 861-4817  
Email: Carol\_Cummins@doh.state.fl.us

**Full Service Schools Coordinator (if applicable)**

CHD \_\_\_\_\_ LEA \_\_\_\_\_ OTHER \_\_\_\_\_  
*(Indicate appropriate agency with an "X".)*

Name: \_\_\_\_\_  
Licenses and/or Degrees: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone/Ext: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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

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

**School Health Advisory Committee Chairperson**

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

CONTRACT REVIEWED  
AND APPROVED:  
10/27/10 [Signature]

**ANNUAL SCHOOL HEALTH SERVICES REPORT**  
**Part I: Basic School Health Services (in Basic, Comprehensive and Full Service Schools)**  
**Reporting Period July 1, 2009 through June 30, 2010**

**I-A.1 Overview of Schools**

**DIRECTIONS:** Provide the number of public (INCLUDING CHARTER AND ALTERNATIVE) schools and students in your county. **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 Pre-Kindergarten schools and students in the Elementary School category.

Public Schools and Students by School Health Program	Elementary Schools	Middle Schools	High Schools	Schools with Combined School Levels (K-8, 6-12, etc.)	Totals
Basic School Health Services (BASIC ONLY)-SCHOOLS	43	15	10	9	77
Basic School Health Services (BASIC ONLY)-STUDENTS	28,486	14,889	15,407	2,403	61,185
Comprehensive School Health Services Projects (CSHSP)-SCHOOLS					0
Comprehensive School Health Services Projects (CSHSP)-STUDENTS					0
Full Service Schools (FSS)-SCHOOLS	2		2		4
Full Service Schools (FSS)-STUDENTS	1,449		3,076		4,525
CSHSP/FSS Schools-SCHOOLS					0
CSHSP/FSS Schools-STUDENTS					0
<b>Total Public Schools</b>	<b>45</b>	<b>15</b>	<b>12</b>	<b>9</b>	<b>81</b>
<b>Total Public School Students</b>	<b>29,935</b>	<b>14,889</b>	<b>18,483</b>	<b>2,403</b>	<b>65,710</b>

**Total Number of School Health Room Visits During FTE Week (2nd Week in February)**

**I-B.1 Directions:** To calculate the countywide total number of school health room visits during FTE WEEK (or alternative week in February if FCAT or other testing will interfere with obtaining representative health room visit counts) - (1) For each elementary school add the number of school health room visits during each of the five days of February FTE week. (2) Add together the five-day totals from all elementary schools for the countywide total. (3) Repeat the procedure for middle, high and combined level schools.

<b>I-B.1 Five-day total</b> of school health room visits during February FTE week (e.g. first aid, medication administration, counseling, etc.)	Elementary Schools	7,870
	Middle Schools	2,771
	High Schools	2,024
	Combined Levels	219
	<b>Total</b>	<b>12,884</b>

CONTRACT REVIEWED  
AND APPROVED:  
*Kelly 7/26/11*

*cont*

I-C.1 Types of Health Conditions by School Level - 2009-10

**Directions:** The number of health conditions that are identified through review of emergency information records, physical assessments, or physicians diagnoses on medication administration form. Count Pre-School student health conditions in the Elementary Schools category.

Health Conditions	School Type				Totals
	Elementary Schools	Middle Schools	High Schools	Schools with Combined Grade Levels (e.g. K-8, K-12, 6-12, Other)	
ADD/ADHD	1,574	1,046	1,035	51	3,706
Allergies	2,344	1,474	1,043	141	5,002
Asthma	2,595	1,535	1,370	115	5,615
Bleeding Disorder	19	17	13	2	51
Cancer	20	18	9	2	49
Cardiac Conditions	285	172	188	8	653
Cystic Fibrosis	12	8	2	2	24
Diabetes	68	62	75	2	207
Epilepsy / Seizures	263	134	133	9	539
Kidney Disorders	86	62	88	10	246
Psychiatric Conditions	825	429	846	70	2,170
Sickle Cell Disease	11	6	13	2	32
Other	140	102	129	3	374
Other	82	164	253	7	506
Other	42	51	96	2	191
<b>Totals</b>	<b>8,366</b>	<b>5,280</b>	<b>5,293</b>	<b>426</b>	<b>19,365</b>

CONTRACT REVIEWED  
AND APPROVED  
*Kay 7/26/11*

*cat*

I-D.1 Total Number of Students Needing Medications and/or Procedures During 2009-10

Directions: Complete this table with the total numbers of students that needed the listed procedures and/or medications (administered by staff and/or by self) between July 1, 2009 and June 30, 2010.

Procedure	Annual Total Number of Students Needing Procedures and Medications Between July 1, 2009 and June 30, 2010
Carbohydrate Counting	148
Catheterization	16
Colostomy, Jejunostomy, Ileostomy Care	3
Electronic Monitoring	43
Tube/PEG Feeding	27
Glucose Monitoring	191
Insulin Administration	126
Intravenous Treatments	0
Medications (Inhaler)	1,171
Medications (Injection)	413
Medications (Oral)	3,185
Medications (Other Routes)	558
Oxygen Continuous or Intermittent	2
Specimen Collection or Testing	98
Tracheostomy Care	4
Ventilator Dependent Care	0
Other:	18
Other:	
Other:	
Totals	6,003

I-D.2 Number of Medications Administered and/or Procedures Performed during FTE Week (2nd Week in February)

Directions: In this table document all procedures performed and/or medications administered at all county school district elementary, middle, high and combined level schools during February FTE week (or alternative week in February if FCAT or other testing will interfere with obtaining representative medication and procedure counts). Only use numbers - do not use text characters, such as PRN.

Procedure	Weekly Total Number of Medications/Procedures Performed During FTE Week (2nd Week of February 2010)
Carbohydrate Counting	369
Catheterization	115
Colostomy, Jejunostomy, Ileostomy Care	7
Electronic Monitoring	10
Tube/PEG Feeding	160
Glucose Monitoring	747
Insulin Administration	341
Intravenous Treatments	0
Medications (Inhaler)	800
Medications (Injection)	61
Medications (Oral)	3,032
Medications (Other Routes)	128
Oxygen Continuous or Intermittent	1
Specimen Collection or Testing	29
Tracheostomy Care	3
Ventilator Dependent Care	0
Other:	47
Other:	
Other:	
Totals	5,850

CONTRACT REVIEWED AND APPROVED:  
*Kdy* 7/26/11

*cat*

Part II: Comprehensive School Health Services  
 Reporting Period: July 1, 2009 through June 30, 2010

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

II-A.1 Daily Health Services Log Summary for July 1, 2009 through June 30, 2010

Directions: (Tables 1 through 3) Enter the total numbers for each type of service data by school level for all of your county's Comprehensive schools. The column and row totals will calculate automatically. Data from all the individual Comprehensive project schools must be totaled and submitted together in the tables below for the county. The Daily Health Services Log Summary charts will total -0- if the school level data are not provided. Data cannot be entered in the Total columns. If you do not have school-level data, enter your totals in the column for Schools with Combined Levels so they will be counted in the Total column.

**Table 1: Total Visits** - Enter the number of non-medication visits, medication visits and total number of visits by grade level.  
**Table 3: Outcome Dispositions** - Enter the total number of health room visit dispositions by grade level.  
 This table should include medication visits.  
**Table 7: Referrals to** - Enter the number of referrals to each of the listed services by grade level.  
 This table should include medication visits.

Table 1: Total Visits	Elementary Schools	Middle Schools	High Schools	Schools with Combined Levels	Totals
1. Total Non-Medication Visits					0
2. Total Medication Visits					0
<b>Totals</b>	0	0	0	0	0

Table 2: Outcome Dispositions	Elementary Schools	Middle Schools	High Schools	Schools with Combined Levels	Totals
1. 911 Services					0
2. Emergency Room					0
3. Returned to Class					0
4. Sent Home					0
5. Other:					0
<b>Totals</b>	0	0	0	0	0

Table 3: Referral To	Elementary Schools	Middle Schools	High Schools	Schools with Combined Levels	Totals
1. Abuse Registry					0
2. Dental Care					0
3. Guidance Counseling					0
4. Healthy Start					0
5. Kid Care					0
6. Medical Care / Nursing Care					0
7. Mental Health Counseling					0
8. No Referral					0
9. Nursing Assessment					0
10. Social Work Services					0
11. Substance Abuse Counseling					0
12. Other:					0
<b>Totals</b>	0	0	0	0	0

CONTRACT REVIEWED  
 AND APPROVED:  
*Katy 7/26/11*

*cat*

II-B.1 Group Health Services Log Summary for July 1, 2009 through June 30, 2010

**Directions:** For each of the service codes shown below:

**Code 6030:** Enter the number of social interventions provided in Comprehensive Schools. In each subject area enter the number of student and parent participants.

**Code 8020:** 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.

**6030 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				
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**8020 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				
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**NOTE:** Counties with more than one Comprehensive project should complete one combined Group Health Services Log for all schools receiving CSHSP services.

CONTRACT REVIEWED  
AND APPROVED:  
*Koz 7/26/11*

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II-C Teen Pregnancy

- II-C.1 Number of female CSHSP students in grades 6 through 12 (*Denominator for CSHSP birth rate*)
- II-C.2 Number of births to CSHSP students in grades 6 through 12 (*Numerator for CSHSP birth rate*)
- II-C.3 Rate per 1,000 for births to CSHSP students in grades 6 through 12
- II-C.4 Number of babies born to CSHSP students in grades 6 through 12
- II-C.5 Number of low birth weight (<2,500 grams) babies born to CSHSP students in grades 6 through 12
- II-C.6 Percent (%) of low birth weight (<2,500 grams) babies born to CSHSP students in grades 6 through 12
- II-C.7 Number of CSHSP students in grades 6 through 12 that return to school after giving birth this year
- II-C.8 Percent (%) of CSHSP students in grades 6 through 12 who returned to school this year (July 1, 2008 to June 30, 2009) after giving birth.

Part III: Full Service Schools

Part III-A.1 In-Kind Services Provided at Full Services Schools

**Directions:** Document the in-kind service hours and dollar value of services provided by community providers on-site at Full Service Schools during 2009-2010. Enter annual totals (not weekly totals) and use only numbers, no text characters. In-kind services are those health and social services not funded with CHD or LEA school health funding.

Type of Service	ANNUAL Total Number of Donated In-Kind Hours	ANNUAL Estimated Value of In-Kind Services
Adult Education	40	\$1,200
Basic Medical Services	88	\$16,350
Case Management		
Child Protective Services		
Community Education	40	\$1,666
Counseling Abused Children	42	\$1,260
Counseling High-Risk Children	25	\$750
Counseling High-Risk Parents	20	\$600
Delinquency Counseling		
Dental Services	72	\$3,400
Economic Services		
Healthy Start/Healthy Families	30	\$3,750
Job Placement Services	15	\$225
Mental Health Services	38	\$1,216
Nutritional Services	80	\$1,200
Parenting Skills Training	35	\$1,050
Resource Officer	3,230	\$80,000
School Health Nursing Services		
Social Work Services		
Substance Abuse Counseling		
TANF programs (job training, pregnancy prevention, etc.)		
All Other		
<b>Totals</b>	<b>3,755</b>	<b>\$112,667</b>

CONTRACT REVIEWED AND APPROVED:  
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Part IV: Staffing

IV-A.1 Number of Schools with School Health Staff On-Site Full Time (5 Days a Week, 6 - 8 Hours Per Day) In 2009-10

Directions: In this table, document your county's schools that have on-site school health staff (by staff type and hiring entity) that work from 6 to 8 hours a day, five days a week at their assigned schools.

Hiring Entity	Elementary Schools	Middle Schools	High Schools	Combined Level Schools
<b>Staffed with a Full-Time Advanced Registered Nurse Practitioner</b>				
County Health Department				
School District	0	0	0	0
Community Partners				
Other				
<b>Staffed with a Full-Time Registered Nurse</b>				
County Health Department				
School District	0	1	3	2
Community Partners				
Other				
<b>Staffed with a Full-Time Licensed Practical Nurse</b>				
County Health Department				
School District	8	3	4	0
Community Partners				
Other				
<b>Staffed with a Full-Time Health Aide/Tech</b>				
County Health Department				
School District	37	12	9	1
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 2009-2010 and 2010-11

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

Directions for School Health Services Staff in 2009-10 and Staff for Current Year 2010-11:

- 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).
- Document health staff that provides services exclusively to Exceptional Student Education (ESE) students in the ESE section of this table.
- 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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*Kdy 7/26/11*

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IV-C.1 School Health Services Staff	2009-2010					2010-2011				
	County Health Department (CHD) Positions in FTEs	Local School District (LEA) Positions in Units	Positions Funded and Hired by Contributing Public-Private Partners	Other Positions Hired by a Provider funded through a CHD or LEA Contract or MOA. (Not funded by OCA SCHSP funds.)		County Health Department (CHD) Positions in FTEs	Local School District (LEA) Positions in Units	Positions Funded and Hired by Contributing Public-Private Partners	Other Positions Hired by a Provider funded through a CHD or LEA Contract or MOA. (Not funded by OCA SCHSP funds.)	
				CHD	LEA				CHD	LEA
<b>Health Services Staff</b>	<b>Basic School Health Services 2009-10</b>					<b>Basic School Health Services 2010-11</b>				
School Health Coordinator-Registered Nurse (RN)		0.90				0.90				
School Health Coordinator-(Non-RN)										
School Health Nursing Supervisor (RN)										
Adv. Reg. Nurse Practitioner (ARNP)										
Registered Nurse (RN)		30.00				30.00				
Licensed Practical Nurse (LPN)										
Paraprofessional: School Health Aide/Tech/CNA										
OTHER: (Please include all other positions in this one row, do not add cells or rows.)										
<b>Health Services Staff</b>	<b>Comprehensive School Health Services 2009-10</b>					<b>Comprehensive School Health Services 2010-11</b>				
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 all other positions in this one row, do not add cells or rows.)										
<b>Health Services Staff</b>	<b>Full Service Schools 2009-10</b>					<b>Full Service Schools 2010-11</b>				
School Health Coordinator-Registered Nurse (RN)		0.10				0.10				
School Health Coordinator-(Non-RN)										
School Health Nursing Supervisor (RN)										
Adv. Reg. Nurse Practitioner (ARNP)										
Registered Nurse (RN)		4.00				4.00				
Licensed Practical Nurse (LPN)										
Paraprofessional: School Health Aide/Tech/CNA		4.00				4.00				
OTHER: (Please include all other positions in this one row, do not add cells or rows.)										
<b>ESE Health Services Staff</b>	<b>Exceptional Student Education (ESE) 2009-10</b>					<b>Exceptional Student Education (ESE) 2010-11</b>				
<i>Note: The following ESE section is to document health services staff that provide services exclusively to ESE students.</i>										
ESE Health Services Coordinator-Registered Nurse (RN)										
ESE Health Services Coordinator-(Non-RN)										
Nursing Supervisor (RN)										
Adv. Reg. Nurse Practitioner (ARNP)										
Registered Nurse (RN)										
Licensed Practical Nurse (LPN)		13.00				13.00				
Paraprofessional: Health Aide/ Tech/CNA										
OTHER: (Please include all other positions in this one row, do not add cells or rows.)										
<b>Health Services Staff</b>	<b>Pre-Kindergarten / TAPP and Other 2009-10</b>					<b>Pre-Kindergarten / TAPP and Other 2010-11</b>				
School Health Coordinator-Registered Nurse (RN)										
School Health Coordinator-(Non-RN)										
School Health Nursing Supervisor (RN)										
Adv. Reg. Nurse Practitioner (ARNP)										
Registered Nurse (RN)		4.00				4.00				
Licensed Practical Nurse (LPN)		2.00				2.00				
Paraprofessional: School Health Aide/Tech/CNA										
OTHER: (Please include all other positions in this one row, do not add cells or rows.)										

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Directions

Section V-A Funds for School Health Services Expended in 2009-10 and Budgeted for 2010-11

List on the appropriate line the County Health Department (excluding School Health Schedule C revenues), School District and Community/Public-Private Partner funds from each individual funding source that were expended for school health services during 2009-10 and funds that are budgeted for school health services for the current year: 2010-11. Do not alter the Excel structure of this funding table or place funds in alternative locations. Doing so will prevent these funding amounts from grouping in the proper categories in the statewide school health database, and state and county data summaries.

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

V-A.1 County Health Departments (CHD) Funds for School Health Services: List on the appropriate line Non-Schedule C funds, by funding source, that were expended for school health services in 2009-10 and those funds that are budgeted for school health services in 2010-11.

V-A.2 School District Funds for School Health Services: List on the appropriate line Non-Schedule C funds, by funding source, that were expended for school health services in 2009-10 and those funds that are budgeted for school health services in 2010-11.

NOTE: Please include only funds for health services staff (advanced registered nurse practitioners, registered nurses, licensed practical nurses, health aides (health techs, certified nursing assistants), health educators, health room/clinic facilities, equipment and supplies.

V-A.3 Community and Public-Private Partner Funds for School Health Services: List on the appropriate line Non-Schedule C funds, by funding source, that were expended for school health services in 2009-10 and those funds that are budgeted for school health services in 2010-11.

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

Section V-B 2009 - 2010 County Health Department Schedule C Revenues and Expenditures for School Health

List on the appropriate lines, Schedule C revenues and expenditures for school health during 2009-10.

Table V-B.1 - Schedule C Revenues: Place the amount of school health Schedule C funding actually received for each funding source on the line labeled "Schedule C Revenues" under each applicable OCA. NOTE: Title XXI Federal Grants Trust Fund (SCHSP) revenue actually received may not be the same as your Schedule C allocation, if billing to this OCA was not maximized.

Table V-B.2 - Schedule C Expenditures: Place expenditures for each OCA on the line for the appropriate type of expenditure (see explanations for types of expenditures below).

- #1 - Personnel - Include salaries for direct service providers, supervisors, and coordinators.
#2 - Fringe Benefits - Career service fringe benefits comprise up to 35% of salaries and wages. FICA is 7.65% (.0765).
#3 - Printing - Include costs for printing, photocopying, and postage.
#4 - Travel - Include reimbursements for all expenses associated with mileage, per diem, car rentals, air fares, parking fees, toll fees, portage, etc.
#5 - Staff Training - Include registration fees, conference room rental fees, etc.
#6 - Supplies and Materials - Includes first aid supplies, office supplies, educational materials, etc.
#7 - Medical and Office Equipment - Includes equipment such as, blood pressure cuffs, scales, stethoscopes, filing cabinets.
#8 - Operating Capital Outlay (OCO) - OCO includes furniture and equipment that is 1,000 or more per item.
#9 - Contracted Services - Includes all revenue expended for services and personnel which are provided by another agency through a Standard State Contract with a Performance Based Attachment I.
#10 - Indirect Costs - Indirect costs are administrative costs and charges applied to a program or project as part of the total overhead. Indirect costs cannot exceed fifteen percent (15%) of the CHD School Health Categorical funding in Revenue Sources.
#11 - Other - Other expenditures that do not fit in any of the above categories. Please specify what the "Other" expenditure is.
#12 - Total Expenditures - The total expenditures listed in the Total column of Box B, line 12 should match the total revenue listed in Box A. NOTE: Funding actually received may not be the same as your Schedule C allocation (such as funds that must be expended in order to be received).

CONTRACT REVIEWED AND APPROVED: [Signature] 7/26/11

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**Section V-A Funds for School Health Services Expended in 2009-10 and Budgeted for 2010-11  
(Exclude School Health Schedule C Revenues)**

<b>V-A.1 County Health Departments (CHD) Funds for School Health Services</b>	<b>Expended in: 2009-10</b>	<b>Budgeted for: 2010-11</b>
Medicaid Certified Match		
Medicaid Cost Reimbursement		
Schedule C Non-Categorical CHD Trust Fund		
Non-Schedule C CHD Trust Fund		
Other #1:		
Other #2:		
<b>County Health Department Sub-Totals</b>	<b>0</b>	<b>0</b>
<b>V-A.2 School District Funds for School Health Services</b>	<b>Expended in: 2009-10</b>	<b>Budgeted for: 2010-11</b>
Basic School Health Services (School District Funds - Not CHD Schedule C Funds)	3,724,114	3,808,542
Comprehensive School Health Services (School District Funds - Not CHD Schedule C Funds)		
Full Service School Health Services (School District Funds - Not CHD Schedule C Funds)		
PTA		
Chapter One		
Teenage Parent Program	96,316	109,483
First Start, Pre-Kindergarten, Head Start	183,582	268,406
Exceptional Student Education	88,204	207,996
Safe & Drug Free Schools		
Safe Schools		
Early Intervention		
Administrative Claiming		
ESE Medicaid Certified Match	0	0
Other #1: ARRA	15,014	74,301
Other #2:		
<b>School District Sub-Totals</b>	<b>4,107,230</b>	<b>4,468,728</b>
<b>V-A.3 Community and Public-Private Partner Funds for School Health Services</b>	<b>Expended in: 2009-10</b>	<b>Budgeted for: 2010-11</b>
Abstinence Grant		
Children's Services Council		
Juvenile Welfare Board		
United Way		
County Commission		
County Taxing District		
Health Care Taxing District		
Hospital Taxing District		
Hospital:		
Hospital:		
University:		
University:		
Other #1:		
Other #2:		
<b>Community Sub-Totals</b>	<b>0</b>	<b>0</b>
<b>Totals</b>	<b>4,107,230</b>	<b>4,468,728</b>

CONTRACT REVIEWED  
AND APPROVED:  
*Kdy 7/20/11*

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Section V-B 2009 - 2010 County Health Department Schedule C Revenues and Expenditures for School Health

V-B.1 Schedule C Revenues							
	Basic School Health	Comprehensive School Health				Full Service Schools	Sub-Totals: Schedule C
	Tobacco Settlement Trust Fund	Basic Tobacco Transfer	General Revenue	Title XXI Federal Grants Trust Fund	Full Service Tobacco Transfer	Tobacco Settlement Trust Fund	
	SCBST	SCHSP	SCHSP	SCHSP	SCHSP	SCFLT	
<b>Schedule C Revenues:</b>	\$119,382					\$153,395	\$272,777
V-B.2 Schedule C Expenditures							
1. Personnel	7,971						\$7,971
2. Fringe Benefits	2,529						\$2,529
3. Printing							\$0
4. Travel							\$0
5. Staff Training							\$0
6. Supplies							\$0
7. Equipment							\$0
8. OCO							\$0
9. Contracts (List Below)							
a. DSB of Pasco	113,413					135,225	\$248,638
b.							\$0
10. Indirect Costs							\$0
11. Other (List Below)							
a. Administrative Rate	5,969					7,670	\$13,639
b.							\$0
<b>12. Totals</b>	<b>\$129,882</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$142,895</b>	<b>\$272,777</b>

CONTRACT REVIEWED AND APPROVED:  
*Kdy 7/26/11*

*cat*

**Attachment IV**

**Sample Invoice**

Date

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

Attn: Monica Makhholm, Contract Manager

Re: PC2B1 Full Service School Contract

Dear Ms. Makhholm:

We \_\_\_are/\_\_\_ are not (see attached explanation) in compliance with the staffing requirements determined by the School Health Services Staffing/Budget Plan in effect at this date. Attached for your review is the monthly services report for the preceding month. Please remit the amount of \$\_\_\_\_\_ for services rendered on behalf of the School Health Services Contract # PC2B1 or 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

CONTRACT REVIEWED  
AND APPROVED:  
*Kay 7/26/11*

*mmf  
cat*

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in the connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in the connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit *Standard Form-LLL, Disclosure Form to Report Lobbying*, in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by §1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

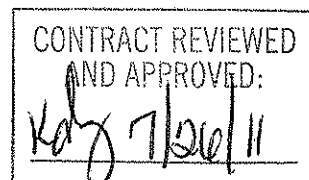
\_\_\_\_\_  
name of authorized individual

\_\_\_\_\_  
Application or Contract Number

\_\_\_\_\_  
name of organization

\_\_\_\_\_  
address of organization

JF 12/96



Memorandum of Negotiation

Contract # PC2B1

On 5/20/11 a <sup>telephonic</sup> meeting was held with:

**Name:** Lisa Kern **Position:** Supervisor of Student Services (Health)

**Representing:** District School Board of Pasco County, and:

**Name:** Constance A. Brooks **Position:** Business Manager

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

Full Service of Health Services

Contract terms and conditions were reviewed:   
Outcome measures were reviewed:

**Provider Representative** *Lisa Kern* **Department Representative** *Constance A Brooks*

Date: 7/19/11 Date: 7/5/11

CONTRACT REVIEWED AND APPROVED:  
*Kdy 7/26/11*



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

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

**INSTRUCTIONS**

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

**CERTIFICATION**

- (1) The prospective provider certifies, by signing this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/subcontract by any federal department or agency.
- (2) Where the prospective provider is unable to certify to any of the statements in this certification, such prospective provider shall attach an explanation to this certification.
- (3) By initialing, Contract Manager confirms that prospective provider has not been listed in the EPLS database cab Verification Date 7/5/11

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name \_\_\_\_\_  
08/06

Title \_\_\_\_\_



**EPLS**

Excluded Parties List System

**Search Results Excluded By  
Firm, Entity, or Vessel : District School Board of Pasco County  
as of 05-Jul-2011 9:17 AM EDT**

---

**Your search returned no results.**

10/08

CFDA No.

CSFA No. 916.550



RECEIVED

7/20/11 STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
STANDARD CONTRACT

BASIC SERVICE

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 (FS)**

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

**C. To the Following Governing Law**

1. State of Florida Law

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.

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 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.

c. 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.

d. Not to employ unauthorized aliens. The department shall consider employment of unauthorized aliens a violation of §§274A(e) of the Immigration and Naturalization Act (8 U.S.C. 1324 a) and section 101 of the Immigration Reform and Control Act of 1986. Such violation shall be cause for unilateral cancellation of this contract by the department.

e. 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.

f. 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).

**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.

CONTRACT REVIEWED  
AND APPROVED:  
*Kdj 7/20/11*

Contract # PC2B2

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- 8. If Exhibit 2 of this contract indicates that the provider is a recipient or subrecipient, the provider will perform the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular A-133, and/or section 215.97 Florida Statutes, as applicable and conform to the following requirements:
  - a. Documentation. To maintain separate accounting of revenues and expenditures of funds under this contract and each CSFA or CFDA number identified on Exhibit 1 attached hereto in accordance with generally accepted accounting practices and procedures. Expenditures which support provider activities not solely authorized under this contract must be allocated in accordance with applicable laws, rules and regulations, and the allocation methodology must be documented and supported by competent evidence.  
 Provider must maintain sufficient documentation of all expenditures incurred (e.g. invoices, canceled checks, payroll detail, bank statements, etc.) under this contract which evidences that expenditures are:
    - 1) allowable under the contract and applicable laws, rules and regulations;
    - 2) reasonable; and
    - 3) necessary in order for the recipient or subrecipient to fulfill its obligations under this contract.
 The aforementioned documentation is subject to review by the Department and/or the State Chief Financial Officer and the provider will timely comply with any requests for documentation.
  - b. Financial Report. To submit an annual financial report stating, by line item, all expenditures made as a direct result of services provided through the funding of this contract to the Department within 45 days of the end of the contract. If this is a multi-year contract, the provider is required to submit a report within 45 days of the end of each year of the contract. Each report must be accompanied by a statement signed by an individual with legal authority to bind recipient or subrecipient by certifying that these expenditures are true, accurate and directly related to this contract.  
 To ensure that funding received under this contract in excess of expenditures is remitted to the Department within 45 days of the earlier of the expiration of, or termination of, this contract.

**E. Monitoring by the Department**

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

**F. Indemnification**

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

- 1. The provider shall be liable for and shall indemnify, defend, and hold harmless the department and all of its officers, agents, and employees from all claims, suits, judgments, or damages, consequential or otherwise and including attorneys' fees and costs, arising out of any act, actions, neglect, or omissions by the provider, its agents, or employees during the performance or operation of this contract or any subsequent modifications thereof, whether direct or indirect, and whether to any person or tangible or intangible property.
- 2. The provider's inability to evaluate liability or its evaluation of liability shall not excuse the provider's duty to defend and indemnify within seven (7) days after such notice by the department is given by certified mail. Only adjudication or judgment after highest appeal is exhausted specifically finding the provider not liable shall excuse performance of this provision. The provider shall pay all costs and fees related to this obligation and its enforcement by the department. The department's failure to notify the provider of a claim shall not release the provider of the above duty to defend.

**G. Insurance**

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

**H. Safeguarding Information**

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

**I. Assignments and Subcontracts**

- 1. To neither assign the responsibility of this contract to another party nor subcontract for any of the work contemplated under this contract without prior written approval of the department, which shall not be unreasonably withheld. Any sub-license, assignment, or transfer otherwise occurring shall be null and void.
- 2. The provider shall be responsible for all work performed and all expenses incurred with the project. If the department permits the provider to subcontract all or part of the work contemplated under this contract, including entering into subcontracts with vendors for services and commodities, it is understood by the provider that the department shall not be liable to the subcontractor for any expenses or liabilities incurred under the subcontract and the provider shall be solely liable to the subcontractor for all expenses and liabilities incurred under the subcontract. The provider, at its expense, will defend the department against such claims.

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 AND APPROVED:  
 [Signature] 7/26/11

Contract # PC2B2  
 [Signature]

- 3. The State of Florida shall at all times be entitled to assign or transfer, in whole or part, its rights, duties, or obligations under this contract to another governmental agency in the State of Florida, upon giving prior written notice to the provider. In the event the State of Florida approves transfer of the provider's obligations, the provider remains responsible for all work performed and all expenses incurred in connection with the contract. In addition, this contract shall bind the successors, assigns, and legal representatives of the provider and of any legal entity that succeeds to the obligations of the State of Florida.
- 4. The contractor shall provide a monthly Minority Business Enterprise report summarizing the participation of certified and non-certified minority subcontractors/material suppliers for the current month, and project to date. The report shall include the names, addresses, and dollar amount of each certified and non-certified MBE participant, and a copy must be forwarded to the Contract Manager of the Department of Health. The Office of Supplier Diversity (850-487-0915) will assist in furnishing names of qualified minorities. The Department of Health, Minority Coordinator (850-245-4199) will assist with questions and answers.
- 5. Unless otherwise stated in the contract between the provider and subcontractor, payments made by the provider to the subcontractor must be within seven (7) working days after receipt of full or partial payments from the department in accordance with §§287.0585, FS. Failure to pay within seven (7) working days will result in a penalty charged against the provider and paid by the provider to the subcontractor in the amount of one-half of one (1) percent of the amount due per day from the expiration of the period allowed herein for payment. Such penalty shall be in addition to actual payments owed and shall not exceed fifteen (15) percent of the outstanding balance due.

**J. Return of Funds**

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

**K. Incident Reporting**

**Abuse, Neglect, and Exploitation Reporting**

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

**L. Transportation Disadvantaged**

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

**M. Purchasing**

- 1. It is agreed that any articles which are the subject of, or are required to carry out this contract shall be purchased from Prison Rehabilitative Industries and Diversified Enterprises, Inc. (PRIDE) identified under Chapter 946, FS, in the same manner and under the procedures set forth in §§946.515(2) and (4), FS. For purposes of this contract, the provider shall be deemed to be substituted for the department insofar as dealings with PRIDE. This clause is not applicable to subcontractors unless otherwise required by law. An abbreviated list of products/services available from PRIDE may be obtained by contacting PRIDE, 1-800-643-8459.

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

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

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

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

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

**N. Civil Rights Requirements**

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

**O. Independent Capacity of the Contractor**

- 1. In the performance of this contract, it is agreed between the parties that the provider is an independent contractor and that the provider is solely liable for the performance of all tasks contemplated by this contract, which are not the exclusive responsibility of the department.
- 2. Except where the provider is a state agency, the provider, its officers, agents, employees, subcontractors, or assignees, in performance of this contract, shall act in the capacity of an independent contractor and not as an officer, employee, or agent of the State of Florida. Nor shall the provider represent to others that it has the authority to bind the department unless specifically authorized to do so.

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3. Except where the provider is a state agency, neither the provider, its officers, agents, employees, subcontractors, nor assignees are entitled to state retirement or state leave benefits, or to any other compensation of state employment as a result of performing the duties and obligations of this contract.
4. The provider agrees to take such actions as may be necessary to ensure that each subcontractor of the provider will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of the State of Florida.
5. Unless justified by the provider and agreed to by the department in Attachment I, the department will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial, or clerical support) to the provider, or its subcontractor or assignee.
6. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds, and all necessary insurance for the provider, the provider's officers, employees, agents, subcontractors, or assignees shall be the responsibility of the provider.

**P. Sponsorship**

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

**Q. Final Invoice**

To submit the final invoice for payment to the department no more than 30 days after the contract ends or is terminated. If the provider fails to do so, all right to payment is forfeited and the department will not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this contract may be withheld until all reports due from the provider and necessary adjustments thereto have been approved by the department.

**R. Use of Funds for Lobbying Prohibited**

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

**S. Public Entity Crime and Discriminatory Vendor**

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

**T. Patents, Copyrights, and Royalties**

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

**U. Construction or Renovation of Facilities Using State Funds**

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

**V. Electronic Fund Transfer**

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

<p>CONTRACT REVIEWED AND APPROVED: <i>Kay</i> 7/26/11</p>
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**W. Information Security**

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

**II. THE DEPARTMENT AGREES:**

**A. Contract Amount**

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

**B. Contract Payment**

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

**C. Vendor Ombudsman**

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

**III. THE PROVIDER AND THE DEPARTMENT MUTUALLY AGREE**

**A. Effective and Ending Dates**

This contract shall begin on 8/22/2011 or on the date on which the contract has been signed by both parties, whichever is later. It shall end on 6/30/2012.

**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), FAC. Waiver of breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this contract. The provisions herein do not limit the department's right to remedies at law or in equity.

**4. Termination for Failure to Satisfactorily Perform Prior Agreement**

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

**C. Renegotiation or Modification**

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

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AND APPROVED:  
*Kay 9/26/11*

Contract # PC2B2

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**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:

Monica Makholm  
10841 Little Road, Bldg. B  
New Port Richey, FL 34654  
(727) 861-5250, Ext. 180

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

Heather Fiorentino, Superintendent  
7227 U.S. 41  
Land O'Lakes, FL 34638  
(727) 774-2000

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

**E. All Terms and Conditions Included**

This contract and its attachments as referenced, Attachments I, II, III, and IV, 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 40 page contract to be executed by their undersigned officials as duly authorized.

PROVIDER:

SIGNATURE:

PRINT/TYPE NAME: **HEATHER FIORENTINO**

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: **DAVID R. JOHNSON, MD, MS, MHA**

TITLE: **DIRECTOR, COUNTY HEALTH OFFICER**

DATE:

6-29-2011

District School Board of Pasco County, Chairman

Date: \_\_\_\_\_

CONTRACT REVIEWED  
AND APPROVED:  
Kdy 7/26/11

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

**Performance Based Contract**

**A. SERVICES TO BE PROVIDED**

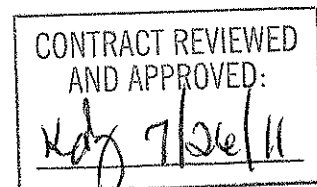
**1. Definition of Terms**

**a. Contract Terms**

<b>Fiscal Year</b>	July 1, 2011 to June 30, 2012
<b>Funding Agency</b>	Pasco County Health Department (CHD)
<b>The Provider</b>	<input checked="" type="checkbox"/> Local Education Agency (LEA) <input type="checkbox"/> Other: _____

**b. Program or Service Specific Terms**

1. **Annual School Health Services Report:** An annual report submitted to the state funding agency each year that reflects services, staffing and expenditures. For the purpose of this contract, the report will cover the period from July 1, 2011 through June 30, 2012.
2. **Basic School Health Program:** General school health services which are available to all students in Florida's public and participating non-public schools in all 67 school districts. These health services include but are not limited to: screening of vision, hearing, growth and development (utilizing Body Mass Index [BMI] percentile for age and gender), and scoliosis, health appraisals, referral and follow-up, maintenance of health records, meeting emergency health needs, nursing assessments, health counseling, medication assistance, and a preventive dental program as identified in s. 381.0056(5)(a)(1-18), F.S., and Chapter 64F-6.001-6.006, F.A. C.
3. **Clients:** Students enrolled in Florida public and participating non-public schools. Services may be extended to serve high-risk student populations and their families on school district property.
4. **Full Service Schools:** 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, 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 to meet the needs of the high risk student population and their families. These services are to be provided on school district property as required by s. 402.3026, F.S., incorporated by reference.
5. **Funding Agency:** The local County Health Department.
6. **Health Management System (HMS):** Department of Health (DOH) data system into which documented school health services are entered by service codes identified by DHP 50-20. This data is used to provide a full accounting of school health services provided.



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7. **Provider:** The entity with whom the local CHD enters into agreement to provide Basic and/or Full Service School Health Services.
8. **School Health Services Plan:** A document that describes the services to be provided, the responsibility for provision of the services, and evidence of cooperative planning by local school districts and county health departments, as required by s. 381.0056(3)(e), F.S. The plan operates on a two year cycle and for the purpose of this contract, the plan covers years 2010 – 2012.

## 2. General Description

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

(Check services which apply to this contract).

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

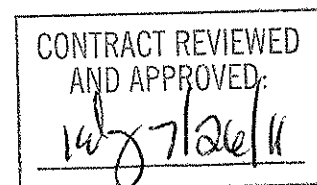
**Full Service Schools:** Refer to Section A.1.b.4

- b. **Authority:** The provider will deliver school health services required by this contract in compliance with sections 381.0056, 381.0059, and 402.3026, F.S., and with Chapter 64F-6, F.A.C.
- c. **Scope of Services:** The provider will provide basic and/or full service school health services to students enrolled in and attending Pasco County public and participating non-public schools.
- d. **Major Program Goals:**
  1. To appraise, protect and promote the health of students.
  2. To provide health services in schools that are integrated with other school health services and included in the annual school health services plan.

## 3. Clients To Be Served

- a. **General Description:** All students enrolled in and attending a public or participating non-public school in Pasco County whose parents did not document the opt out option for receiving specific school health services. This includes students from schools that have a student population with a high risk of failure due to unmet medical and social services needs.
- b. **Client Eligibility:** Must be enrolled in and attending a public or participating non-public school in Pasco County.
- c. **Client Determination:** In accordance with s.381.0056 (6)(g), F.S., at the beginning of each school year parents or guardians will be informed in writing, about general and specific school health services that students will receive. Students will be exempted from any health service(s), if the parent or guardian requests the exemption in writing.
- d. **Contract Limits**

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



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## B. MANNER OF SERVICE PROVISION

### 3. Service Tasks

#### a. Task List

1. The provider will make available basic school health services (as defined in Section A.1.b.2) to all students in school locations listed in Attachment III. Basic school health services will be provided as outlined in the School Health Services Act, s. 381.0056, F.S., and Chapter 64F-6.001 – 6.006, F.A.C. In addition, the CHD and LEA will specify, in the School Health Services Plan, other agreed upon tasks and services the provider must deliver.
2. In each Full Service School listed in Attachment III, the provider will deliver basic school health services (as defined in Section A.1.b.2) and specialized services appropriate to its high-risk population, in accordance with s. 402.3026, F.S. In addition, the CHD and LEA will specify, in the School Health Services Plan, other agreed upon tasks and services the provider must deliver.
3. Pregnant students who become known to provider staff will be referred for prenatal care and Healthy Start Services in accordance with s. 743.065, F.S.

#### b. Task Limits

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

1. The School Health Services Act, s. 381.0056, F.S., s. 381.0059, F.S., and Full Service Schools, s. 402.3026, F.S.
2. Chapter 64F-6, F.A.C.
3. School Health Services Plan
4. Department of Health Schedule C Funds, as appropriated for the School Health Program.
5. The Florida School Health Administrative Guidelines, April 2007, all of which are hereby incorporated by reference and any subsequent revisions made during the contract period.

### 4. Staffing Requirements

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

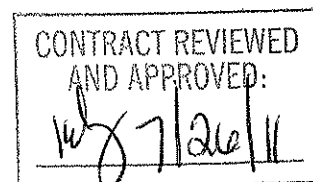
The provider shall replace any employee whose continued presence would be detrimental to the success of the project with an employee of equal or superior qualifications.

Information to document staffing configuration for Basic School Health Services and Full Service schools will be provided for inclusion in the Annual School Health Services Report.

#### b. Professional Qualifications

**School Nurse** – A registered professional nurse currently licensed under Chapter 464, F.S.

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



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

**School Health Social Worker** – A minimum of a bachelor's degree in social work and other staff qualifications to be determined according to the project design.

**c. Staffing Changes**

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

**d. Subcontractors**

Subcontracting will only take place when the provider does not have the capacity to fulfill service requirements as specified in the School Health Services Plan. All subcontracts must be reviewed and approved in writing by the CHD Administrator and in accordance with Contract Management System Update #05-2 (Subcontracting Approval Procedures).

**5. Service Location and Equipment**

**a. Service Delivery Location**

All school health services will be provided in adequate health room or clinic facilities at school sites in accordance with *State Requirements for Educational Facilities, December 2007*, the *Florida School Health Administrative Guidelines, April 2007, Chapter 21*, the county's approved School Health Services Plan. Schools designated as Full Service Schools will be assigned District Area Unit (DAU) numbers identifying school locations. These schools will be listed in Attachment III.

**b. Service Times**

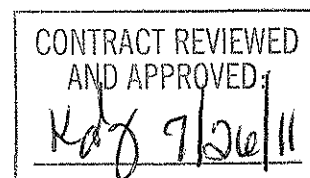
Services will be provided in accordance with time frames identified in the School Health Services Plan and school year calendar. The provider is responsible for assuring that coded services are submitted monthly for entry into HMS, and accurately reflect services provided.

**c. Changes in Location**

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

**d. Equipment**

It is the responsibility of the provider, in collaboration with the CHD school health coordinator or his/her designee, to determine and make available the equipment and supplies needed to complete the terms/deliverables of this contract. Funds can be used to purchase/lease equipment, with prior written approval of the CHD school health coordinator or his/her designee. A listing of suggested equipment and first aid supplies is available in the *Florida School Health Administrative Guidelines, April 2007, Chapter 21*.



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**6. Deliverables**

**a. Service Units**

Provision of one month or quarter, whichever applies of basic and/or full-service school health services, whichever applies will comprise a unit of service.

**b. Reports**

1. The provider will complete and submit to the CHD required data and information to prepare the Annual School Health Services Report which is due to the state funding agency on August 15, 2011.
2. The provider will document and submit services and screening data to the CHD in a format consistent with the requirements of the Personal Health Coding Pamphlet, DHP 50-20, October 1, 2010.
3. Aggregate data will be submitted to the CHD in a format that can be used by CHD staff for entry into HMS. The data will be submitted within 15 days following the end of each month or quarter, whichever pertains to the specified contract billing period.

**c. Records and Documentation**

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

1. Cumulative Health Records (DH Form 3041) for each student which contain:
  - a. Florida Certificate of Immunization (DH Form 680) or Part A or B exemptions
  - b. School Entry Health Exam form (DH Form 3040) or other form as specified in s. 1003.22, F.S. and Chapter 6A-6.024, F.A.C.
  - c. Documentation of screenings, results, referrals and outcomes of referrals
  - d. Individual health care plans for chronic or complex health conditions
2. Daily Clinic Logs in all public and participating non-public schools
3. 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.
4. Health records of individual students must be maintained in accordance with s. 1002.22, F.S.

**7. Performance Specifications**

**a. Outcomes and Outputs**

School health services provided under this contract will be implemented in accordance with the statutory requirements and program standards outlined in the county's 2010 - 2012 School Health Services Plan.

The provider will submit documentation of health screenings provided in accordance with Chapter 64F-6.003, F.A.C., and meet the following program performance measures:

1. Vision screening:
  - a. Shall be provided to no fewer than 95% of public and participating nonpublic school students in kindergarten, 1<sup>st</sup>, 3<sup>rd</sup>, and 6<sup>th</sup> grades

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AND APPROVED:  
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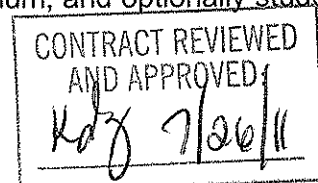
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- b. 75% of students referred for abnormal screening results will have documentation of additional evaluation or treatment.
- 2. Hearing screening:
  - a. Shall be provided to no fewer than 95% of public and participating nonpublic school students in kindergarten, 1<sup>st</sup>, and 6<sup>th</sup> grades
  - b. 75% of students referred for abnormal screening results will have documentation of additional evaluation or treatment.
- 3. Scoliosis screening:
  - a. Shall be provided to no fewer than 95% of public and participating nonpublic school students in the 6<sup>th</sup> grade
  - b. 75% of students referred for abnormal screening results will have documentation of additional evaluation or treatment.
- 4. Growth and development with BMI screening to:
  - a. Shall be provided to no fewer than 95% of public and participating nonpublic school students in 1<sup>st</sup>, 3<sup>rd</sup>, and 6<sup>th</sup> grades
  - b. 75% of students referred for abnormal screening results will have documentation of additional evaluation or treatment, in accordance with local policy.

**b. Standards Definitions**

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

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



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in ninth grade. The BMI screening dates, results, and referral outcomes will be documented on or in the student's Cumulative School Health Record or alternative location (electronic or other) that will be noted on the cover of the student's Cumulative School Health Record.

(Screening requirements and procedures are described in *Florida School Health Administrative Guidelines, April 2007, Section III, Chapter 3, and Appendix H*).

**c. Monitoring and Evaluation Methodology**

By execution of this contract, the provider hereby acknowledges and agrees that its performance under this contract must meet the standards set forth in this contract and will be bound by the conditions set forth in this contract. If the provider fails to meet these standards, the CHD, at its exclusive option, may allow up to six months for the provider to achieve compliance with the standards. If the CHD affords the provider an opportunity to achieve compliance and the provider fails to achieve compliance within the specified time frame, the CHD may apply remedies as defined in Section D.6 or terminate the contract with a 30 day written notice in the absence of any extenuating or mitigating circumstances at the exclusive determination of the CHD.

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

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

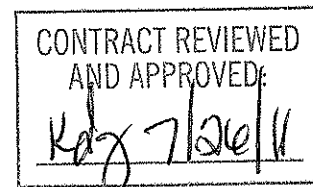
**8. Provider Responsibilities**

**a. Provider-Unique Activities**

1. The provider is required to provide administrative supervision of School Health Services program staff according to the Florida School Health Administrative Guidelines, April 2007, to assure that services are provided in accordance with this contract.
2. The provider is required to provide nursing supervision of licensed and unlicensed staff providing school health services according to the professional standards of nursing practice (ss. 464.001 – 464.027, F.S.).
3. By executing this contract the provider recognizes its singular responsibility for the tasks, activities, and deliverables described herein and warrants that it has fully informed itself of all relevant factors affecting accomplishment of the tasks, activities, and deliverables and agrees to be fully accountable for the performance thereof.

**b. Coordination with Other Providers/Entities**

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



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## 9. Department Responsibilities

### a. Department Obligations:

1. The CHD will be responsible for approving the provision of services outlined in the School Health Services Plan, including those services subcontracted to other providers.
2. The CHD School Health Coordinator is responsible for attaching a copy of this contract and any subcontracts, disclosing the exact amount of funds contracted in the 2011 – 2012 Annual School Health Services Report.
3. The CHD School Health Coordinator is responsible for submitting a completed DOH Programmatic Monitoring Tool for all 2011 – 2012 contracts along with the Annual School Health Report that is due on August 15, 2012.
4. To the extent that resources allow, the CHD will provide technical assistance, programmatic information and support to the provider.

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

## C. METHOD OF PAYMENT

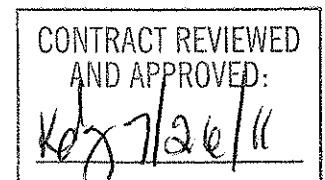
1. This is a fixed price (unit cost) contract. The Department will pay the provider, upon satisfactory completion of both the service (s) and all terms and conditions specified in this contract, the amount of \$113,412.90, paid in monthly amounts of \$11,341.29, subject to the availability of funds.
2. Invoice Requirements: In order to receive the monthly payments, the provider will request payment on a monthly basis through submission of a properly completed invoice (Attachment IV) within 15 days following the end of the month for which payment is being requested. A monthly service report will accompany each invoice.
3. The Department will not honor any requests submitted after the time period specified in paragraph C.2 of this Attachment.
4. The Department may withhold payment under this contract if the Provider fails to submit required reports, perform any tasks or services, or meet deliverables per this contract. Any provision of this contract to the contrary, the Provider shall, within 40 days of termination or non-renewal of this contract repay to the Department funds provided by the Department to the Provider under this contract as follows: the Provider shall repay all funds paid to it by the Department that the Provider has misappropriated or not expended in accordance with the performance standards and specifications of this contract.
5. Funds provided under this contract will be used solely for the operation of Basic School Health Services and where applicable, Full Service School Health Services Programs.

## D. SPECIAL PROVISIONS

### 1. School Health Services Plan and Annual School Health Services Report

The provider will assist the CHD in preparation for the 2011 - 2012 Annual School Health Services Report. The approved document will be submitted by the CHD to the Department of Health, Family and Community Health/School Health Services Program Office by August 15, 2012.

### 2. Youth Risk Behavior Survey





The provider agrees to participate every two years in the Youth Risk Behavior Survey (YRBS) from the Centers for Disease Control (CDC), if any of their schools are randomly selected for the survey.

**3. Coordination with Other Providers/Entities**

The provider will collaborate with the CHD, LEA and the School Health Advisory Council in the development of the School Health Services Plan, the Annual School Health Services Report and any other Request for Program Design or grant that becomes available. The provider will coordinate with the CHD on any interagency agreements with community health and social service providers to comply with the plan for Full Service Schools.

**4. Background Screening Requirements**

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

**5. Contract Renewal:**

This contract may be renewed on a yearly basis for no more than three years beyond the initial contract. Such renewals shall be made by mutual agreement and shall be contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the CHD and shall be subject to the availability of funds.

**6. Remedy**

Failure to timely submit the deliverables as identified in Section B.6. or completely perform any tasks or services, per this contract shall result in a 5% reduction of the total invoice amount.

**7. E-Verify**

~~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: (a) all persons new or prospective employees during the contract term by the contractor to perform employment duties within Florida; and (b) all persons (including subcontractors) assigned by the contractor to perform work pursuant to the contract with the state agency.~~

The Provider agrees to utilize the U.S. Department of Homeland Security's E-Verify system, <https://e-verify.uscis.gov/emp> (~~<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 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. (Changes to this section authorized by Ernest J. Bruton, B.S., Senior Human Services Program Specialist, Florida Department of Health - School Health Services).

CONTRACT REVIEWED  
AND APPROVED:  
*Koly 7/26/11*

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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

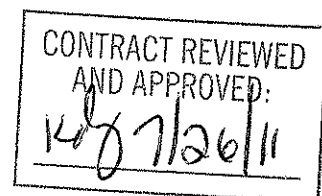
In addition to reviews of audits conducted in accordance with OMB Circular A-133, as revised, and Section 215.97, F.S., (see "AUDITS" below), monitoring procedures may include, but not be limited to, on-site visits by Department of Health staff, limited scope audits as defined by OMB Circular A-133, 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 agreement number for each agreement with the Department of Health in effect during the audit period. Financial reporting packages required under this part must be submitted within the earlier of 30 days after receipt of the audit report or 9 months after the end of the provider's fiscal year end.



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**PART II: STATE FUNDED**

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

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

**PART III: REPORT SUBMISSION**

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

CONTRACT REVIEWED  
AND APPROVED:  
*Kdy* 7/26/11

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A. The Department of Health as follows:

SingleAudits@doh.state.fl.us

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

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

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

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

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

SingleAudits@doh.state.fl.us

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

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

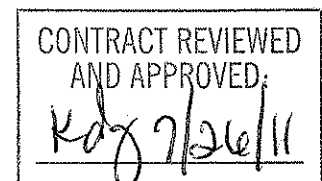
A. The Department of Health as follows:

SingleAudits@doh.state.fl.us

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

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

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



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

**PART IV: RECORD RETENTION**

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

**End of Text**

CONTRACT REVIEWED  
AND APPROVED  
*Kay 7/26/11*

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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# \_\_\_\_\_ Title \_\_\_\_\_ \$ \_\_\_\_\_

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

TOTAL FEDERAL AWARDS \$ \_\_\_\_\_

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

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

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

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

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

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

CONTRACT REVIEWED AND APPROVED:  
*Kay 7/26/11*

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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 are met. Providers who have been determined to be vendors are not subject to the audit requirements of OMB Circular A-133, as revised, and/or Section 215.97, Fla. Stat. Regardless of whether the audit requirements are met, providers who have been determined to be recipients or subrecipients of Federal awards and/or state financial assistance, must comply with applicable programmatic and fiscal compliance requirements.

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

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

NOTE: If a provider is determined to be a recipient/subrecipient of federal and or state financial assistance and has been approved by the department to subcontract, they must comply with Section 215.97(7), F.S., and Rule 691-006(2), FAC [state financial assistance] and Section .400 OMB Circular A-133 [federal awards].

PART II: FISCAL COMPLIANCE REQUIREMENTS

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

STATES, LOCAL GOVERNMENTS AND INDIAN TRIBES MUST FOLLOW:

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

NON-PROFIT ORGANIZATIONS MUST FOLLOW:

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

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

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

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

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

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

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

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

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## EXHIBIT 3

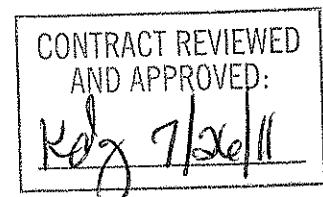
INSTRUCTIONS FOR ELECTRONIC SUBMISSION  
OF SINGLE AUDIT REPORTS

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

The electronic copy of the SARP should:

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

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



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Attachment III  
Annual School Health Services Report

CONTRACT REVIEWED  
AND APPROVED:  
*[Signature]* 7/26/11

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## 2009 - 2010 Annual School Health Services Report

Due by September 30, 2010

Email Report as an Attachment to:

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

Cc: Your County's Quality Improvement Liaison



**Pasco**  
County Name

**School Health Contacts for 2010-2011 School Year**

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

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

Name: David R. Johnson  
 Licenses and/or Degrees: MD, MS, MHA  
 Job Title: Director, County Health Officer  
 Address: 10841 Little Road, Building B  
 City: New Port Richey Zip Code: 34654  
 Phone/Ext: (727) 861-5250, ext. 101  
 Fax: (727) 862-4230  
 Email: David\_Johnson@doh.state.fl.us

**CHD Comprehensive School Health Services  
Coordinator (if applicable)**

Name: \_\_\_\_\_  
 Licenses and/or Degrees: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone/Ext: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Name: Carol L. Cummins  
 Licenses and/or Degrees: MSN, A570ARNP  
 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  
 Fax: (727) 861-4817  
 Email: Carol\_Cummins@doh.state.fl.us

**Full Service Schools Coordinator (if applicable)**

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

Name: \_\_\_\_\_  
 Licenses and/or Degrees: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone/Ext: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

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

**School Health Advisory Committee Chairperson**

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

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 AND APPROVED:  
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**ANNUAL SCHOOL HEALTH SERVICES REPORT**  
**Part I: Basic School Health Services (in Basic, Comprehensive and Full Service Schools)**  
**Reporting Period July 1, 2009 through June 30, 2010**

**I-A.1 Overview of Schools**

**DIRECTIONS:** Provide the number of public (INCLUDING CHARTER AND ALTERNATIVE) schools and students in your county. **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 Pre-Kindergarten schools and students in the Elementary School category.**

Public Schools and Students by School Health Program	Elementary Schools	Middle Schools	High Schools	Schools with Combined School Levels (K-8, 6-12, etc.)	Totals
Basic School Health Services (BASIC ONLY)-SCHOOLS	43	15	10	9	77
Basic School Health Services (BASIC ONLY)-STUDENTS	28,486	14,889	15,407	2,403	61,185
Comprehensive School Health Services Projects (CSHSP)-SCHOOLS					0
Comprehensive School Health Services Projects (CSHSP)-STUDENTS					0
Full Service Schools (FSS)-SCHOOLS	2		2		4
Full Service Schools (FSS)-STUDENTS	1,449		3,076		4,525
CSHSP/FSS Schools-SCHOOLS					0
CSHSP/FSS Schools-STUDENTS					0
<b>Total Public Schools</b>	<b>45</b>	<b>15</b>	<b>12</b>	<b>9</b>	<b>81</b>
<b>Total Public School Students</b>	<b>29,935</b>	<b>14,889</b>	<b>18,483</b>	<b>2,403</b>	<b>65,710</b>

**Total Number of School Health Room Visits During FTE Week (2nd Week in February)**

**I-B.1 Directions:** To calculate the countywide total number of school health room visits during FTE WEEK (or alternative week in February if FCAT or other testing will interfere with obtaining representative health room visit counts) - (1) For each elementary school add the number of school health room visits during each of the five days of February FTE week. (2) Add together the five-day totals from all elementary schools for the countywide total. (3) Repeat the procedure for middle, high and combined level schools.

<b>I-B.1 Five-day total</b> of school health room visits during February FTE week (e.g. first aid, medication administration, counseling, etc.)	Elementary Schools	7,870
	Middle Schools	2,771
	High Schools	2,024
	Combined Levels	219
	<b>Total</b>	<b>12,884</b>

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*Katy Thole*

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I-C.1 Types of Health Conditions by School Level - 2009-10

**Directions:** The number of health conditions that are identified through review of emergency information records, physical assessments, or physicians diagnoses on medication administration form. Count Pre-School student health conditions in the Elementary Schools category.

Health Conditions	School Type				Totals
	Elementary Schools	Middle Schools	High Schools	Schools with Combined Grade Levels (e.g. K-8, K-12, 6-12, Other)	
<b>ADD/ADHD</b>	1,574	1,046	1,035	51	<b>3,706</b>
<b>Allergies</b>	2,344	1,474	1,043	141	<b>5,002</b>
<b>Asthma</b>	2,595	1,535	1,370	115	<b>5,615</b>
<b>Bleeding Disorder</b>	19	17	13	2	<b>51</b>
<b>Cancer</b>	20	18	9	2	<b>49</b>
<b>Cardiac Conditions</b>	285	172	188	8	<b>653</b>
<b>Cystic Fibrosis</b>	12	8	2	2	<b>24</b>
<b>Diabetes</b>	68	62	75	2	<b>207</b>
<b>Epilepsy / Seizures</b>	263	134	133	9	<b>539</b>
<b>Kidney Disorders</b>	86	62	88	10	<b>246</b>
<b>Psychiatric Conditions</b>	825	429	846	70	<b>2,170</b>
<b>Sickle Cell Disease</b>	11	6	13	2	<b>32</b>
<b>Other</b>	140	102	129	3	<b>374</b>
<b>Other</b>	82	164	253	7	<b>506</b>
<b>Other</b>	42	51	96	2	<b>191</b>
<b>Totals</b>	<b>8,366</b>	<b>5,280</b>	<b>5,293</b>	<b>426</b>	<b>19,365</b>

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I-D.1 Total Number of Students Needing Medications and/or Procedures During 2009-10

Directions: Complete this table with the total numbers of students that needed the listed procedures and/or medications (administered by staff and/or by self) between July 1, 2009 and June 30, 2010.

Procedure	Annual Total Number of Students Needing Procedures and Medications Between July 1, 2009 and June 30, 2010
Carbohydrate Counting	148
Catheterization	16
Colostomy, Jejunostomy, Ileostomy Care	3
Electronic Monitoring	43
Tube/PEG Feeding	27
Glucose Monitoring	191
Insulin Administration	126
Intravenous Treatments	0
Medications (Inhaler)	1,171
Medications (Injection)	413
Medications (Oral)	3,185
Medications (Other Routes)	558
Oxygen Continuous or Intermittent	2
Specimen Collection or Testing	98
Tracheostomy Care	4
Ventilator Dependent Care	0
Other:	18
Other:	
Other:	
Totals	6,003

I-D.2 Number of Medications Administered and/or Procedures Performed during FTE Week (2nd Week in February)

Directions: In this table document all procedures performed and/or medications administered at all county school district elementary, middle, high and combined level schools during February FTE week (or alternative week in February if FCAT or other testing will interfere with obtaining representative medication and procedure counts). Only use numbers - do not use text characters, such as PRN.

Procedure	Weekly Total Number of Medications/Procedures Performed During FTE Week (2nd Week of February 2010)
Carbohydrate Counting	369
Catheterization	115
Colostomy, Jejunostomy, Ileostomy Care	7
Electronic Monitoring	10
Tube/PEG Feeding	160
Glucose Monitoring	747
Insulin Administration	341
Intravenous Treatments	0
Medications (Inhaler)	800
Medications (Injection)	61
Medications (Oral)	3,032
Medications (Other Routes)	128
Oxygen Continuous or Intermittent	1
Specimen Collection or Testing	29
Tracheostomy Care	3
Ventilator Dependent Care	0
Other:	47
Other:	
Other:	
Totals	5,850

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Part II: Comprehensive School Health Services  
 Reporting Period: July 1, 2009 through June 30, 2010

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

II-A.1 Daily Health Services Log Summary for July 1, 2009 through June 30, 2010

Directions: (Tables 1 through 3) Enter the total numbers for each type of service data by school level for all of your county's Comprehensive schools. The column and row totals will calculate automatically. Data from all the individual Comprehensive project schools must be totaled and submitted together in the tables below for the county. The Daily Health Services Log Summary charts will total -0- if the school level data are not provided. Data cannot be entered in the Total columns. If you do not have school-level data, enter your totals in the column for Schools with Combined Levels so they will be counted in the Total column.

**Table 1: Total Visits** - Enter the number of non-medication visits, medication visits and total number of visits by grade level.  
**Table 3: Outcome Dispositions** - Enter the total number of health room visit dispositions by grade level.  
This table should include medication visits.  
**Table 7: Referrals to** - Enter the number of referrals to each of the listed services by grade level.  
This table should include medication visits.

Table 1: Total Visits	Elementary Schools	Middle Schools	High Schools	Schools with Combined Levels	Totals
1. Total Non-Medication Visits					0
2. Total Medication Visits					0
<b>Totals</b>	0	0	0	0	0

Table 2: Outcome Dispositions	Elementary Schools	Middle Schools	High Schools	Schools with Combined Levels	Totals
1. 911 Services					0
2. Emergency Room					0
3. Returned to Class					0
4. Sent Home					0
5. Other:					0
<b>Totals</b>	0	0	0	0	0

Table 3: Referral To	Elementary Schools	Middle Schools	High Schools	Schools with Combined Levels	Totals
1. Abuse Registry					0
2. Dental Care					0
3. Guidance Counseling					0
4. Healthy Start					0
5. Kid Care					0
6. Medical Care / Nursing Care					0
7. Mental Health Counseling					0
8. No Referral					0
9. Nursing Assessment					0
10. Social Work Services					0
11. Substance Abuse Counseling					0
12. Other:					0
<b>Totals</b>	0	0	0	0	0

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II-B.1 Group Health Services Log Summary for July 1, 2009 through June 30, 2010

**Directions:** For each of the service codes shown below:

**Code 6030:** Enter the number of social interventions provided in Comprehensive Schools. In each subject area enter the number of student and parent participants.

**Code 8020:** 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.

**6030 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				
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**8020 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				
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**NOTE:** Counties with more than one Comprehensive project should complete one combined Group Health Services Log for all schools receiving CSHSP services.

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II-C Teen Pregnancy

- II-C.1 Number of female CSHSP students in grades 6 through 12 (*Denominator for CSHSP birth rate*)
- II-C.2 Number of births to CSHSP students in grades 6 through 12 (*Numerator for CSHSP birth rate*)
- II-C.3 Rate per 1,000 for births to CSHSP students in grades 6 through 12
- II-C.4 Number of babies born to CSHSP students in grades 6 through 12
- II-C.5 Number of low birth weight (<2,500 grams) babies born to CSHSP students in grades 6 through 12
- II-C.6 Percent (%) of low birth weight (<2,500 grams) babies born to CSHSP students in grades 6 through 12
- II-C.7 Number of CSHSP students in grades 6 through 12 that return to school after giving birth this year
- II-C.8 Percent (%) of CSHSP students in grades 6 through 12 who returned to school this year (July 1, 2008 to June 30, 2009) after giving birth.

Part III: Full Service Schools

Part III-A.1 In-Kind Services Provided at Full Services Schools

**Directions:** Document the in-kind service hours and dollar value of services provided by community providers on-site at Full Service Schools during 2009-2010. Enter annual totals (not weekly totals) and use only numbers, no text characters. In-kind services are those health and social services not funded with CHD or LEA *school health funding*.

Type of Service	ANNUAL Total Number of Donated In-Kind Hours	ANNUAL Estimated Value of In-Kind Services
Adult Education	40	\$1,200
Basic Medical Services	88	\$16,350
Case Management		
Child Protective Services		
Community Education	40	\$1,666
Counseling Abused Children	42	\$1,260
Counseling High-Risk Children	25	\$750
Counseling High-Risk Parents	20	\$600
Delinquency Counseling		
Dental Services	72	\$3,400
Economic Services		
Healthy Start/Healthy Families	30	\$3,750
Job Placement Services	15	\$225
Mental Health Services	38	\$1,216
Nutritional Services	80	\$1,200
Parenting Skills Training	35	\$1,050
Resource Officer	3,230	\$80,000
School Health Nursing Services		
Social Work Services		
Substance Abuse Counseling		
TANF programs (job training, pregnancy prevention, etc.)		
All Other		
<b>Totals</b>	<b>3,755</b>	<b>\$112,667</b>

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Part IV: Staffing

IV-A.1 Number of Schools with School Health Staff On-Site Full Time (5 Days a Week, 6 - 8 Hours Per Day) In 2009-10

Directions: In this table, document your county's schools that have on-site school health staff (by staff type and hiring entity) that work from 6 to 8 hours a day, five days a week at their assigned schools.

	Elementary Schools	Middle Schools	High Schools	Combined Level Schools
<b>Staffed with a Full-Time Advanced Registered Nurse Practitioner</b>				
Hiring Entity				
County Health Department				
School District	0	0	0	0
Community Partners				
Other				
<b>Staffed with a Full-Time Registered Nurse</b>				
County Health Department				
School District	0	1	3	2
Community Partners				
Other				
<b>Staffed with a Full-Time Licensed Practical Nurse</b>				
County Health Department				
School District	8	3	4	0
Community Partners				
Other				
<b>Staffed with a Full-Time Health Aide/Tech</b>				
County Health Department				
School District	37	12	9	1
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 2009-2010 and 2010-11

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

Directions for School Health Services Staff in 2009-10 and Staff for Current Year 2010-11:

- 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).
- Document health staff that provides services exclusively to Exceptional Student Education (ESE) students in the ESE section of this table.
- 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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IV-C.1 School Health Services Staff	2009-2010					2010-2011				
	County Health Department (CHD) Positions in FTEs	Local School District (LEA) Positions in Units	Positions Funded and Hired by Contributing Public-Private Partners	Other Positions Hired by a Provider funded through a CHD or LEA Contract or MOA. (Not funded by OCA SCHSP funds.)		County Health Department (CHD) Positions in FTEs	Local School District (LEA) Positions in Units	Positions Funded and Hired by Contributing Public-Private Partners	Other Positions Hired by a Provider funded through a CHD or LEA Contract or MOA. (Not funded by OCA SCHSP funds.)	
				CHD	LEA				CHD	LEA
<b>Health Services Staff</b>	<b>Basic School Health Services 2009-10</b>					<b>Basic School Health Services 2010-11</b>				
School Health Coordinator-Registered Nurse (RN)		0.90				0.90				
School Health Coordinator-(Non-RN)										
School Health Nursing Supervisor (RN)										
Adv. Reg. Nurse Practitioner (ARNP)										
Registered Nurse (RN)		30.00				30.00				
Licensed Practical Nurse (LPN)										
Paraprofessional: School Health Aide/ Tech/CNA										
OTHER: (Please include all other positions in this one row, do not add cells or rows.)										
<b>Health Services Staff</b>	<b>Comprehensive School Health Services 2009-10</b>					<b>Comprehensive School Health Services 2010-11</b>				
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 all other positions in this one row, do not add cells or rows.)										
<b>Health Services Staff</b>	<b>Full Service Schools 2009-10</b>					<b>Full Service Schools 2010-11</b>				
School Health Coordinator-Registered Nurse (RN)		0.10				0.10				
School Health Coordinator-(Non-RN)										
School Health Nursing Supervisor (RN)										
Adv. Reg. Nurse Practitioner (ARNP)										
Registered Nurse (RN)		4.00				4.00				
Licensed Practical Nurse (LPN)										
Paraprofessional: School Health Aide/ Tech/CNA		4.00				4.00				
OTHER: (Please include all other positions in this one row, do not add cells or rows.)										
<b>ESE Health Services Staff</b>	<b>Exceptional Student Education (ESE) 2009-10</b>					<b>Exceptional Student Education (ESE) 2010-11</b>				
<i>Note: The following ESE section is to document health services staff that provide services exclusively to ESE students.</i>										
ESE Health Services Coordinator-Registered Nurse (RN)										
ESE Health Services Coordinator-(Non-RN)										
Nursing Supervisor (RN)										
Adv. Reg. Nurse Practitioner (ARNP)										
Registered Nurse (RN)										
Licensed Practical Nurse (LPN)		13.00				13.00				
Paraprofessional: Health Aide/ Tech/CNA										
OTHER: (Please include all other positions in this one row, do not add cells or rows.)										
<b>Health Services Staff</b>	<b>Pre-Kindergarten / TAPP and Other 2009-10</b>					<b>Pre-Kindergarten / TAPP and Other 2010-11</b>				
School Health Coordinator-Registered Nurse (RN)										
School Health Coordinator-(Non-RN)										
School Health Nursing Supervisor (RN)										
Adv. Reg. Nurse Practitioner (ARNP)										
Registered Nurse (RN)		4.00				4.00				
Licensed Practical Nurse (LPN)		2.00				2.00				
Paraprofessional: School Health Aide/ Tech/CNA										
OTHER: (Please include all other positions in this one row, do not add cells or rows.)										

CONTRACT REVIEWED AND APPROVED:  
 Kay 7/26/11

cal

Directions

**Section V-A Funds for School Health Services Expended in 2009-10 and Budgeted for 2010-11**

List on the appropriate line the County Health Department (excluding School Health Schedule C revenues), School District and Community/Public-Private Partner funds from each individual funding source that were expended for school health services during 2009-10 and funds that are budgeted for school health services for the current year: 2010-11. Do not alter the Excel structure of this funding table or place funds in alternative locations. Doing so will prevent these funding amounts from grouping in the proper categories in the statewide school health database, and state and county data summaries.

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

**V-A.1 County Health Departments (CHD) Funds for School Health Services:** List on the appropriate line Non-Schedule C funds, by funding source, that were expended for school health services in 2009-10 and those funds that are budgeted for school health services in 2010-11.

**V-A.2 School District Funds for School Health Services:** List on the appropriate line Non-Schedule C funds, by funding source, that were expended for school health services in 2009-10 and those funds that are budgeted for school health services in 2010-11.

**NOTE:** Please include only funds for health services staff (advanced registered nurse practitioners, registered nurses, licensed practical nurses, health aides (health techs, certified nursing assistants), health educators, health room/clinic facilities, equipment and supplies.

**V-A.3 Community and Public-Private Partner Funds for School Health Services:** List on the appropriate line Non-Schedule C funds, by funding source, that were expended for school health services in 2009-10 and those funds that are budgeted for school health services in 2010-11.

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

**Section V-B 2009 - 2010 County Health Department Schedule C Revenues and Expenditures for School Health**

List on the appropriate lines, Schedule C revenues and expenditures for school health during 2009-10.

**Table V-B.1 - Schedule C Revenues:** Place the amount of school health Schedule C funding actually received for each funding source on the line labeled "Schedule C Revenues" under each applicable OCA. **NOTE:** Title XXI Federal Grants Trust Fund (SCHSP) revenue actually received may not be the same as your Schedule C allocation, if billing to this OCA was not maximized.

**Table V-B.2 - Schedule C Expenditures:** Place expenditures for each OCA on the line for the appropriate type of expenditure (see explanations for types of expenditures below).

**#1 - Personnel** - Include salaries for direct service providers, supervisors, and coordinators.

**#2 - Fringe Benefits** - Career service fringe benefits comprise up to 35% of salaries and wages. FICA is 7.65% (.0765).

**#3 - Printing** - Include costs for printing, photocopying, and postage.

**#4 - Travel** - Include reimbursements for all expenses associated with mileage, per diem, car rentals, air fares, parking fees, toll fees, portage, etc.

**#5 - Staff Training** - Include registration fees, conference room rental fees, etc.

**#6 - Supplies and Materials** - Includes first aid supplies, office supplies, educational materials, etc.

**#7 - Medical and Office Equipment** - Includes equipment such as, blood pressure cuffs, scales, stethoscopes, filing cabinets.

**#8 - Operating Capital Outlay (OCO)** - OCO includes furniture and equipment that is 1,000 or more per item.

**#9 - Contracted Services** - Includes all revenue expended for services and personnel which are provided by another agency through a Standard State Contract with a Performance Based Attachment I.

**#10 - Indirect Costs** - Indirect costs are administrative costs and charges applied to a program or project as part of the total overhead. Indirect costs cannot exceed fifteen percent (15%) of the CHD School Health Categorical funding in Revenue Sources.

**#11 - Other** - Other expenditures that do not fit in any of the above categories. Please specify what the "Other" expenditure is.

**#12 - Total Expenditures** - The total expenditures listed in the Total column of Box B, line 12 should match the total revenue listed in Box A. **NOTE:** Funding actually received may not be the same as your Schedule C allocation (such as funds that must be expended in order to be received).

CONTRACT REVIEWED  
AND APPROVED:  
*Katy [Signature]*

*cat*

Section V-A Funds for School Health Services Expended in 2009-10 and Budgeted for 2010-11  
(Exclude School Health Schedule C Revenues)

V-A.1 County Health Departments (CHD) Funds for School Health Services	Expended in: 2009-10	Budgeted for: 2010-11
Medicaid Certified Match		
Medicaid Cost Reimbursement		
Schedule C Non-Categorical CHD Trust Fund		
Non-Schedule C CHD Trust Fund		
Other #1:		
Other #2:		
<b>County Health Department Sub-Totals</b>	<b>0</b>	<b>0</b>
V-A.2 School District Funds for School Health Services	Expended in: 2009-10	Budgeted for: 2010-11
Basic School Health Services (School District Funds - Not CHD Schedule C Funds)	3,724,114	3,808,542
Comprehensive School Health Services (School District Funds - Not CHD Schedule C Funds)		
Full Service School Health Services (School District Funds - Not CHD Schedule C Funds)		
PTA		
Chapter One		
Teenage Parent Program	96,316	109,483
First Start, Pre-Kindergarten, Head Start	183,582	268,406
Exceptional Student Education	88,204	207,996
Safe & Drug Free Schools		
Safe Schools		
Early Intervention		
Administrative Claiming		
ESE Medicaid Certified Match	0	0
Other #1: ARRA	15,014	74,301
Other #2:		
<b>School District Sub-Totals</b>	<b>4,107,230</b>	<b>4,468,728</b>
V-A.3 Community and Public-Private Partner Funds for School Health Services	Expended in: 2009-10	Budgeted for: 2010-11
Abstinence Grant		
Children's Services Council		
Juvenile Welfare Board		
United Way		
County Commission		
County Taxing District		
Health Care Taxing District		
Hospital Taxing District		
Hospital:		
Hospital:		
University:		
University:		
Other #1:		
Other #2:		
<b>Community Sub-Totals</b>	<b>0</b>	<b>0</b>
<b>Totals</b>	<b>4,107,230</b>	<b>4,468,728</b>

CONTRACT REVIEWED  
AND APPROVED:  
*Kdy 7/26/11*

*cut*



Section V-B 2009 - 2010 County Health Department Schedule C Revenues and Expenditures for School Health

V-B.1 Schedule C Revenues							
	Basic School Health	Comprehensive School Health				Full Service Schools	Sub-Totals: Schedule C
	Tobacco Settlement Trust Fund	Basic Tobacco Transfer	General Revenue	Title XXI Federal Grants Trust Fund	Full Service Tobacco Transfer	Tobacco Settlement Trust Fund	
	SCBST	SCHSP	SCHSP	SCHSP	SCHSP	SCFLT	
<b>Schedule C Revenues:</b>	\$119,382					\$153,395	\$272,777
V-B.2 Schedule C Expenditures							
<b>1. Personnel</b>	7,971						\$7,971
<b>2. Fringe Benefits</b>	2,529						\$2,529
<b>3. Printing</b>							\$0
<b>4. Travel</b>							\$0
<b>5. Staff Training</b>							\$0
<b>6. Supplies</b>							\$0
<b>7. Equipment</b>							\$0
<b>8. OCO</b>							\$0
<b>9. Contracts (List Below)</b>							
a. DSB of Pasco	113,413					135,225	\$248,638
b.							\$0
<b>10. Indirect Costs</b>							\$0
<b>11. Other (List Below)</b>							
a. Administrative Rate	5,969					7,670	\$13,639
b.							\$0
<b>12. Totals</b>	\$129,882	\$0	\$0	\$0	\$0	\$142,895	\$272,777

CONTRACT REVIEWED AND APPROVED:  
*Kdy 7/26/11*

*cut*

**Attachment IV**

**Sample Invoice**

Date

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

Attn: Monica Makholm, Contract Manager

Re: PC2B2 Basic Service School Contract

Dear Ms. Makholm:

We \_\_\_are/\_\_\_ are not (see attached explanation) in compliance with the staffing requirements determined by the School Health Services Staffing/Budget Plan in effect at this date. Attached for your review is the monthly services report for the preceding month. Please remit the amount of \$\_\_\_\_\_ for services rendered on behalf of the School Health Services Contract # PC2B2 or 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



cm  
mm

Memorandum of Negotiation

Contract # PC2B2

On 5/29/11, a <sup>telephonic</sup> meeting was held with:

**Name:**

Lisa Kern

**Position:**

Supervisor of Student Services (Health)

**Representing:**

District School Board of Pasco County, and:

**Name:**

Constance A. Brooks

**Position:**

Business Manager

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

Basic School Health Services

Contract terms and conditions were reviewed:

Outcome measures were reviewed:

**Provider Representative**

Lisa Kern

**Department Representative**

Constance A. Brooks

Date: 7/19/11

Date: 7/5/11

CONTRACT REVIEWED  
AND APPROVED:  
Kdy 7/26/11

**STATE OF FLORIDA DEPARTMENT OF HEALTH**

**CIVIL RIGHTS COMPLIANCE CHECKLIST**

Program/Facility District School Board of Pasco County	County Pasco County
Address 7227 Land O'Lakes Blvd.	Completed By Lisa Kern
City, State, Zip Code Land O'Lakes, FL 34638	Date 7/18/11 Telephone 813-794-2360

**Part I**

1. Briefly describe the geographic area served by the program/facility and the type of service provides:

2. POPULATION OF AREA SERVED. Source of data:

Total # 63,720	% White 68	% Black 5	% Hispanic 19	% Other 8	% Female 48		
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3. STAFF CURRENTLY EMPLOYED. Effective date:

Total # 10,634	% White 89	% Black 3	% Hispanic 6	% Other 2	% Female 77	% Disabled 2	
-------------------	---------------	--------------	-----------------	--------------	----------------	-----------------	--

4. CLIENTS CURRENTLY ENROLLED OR REGISTERED. Effective date:

Total # 63,720	% White 68	% Black 5	% Hispanic 19	% Other 8	% Female 48	% Disabled 17	% Over 40 0
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5. ADVISORY OR GOVERNING BOARD, IF APPLICABLE.

Total # 5	% White 100	% Black 0	% Hispanic 0	% Other 0	% Female 60	% Disabled 0	
--------------	----------------	--------------	-----------------	--------------	----------------	-----------------	--

Part II. Use a separate sheet of paper for any explanations requiring more space.

NA YES NO

6. Is an Assurance of Compliance on file with DOH? If NA or NO explain. NA YES NO

7. Compare staff Composition to the population. Is staff representative of the population?  
 NO NA YES  
 If NA or NO, explain.

8. Compare the client composition to the population. Are race and sex characteristics representative of the Population? If NA or NO, explain. NA YES NO

9. Are eligibility requirements for services applied to clients and applicants without regard to race, color, national origin, sex, age, religion or disability? If NA or NO, explain. NA YES NO

10. Are all benefits, services and facilities available to applicants and participants in an equally effective manner regardless of race, sex, color, age, national origin, religion or disability? If NA or NO, explain. NA YES NO

11. For in-patient services, are room assignments made without regard to race, color, national origin or disability? If NA or NO, explain. NA YES

CONTRACT REVIEWED  
AND APPROVED  
*Kay 7/18/11*

PART II,

NO

12. Is the program/facility accessible to non-English speaking clients? If NA or NO, explain.

NA YES

13. Are employees, applicants and participants informed of their protection against discrimination?

NA YES

NO

If YES, how? Verbal  Written  Poster  If NA or NO, explain.

14. Is the program/facility physically accessible to mobility, hearing and sight-impaired individuals?

NA YES

NO

If NA or NO, explain.

PART III. THE FOLLOWING QUESTIONS APPLY TO PROGRAMS AND FACILITIES WITH 15 OR MORE EMPLOYEES

15. Has a self-evaluation been conducted to identify any barriers to serving disabled individuals, and to make any necessary modifications? If NO, explain.

YES NO

16. Is there an established grievance procedure that incorporates due process into the resolution of complaints? If NO, explain.

YES NO

17. Has a person been designated to coordinate Section 504 compliance activities? If NO, explain.

YES NO

18. Do recruitment and notification materials advise applicants, employees and participants of nondiscrimination on the basis of disability? If NO, explain.

YES NO

19. Are auxiliary aids available to assure accessibility of services to hearing and sight impaired individuals? If NO, explain.

YES NO

PART IV. FOR PROGRAMS OR FACILITIES WITH 50 OR MORE EMPLOYEES AND FEDERAL CONTRACTS OF \$50,000 OR MORE. YES NO

20. Do you have a written affirmative action plan? If NO, explain.

Equity plan is filed with the state which includes initiatives for monthly hiring.

CONTRACT REVIEWED AND APPROVED:

*WJ Thell*

DOH USE ONLY

Reviewed By  
Program Office

In Compliance: YES  NO   
Date Notice of Corrective Action Sent

Date	Telephone	Date Response Due
On-Site <input type="checkbox"/>	Desk Review <input type="checkbox"/>	Date Response Received

INSTRUCTIONS FOR THE CIVIL RIGHTS COMPLIANCE CHECKLIST

1. Describe the geographic service area such as a county, city or other locality. If the program or facility serves a specific target population such as adolescents, describe the target population. Also define the type of service provided such as inpatient health care, refugee assistance, child day care, etc.
2. Enter the percent of the population served by race and sex. The population served includes persons in the geographical area for which services are provided such as a city, county or other area. Population statistics can be obtained from local chambers of commerce, libraries, or any publication from the Census containing Florida population statistics. Include the source of your population statistics. (Other races include Asian/Pacific Islanders and American Indian/Alaskan Natives.)
3. Enter the total number of full-time staff and their percent by race, sex and disabled. Include the effective date of your summary.
4. Enter the total number of clients who are enrolled, registered or currently served by the program or facility, and list their percent by race, sex and disability. Include the date that enrollment was counted.
5. Enter the total number of advisory board members and their percent by race, sex, and disability. If there is no advisory or governing board, leave this section blank.
6. Each recipient of federal financial assistance must have on file an assurance that the program will be conducted in compliance with all nondiscriminatory provisions as required in 45CFR80. This is usually a standard part of the contract language for DOH recipients and their sub-grantees.
7. Are the race, sex and national origin composition of the staff reflective of the general population? For example, if 10% of the population is Hispanic, is there a comparable percentage of Hispanic staff? Although some variance is acceptable, the relative absence of a particular group on staff may tend to exclude full participation of that group in the program/facility. Significant variances must be explained.
8. Where there is a significant variation between the race, sex or ethnic composition of the clients and their availability in the population, the program/facility has the responsibility to determine the reasons for such variation and take whatever action may be necessary to correct any discrimination. Some legitimate disparities may exist when programs are sanctioned to serve target populations such as elderly or disabled persons.
9. Do eligibility requirements unlawfully exclude persons in protected groups from the provision of services or employment? Evidence of such may be indicated in staff and client representation and also through on-site record analysis of persons who applied but were denied services or employment.
10. Participants or clients must be provided services such as medical, nursing and dental care, laboratory services, physical and recreational therapies, counseling and social services without regard to race, sex, color, national origin, religion, age or disability. Courtesy titles, appointment scheduling and accuracy of record keeping must be applied uniformly and without regard to race, sex, color, national origin, religion, age or disability. Entrances, waiting rooms, reception areas, restrooms and other facilities must also be equally available to all clients.
11. For in-patient services, residents must be assigned to rooms, wards, etc., without regard to race, color, national origin or disability. Also, residents must not be asked whether they are willing to share accommodations with persons of a different race, color, national origin, or disability.
12. The program/facility and all services must be accessible to participants and applicants, including those persons who may not speak English. In geographic areas where a significant population of non-English speaking people live, program accessibility may include the employment of bilingual staff. In other areas, it is sufficient to have a policy or plan for service, such as a current list of names and telephone numbers of bilingual individuals who will assist in the provision of services.
13. Programs/facilities must make information available to their participants, beneficiaries or any other interested parties. This should include information on their right to file a complaint of discrimination with either the Florida Department of Health or the United States Department of Health and Human Services. The information may be supplied verbally or in writing to every individual, or may be supplied through the use of an equal opportunity policy poster displayed in a public area of the facility.
14. The program/facility must be physically accessible to disabled individuals. Physical accessibility includes designated parking areas, curb cuts or level approaches, ramps and adequate widths to entrances. The lobby, public telephone, restroom

facilities, water fountains, information and admissions offices should be accessible. Door widths and traffic areas of administrative offices, cafeterias, restrooms, recreation areas, counters and serving lines should be observed for accessibility. Elevators should be observed for door width, and Braille or raised numbers. Switches and controls for light, heat, ventilation, fire alarms, and other essentials should be installed at an appropriate height for mobility impaired individuals.

Accessibility must meet or be equivalent to the standards set by the Americans with Disabilities Act. If the program or facility is not accessible to disabled persons, there must be an equally effective program available in the area where services can be obtained. Alternative service providers must be listed if the program is not accessible.

15. A self-evaluation to identify any accessibility barriers is required. The self-evaluation is a four step process:
  - Evaluate current practices and policies to identify any practices or policies that do not comply with Section 504 of the Rehabilitation Act or the Americans with Disabilities Act.
  - Modify policies and practices that do not meet requirements.
  - Take remedial steps to eliminate any discrimination that has been identified.
  - Maintain a self-evaluation on file.
16. Programs or facilities that employ 15 or more persons must adopt grievance procedures that incorporate appropriate due process standards and provide for the prompt and equitable resolution of complaints alleging any action prohibited.
17. Programs or facilities that employ 15 or more persons must designate at least one person to coordinate efforts to comply with the requirements of Section 504 and the ADA.
18. Continuing steps must be taken to notify employees and the public of the program/facility's policy of nondiscrimination on the basis of disability. This includes recruitment material, notices for hearings, newspaper ads, and other appropriate written communication.
19. Programs/facilities that employ 15 or more persons must provide appropriate auxiliary aids to persons with impaired sensory, manual or speaking skills where necessary. Auxiliary aids may include, but are not limited to, interpreters for hearing impaired individuals, taped or Braille materials, or any alternative resources that can be used to provide equally effective services.
20. Programs/facilities with 50 or more employees and \$50,000 in federal contracts must develop, implement and maintain a written affirmative action compliance program.





Rick Scott  
Governor

H. Frank Farmer, Jr., M.D., Ph.D.  
State Surgeon General

July 5, 2011

Lisa Kern, MSN, RN, NCSN  
Supervisor of Student Services (Health)  
District School Board of Pasco County  
7227 US Highway 41 North  
Land O'Lakes, FL 34638

Re: Basic and Full Service Contracts for Fiscal Year 2011/2012

Enclosed for your review are the proposed Basic and Full Service School Health contracts, together with attachments, for fiscal year 2010-2011 between the Pasco County Health Department and the District School Board. Please submit these contracts to the Board at your earliest opportunity, have them signed, and return both sets to me. I will provide you with a copy of the fully signed contract for your records.

Please provide me with a Certificate of Liability Insurance for the period from July 1, 2011 through June 30, 2012, as the current policy period expires July 1, 2011. In addition to the contract I have enclosed several other documents which require your review, completion and/or signature as follows:

1. Memorandum of Negotiation: two documents, one for each contract – Please sign where indicated and return to me with the signed contract documents.
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Contracts/Subcontracts: Please sign where indicated and return with to me with the signed contract documents.
3. Certification Regarding Lobbying Certification for Contracts, Grants, Loans and Cooperative Agreements: Please sign and complete the information where indicated and return to me with the signed contract documents.
4. Civil Rights Compliance Checklist: Please complete and return this document on or before November 1, 2011.

It is imperative that we receive the signed contracts before August 1, 2011, so we have sufficient time to enter them in the system before school commences. In the event you have any questions or concerns regarding these documents, please don't hesitate to contact me at extension #130, at the telephone number indicated below.

Sincerely,

Constance A. Brooks  
Business Manager/Contract Manager

/cab  
Enclosures

Pasco County Health Department  
David R. Johnson, MD, MS, MHA, Director, County Health Officer  
10841 Little Road • New Port Richey, FL 34654-2513  
(727) 861-5250 • fax: (727) 862-4230





CFDA No.  
CSFA No. 916.550

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 (FS)

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

C. To the Following Governing Law

1. State of Florida Law

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.

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 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.
- c. 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.
- d. Not to employ unauthorized aliens. The department shall consider employment of unauthorized aliens a violation of §§274A(e) of the Immigration and Naturalization Act (8 U.S.C. 1324 a) and section 101 of the Immigration Reform and Control Act of 1986. Such violation shall be cause for unilateral cancellation of this contract by the department.
- e. 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.
- f. 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).

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~~.

CONTRACT REVIEWED  
AND APPROVED  
*Kay Haddu*

Contract # PC2B1

*mml*

8. If Exhibit 2 of this contract indicates that the provider is a recipient or subrecipient, the provider will perform the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular A-133, and/or section 215.97 Florida Statutes, as applicable and conform to the following requirements:
- a. Documentation. To maintain separate accounting of revenues and expenditures of funds under this contract and each CSFA or CFDA number identified on Exhibit 1 attached hereto in accordance with generally accepted accounting practices and procedures. Expenditures which support provider activities not solely authorized under this contract must be allocated in accordance with applicable laws, rules and regulations, and the allocation methodology must be documented and supported by competent evidence.  
Provider must maintain sufficient documentation of all expenditures incurred (e.g. invoices, canceled checks, payroll detail, bank statements, etc.) under this contract which evidences that expenditures are:
    - 1) allowable under the contract and applicable laws, rules and regulations;
    - 2) reasonable; and
    - 3) necessary in order for the recipient or subrecipient to fulfill its obligations under this contract.
 The aforementioned documentation is subject to review by the Department and/or the State Chief Financial Officer and the provider will timely comply with any requests for documentation.
  - b. Financial Report. To submit an annual financial report stating, by line item, all expenditures made as a direct result of services provided through the funding of this contract to the Department within 45 days of the end of the contract. If this is a multi-year contract, the provider is required to submit a report within 45 days of the end of each year of the contract. Each report must be accompanied by a statement signed by an individual with legal authority to bind recipient or subrecipient by certifying that these expenditures are true, accurate and directly related to this contract.  
To ensure that funding received under this contract in excess of expenditures is remitted to the Department within 45 days of the earlier of the expiration of, or termination of, this contract.

#### E. Monitoring by the Department

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

#### F. Indemnification

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

1. The provider shall be liable for and shall indemnify, defend, and hold harmless the department and all of its officers, agents, and employees from all claims, suits, judgments, or damages, consequential or otherwise and including attorneys' fees and costs, arising out of any act, actions, neglect, or omissions by the provider, its agents, or employees during the performance or operation of this contract or any subsequent modifications thereof, whether direct or indirect, and whether to any person or tangible or intangible property.
2. The provider's inability to evaluate liability or its evaluation of liability shall not excuse the provider's duty to defend and indemnify within seven (7) days after such notice by the department is given by certified mail. Only adjudication or judgment after highest appeal is exhausted specifically finding the provider not liable shall excuse performance of this provision. The provider shall pay all costs and fees related to this obligation and its enforcement by the department. The department's failure to notify the provider of a claim shall not release the provider of the above duty to defend.

#### G. Insurance

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

#### H. Safeguarding Information

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

#### I. Assignments and Subcontracts

1. To neither assign the responsibility of this contract to another party nor subcontract for any of the work contemplated under this contract without prior written approval of the department, which shall not be unreasonably withheld. Any sub-license, assignment, or transfer otherwise occurring shall be null and void.
2. The provider shall be responsible for all work performed and all expenses incurred with the project. If the department permits the provider to subcontract all or part of the work contemplated under this contract, including entering into subcontracts with vendors for services and commodities, it is understood by the provider that the department shall not be liable to the subcontractor for any expenses or liabilities incurred under the subcontract and the provider shall be solely liable to the subcontractor for all expenses and liabilities incurred under the subcontract. The provider, at its expense, will defend the department against such claims.

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3. The State of Florida shall at all times be entitled to assign or transfer, in whole or part, its rights, duties, or obligations under this contract to another governmental agency in the State of Florida, upon giving prior written notice to the provider. In the event the State of Florida approves transfer of the provider's obligations, the provider remains responsible for all work performed and all expenses incurred in connection with the contract. In addition, this contract shall bind the successors, assigns, and legal representatives of the provider and of any legal entity that succeeds to the obligations of the State of Florida.
4. The contractor shall provide a monthly Minority Business Enterprise report summarizing the participation of certified and non-certified minority subcontractors/material suppliers for the current month, and project to date. The report shall include the names, addresses, and dollar amount of each certified and non-certified MBE participant, and a copy must be forwarded to the Contract Manager of the Department of Health. The Office of Supplier Diversity (850-487-0915) will assist in furnishing names of qualified minorities. The Department of Health, Minority Coordinator (850-245-4199) will assist with questions and answers.
5. Unless otherwise stated in the contract between the provider and subcontractor, payments made by the provider to the subcontractor must be within seven (7) working days after receipt of full or partial payments from the department in accordance with §§287.0585, FS. Failure to pay within seven (7) working days will result in a penalty charged against the provider and paid by the provider to the subcontractor in the amount of one-half of one (1) percent of the amount due per day from the expiration of the period allowed herein for payment. Such penalty shall be in addition to actual payments owed and shall not exceed fifteen (15) percent of the outstanding balance due.

**J. Return of Funds**

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

**K. Incident Reporting**

**Abuse, Neglect, and Exploitation Reporting**

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

**L. Transportation Disadvantaged**

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

**M. Purchasing**

1. It is agreed that any articles which are the subject of, or are required to carry out this contract shall be purchased from Prison Rehabilitative Industries and Diversified Enterprises, Inc. (PRIDE) identified under Chapter 946, FS, in the same manner and under the procedures set forth in §§946.515(2) and (4), FS. For purposes of this contract, the provider shall be deemed to be substituted for the department insofar as dealings with PRIDE. This clause is not applicable to subcontractors unless otherwise required by law. An abbreviated list of products/services available from PRIDE may be obtained by contacting PRIDE, 1-800-643-8459.

**2. Procurement of Materials with Recycled Content**

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

**3. MyFloridaMarketPlace Vendor Registration**

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

**4. MyFloridaMarketPlace Transaction Fee**

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

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

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

**N. Civil Rights Requirements**

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

**O. Independent Capacity of the Contractor**

1. In the performance of this contract, it is agreed between the parties that the provider is an independent contractor and that the provider is solely liable for the performance of all tasks contemplated by this contract, which are not the exclusive responsibility of the department.
2. Except where the provider is a state agency, the provider, its officers, agents, employees, subcontractors, or assignees, in performance of this contract, shall act in the capacity of an independent contractor and not as an officer, employee, or agent of the State of Florida. Nor shall the provider represent to others that it has the authority to bind the department unless specifically authorized to do so.

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3. Except where the provider is a state agency, neither the provider, its officers, agents, employees, subcontractors, nor assignees are entitled to state retirement or state leave benefits, or to any other compensation of state employment as a result of performing the duties and obligations of this contract.
4. The provider agrees to take such actions as may be necessary to ensure that each subcontractor of the provider will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of the State of Florida.
5. Unless justified by the provider and agreed to by the department in Attachment I, the department will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial, or clerical support) to the provider, or its subcontractor or assignee.
6. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds, and all necessary insurance for the provider, the provider's officers, employees, agents, subcontractors, or assignees shall be the responsibility of the provider.

**P. Sponsorship**

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

**Q. Final Invoice**

To submit the final invoice for payment to the department no more than 30 days after the contract ends or is terminated. If the provider fails to do so, all right to payment is forfeited and the department will not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this contract may be withheld until all reports due from the provider and necessary adjustments thereto have been approved by the department.

**R. Use of Funds for Lobbying Prohibited**

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

**S. Public Entity Crime and Discriminatory Vendor**

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

**T. Patents, Copyrights, and Royalties**

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

**U. Construction or Renovation of Facilities Using State Funds**

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

**V. Electronic Fund Transfer**

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

CONTRACT REVIEWED  
AND APPROVED:  
*Ray J. [Signature]*

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**W. Information Security**

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

**II. THE DEPARTMENT AGREES:****A. Contract Amount**

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

**B. Contract Payment**

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

**C. Vendor Ombudsman**

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

**III. THE PROVIDER AND THE DEPARTMENT MUTUALLY AGREE****A. Effective and Ending Dates**

This contract shall begin on 8/22/2011 or on the date on which the contract has been signed by both parties, whichever is later. It shall end on 6/30/2012.

**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**

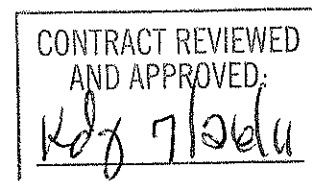
This contract may be terminated for the provider's non-performance upon no less than *twenty-four (24) hours* notice in writing to the provider. If applicable, the department may employ the default provisions in Chapter 60A-1.006 (3), FAC. Waiver of breach of any provisions of this contract shall not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

**4. Termination for Failure to Satisfactorily Perform Prior Agreement**

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

**C. Renegotiation or Modification**

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

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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

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

Monica Makholm  
10841 Little Road, Bldg. B  
New Port Richey, FL 34654  
(727) 861-5250, ext. 180

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

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

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

Heather Fiorentino, Superintendent  
7227 U.S. 41  
Land O'Lakes, FL 34638  
(727) 774-2000

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

E. All Terms and Conditions Included

This contract and its attachments as referenced, Attachments I, II, III, and IV, 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 39 page contract to be executed by their undersigned officials as duly authorized.

PROVIDER:

SIGNATURE:

PRINT/TYPE NAME: HEATHER FIORENTINO

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: DAVID R. JOHNSON, MD, MS, MHA

TITLE: DIRECTOR, COUNTY HEALTH OFFICER

DATE:

6-29-2011

District School Board of Pasco County, Chairman

Date

CONTRACT REVIEWED AND APPROVED:  
Kdy 7/26/11

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

**Performance Based Contract**

**A. SERVICES TO BE PROVIDED**

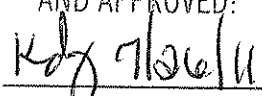
**1. Definition of Terms**

**a. Contract Terms**

**Fiscal Year** July 1, 2011 to June 30, 2012  
**Funding Agency** Pasco County Health Department (CHD)  
**The Provider**  Local Education Agency (LEA)  
 Other: \_\_\_\_\_

**b. Program or Service Specific Terms**

1. **Annual School Health Services Report:** An annual report submitted to the state funding agency each year that reflects services, staffing and expenditures. For the purpose of this contract, the report will cover the period from July 1, 2011 through June 30, 2012.
2. **Basic School Health Program:** General school health services which are available to all students in Florida's public and participating non-public schools in all 67 school districts. These health services include but are not limited to: screening of vision, hearing, growth and development (utilizing Body Mass Index [BMI] percentile for age and gender), and scoliosis, health appraisals, referral and follow-up, maintenance of health records, meeting emergency health needs, nursing assessments, health counseling, medication assistance, and a preventive dental program as identified in s. 381.0056(5)(a)(1-18), F.S., and Chapter 64F-6.001-6.006, F.A. C.
3. **Clients:** Students enrolled in Florida public and participating non-public schools. Services may be extended to serve high-risk student populations and their families on school district property.
4. **Full Service Schools:** 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, 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 to meet the needs of the high risk student population and their families. These services are to be provided on school district property as required by s. 402.3026, F.S., incorporated by reference.
5. **Funding Agency:** The local County Health Department.
6. **Health Management System (HMS):** Department of Health (DOH) data system into which documented school health services are entered by service codes identified by DHP 50-20. This data is used to provide a full accounting of school health services provided.

CONTRACT REVIEWED  
AND APPROVED:  


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7. **Provider:** The entity with whom the local CHD enters into agreement to provide Basic and/or Full Service School Health Services.
8. **School Health Services Plan:** A document that describes the services to be provided, the responsibility for provision of the services, and evidence of cooperative planning by local school districts and county health departments, as required by s. 381.0056(3)(e), F.S. The plan operates on a two year cycle and for the purpose of this contract, the plan covers years 2010 – 2012.

## 2. General Description

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

(Check services which apply to this contract).

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

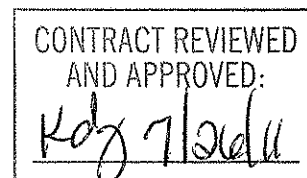
**Full Service Schools:** Refer to Section A.1.b.4

- b. **Authority:** The provider will deliver school health services required by this contract in compliance with sections 381.0056, 381.0059, and 402.3026, F.S., and with Chapter 64F-6, F.A.C.
- c. **Scope of Services:** The provider will provide basic and/or full service school health services to students enrolled in and attending Pasco County public and participating non-public schools.
- d. **Major Program Goals:**
  1. To appraise, protect and promote the health of students.
  2. To provide health services in schools that are integrated with other school health services and included in the annual school health services plan.

## 3. Clients To Be Served

- a. **General Description:** All students enrolled in and attending a public or participating non-public school in Pasco County whose parents did not document the opt out option for receiving specific school health services. This includes students from schools that have a student population with a high risk of failure due to unmet medical and social services needs.
- b. **Client Eligibility:** Must be enrolled in and attending a public or participating non-public school in Pasco County.
- c. **Client Determination:** In accordance with s.381.0056 (6)(g), F.S., at the beginning of each school year parents or guardians will be informed in writing, about general and specific school health services that students will receive. Students will be exempted from any health service(s), if the parent or guardian requests the exemption in writing.
- d. **Contract Limits**

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



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## B. MANNER OF SERVICE PROVISION

### 3. Service Tasks

#### a. Task List

1. The provider will make available basic school health services (as defined in Section A.1.b.2) to all students in school locations listed in Attachment III. Basic school health services will be provided as outlined in the School Health Services Act, s. 381.0056, F.S., and Chapter 64F-6.001 – 6.006, F.A.C. In addition, the CHD and LEA will specify, in the School Health Services Plan, other agreed upon tasks and services the provider must deliver.
2. In each Full Service School listed in Attachment III, the provider will deliver basic school health services (as defined in Section A.1.b.2) and specialized services appropriate to its high-risk population, in accordance with s. 402.3026, F.S. In addition, the CHD and LEA will specify, in the School Health Services Plan, other agreed upon tasks and services the provider must deliver.
3. Pregnant students who become known to provider staff will be referred for prenatal care and Healthy Start Services in accordance with s. 743.065, F.S.

#### b. Task Limits

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

1. The School Health Services Act, s. 381.0056, F.S., s. 381.0059, F.S., and Full Service Schools, s. 402.3026, F.S.
2. Chapter 64F-6, F.A.C.
3. School Health Services Plan
4. Department of Health Schedule C Funds, as appropriated for the School Health Program.
5. The Florida School Health Administrative Guidelines, April 2007, all of which are hereby incorporated by reference and any subsequent revisions made during the contract period.

### 4. Staffing Requirements

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

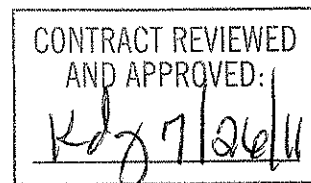
The provider shall replace any employee whose continued presence would be detrimental to the success of the project with an employee of equal or superior qualifications.

Information to document staffing configuration for Basic School Health Services and Full Service schools will be provided for inclusion in the Annual School Health Services Report.

#### b. Professional Qualifications

**School Nurse** – A registered professional nurse currently licensed under Chapter 464, F.S.

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



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

**School Health Social Worker** – A minimum of a bachelor's degree in social work and other staff qualifications to be determined according to the project design.

**c. Staffing Changes**

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

**d. Subcontractors**

Subcontracting will only take place when the provider does not have the capacity to fulfill service requirements as specified in the School Health Services Plan. All subcontracts must be reviewed and approved in writing by the CHD Administrator and in accordance with Contract Management System Update #05-2 (Subcontracting Approval Procedures).

**5. Service Location and Equipment**

**a. Service Delivery Location**

All school health services will be provided in adequate health room or clinic facilities at school sites in accordance with *State Requirements for Educational Facilities, December 2007*, the *Florida School Health Administrative Guidelines, April 2007, Chapter 21*, the county's approved School Health Services Plan. Schools designated as Full Service Schools will be assigned District Area Unit (DAU) numbers identifying school locations. These schools will be listed in Attachment III.

**b. Service Times**

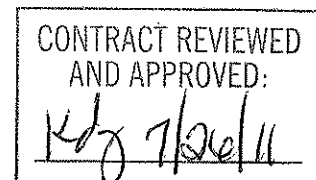
Services will be provided in accordance with time frames identified in the School Health Services Plan and school year calendar. The provider is responsible for assuring that coded services are submitted monthly for entry into HMS, and accurately reflect services provided.

**c. Changes in Location**

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

**d. Equipment**

It is the responsibility of the provider, in collaboration with the CHD school health coordinator or his/her designee, to determine and make available the equipment and supplies needed to complete the terms/deliverables of this contract. Funds can be used to purchase/lease equipment, with prior written approval of the CHD school health coordinator or his/her designee. A listing of suggested equipment and first aid supplies is available in the *Florida School Health Administrative Guidelines, April 2007, Chapter 21*.



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## 6. Deliverables

### a. Service Units

Provision of one month or quarter, whichever applies of basic and/or full-service school health services, whichever applies will comprise a unit of service.

### b. Reports

1. The provider will complete and submit to the CHD required data and information to prepare the Annual School Health Services Report which is due to the state funding agency on August 15, 2011.
2. The provider will document and submit services and screening data to the CHD in a format consistent with the requirements of the Personal Health Coding Pamphlet, DHP 50-20, October 1, 2010.
3. Aggregate data will be submitted to the CHD in a format that can be used by CHD staff for entry into HMS. The data will be submitted within 15 days following the end of each month or quarter, whichever pertains to the specified contract billing period.

### c. Records and Documentation

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

1. Cumulative Health Records (DH Form 3041) for each student which contain:
  - a. Florida Certificate of Immunization (DH Form 680) or Part A or B exemptions
  - b. School Entry Health Exam form (DH Form 3040) or other form as specified in s. 1003.22, F.S. and Chapter 6A-6.024, F.A.C.
  - c. Documentation of screenings, results, referrals and outcomes of referrals
  - d. Individual health care plans for chronic or complex health conditions
2. Daily Clinic Logs in all public and participating non-public schools
3. 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.
4. Health records of individual students must be maintained in accordance with s. 1002.22, F.S.

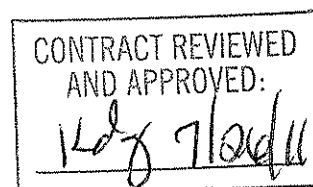
## 7. Performance Specifications

### a. Outcomes and Outputs

School health services provided under this contract will be implemented in accordance with the statutory requirements and program standards outlined in the county's 2010 - 2012 School Health Services Plan.

The provider will submit documentation of health screenings provided in accordance with Chapter 64F-6.003, F.A.C., and meet the following program performance measures:

1. Vision screening:
  - a. Shall be provided to no fewer than 95% of public and participating nonpublic school students in kindergarten, 1<sup>st</sup>, 3<sup>rd</sup>, and 6<sup>th</sup> grades



*[Handwritten Initials]*

- b. 75% of students referred for abnormal screening results will have documentation of additional evaluation or treatment.
- 2. Hearing screening:
  - a. Shall be provided to no fewer than 95% of public and participating nonpublic school students in kindergarten, 1<sup>st</sup>, and 6<sup>th</sup> grades
  - b. 75% of students referred for abnormal screening results will have documentation of additional evaluation or treatment.
- 3. Scoliosis screening:
  - a. Shall be provided to no fewer than 95% of public and participating nonpublic school students in the 6<sup>th</sup> grade
  - b. 75% of students referred for abnormal screening results will have documentation of additional evaluation or treatment.
- 4. Growth and development with BMI screening to:
  - a. Shall be provided to no fewer than 95% of public and participating nonpublic school students in 1<sup>st</sup>, 3<sup>rd</sup>, and 6<sup>th</sup> grades
  - b. 75% of students referred for abnormal screening results will have documentation of additional evaluation or treatment, in accordance with local policy.

**b. Standards Definitions**

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

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

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*Kdy 7/26/11*

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in ninth grade. The BMI screening dates, results, and referral outcomes will be documented on or in the student's Cumulative School Health Record or alternative location (electronic or other) that will be noted on the cover of the student's Cumulative School Health Record.

(Screening requirements and procedures are described in *Florida School Health Administrative Guidelines, April 2007, Section III, Chapter 3, and Appendix H*).

**c. Monitoring and Evaluation Methodology**

By execution of this contract, the provider hereby acknowledges and agrees that its performance under this contract must meet the standards set forth in this contract and will be bound by the conditions set forth in this contract. If the provider fails to meet these standards, the CHD, at its exclusive option, may allow up to six months for the provider to achieve compliance with the standards. If the CHD affords the provider an opportunity to achieve compliance and the provider fails to achieve compliance within the specified time frame, the CHD may apply remedies as defined in Section D.6 or terminate the contract with a 30 day written notice in the absence of any extenuating or mitigating circumstances at the exclusive determination of the CHD.

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

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

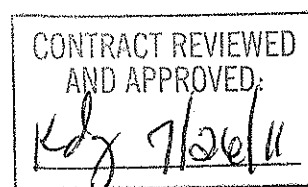
**8. Provider Responsibilities**

**a. Provider-Unique Activities**

1. The provider is required to provide administrative supervision of School Health Services program staff according to the Florida School Health Administrative Guidelines, April 2007, to assure that services are provided in accordance with this contract.
2. The provider is required to provide nursing supervision of licensed and unlicensed staff providing school health services according to the professional standards of nursing practice (ss. 464.001 – 464.027, F.S.).
3. By executing this contract the provider recognizes its singular responsibility for the tasks, activities, and deliverables described herein and warrants that it has fully informed itself of all relevant factors affecting accomplishment of the tasks, activities, and deliverables and agrees to be fully accountable for the performance thereof.

**b. Coordination with Other Providers/Entities**

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



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## 9. Department Responsibilities

### a. Department Obligations:

1. The CHD will be responsible for approving the provision of services outlined in the School Health Services Plan, including those services subcontracted to other providers.
2. The CHD School Health Coordinator is responsible for attaching a copy of this contract and any subcontracts, disclosing the exact amount of funds contracted in the 2011 – 2012 Annual School Health Services Report.
3. The CHD School Health Coordinator is responsible for submitting a completed DOH Programmatic Monitoring Tool for all 2011 – 2012 contracts along with the Annual School Health Report that is due on August 15, 2012.
4. To the extent that resources allow, the CHD will provide technical assistance, programmatic information and support to the provider.

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

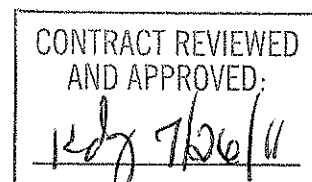
## C. METHOD OF PAYMENT

1. This is a fixed price (unit cost) contract. The Department will pay the provider, upon satisfactory completion of both the service (s) and all terms and conditions specified in this contract, the amount of \$135,225.25, paid in ten (10) monthly payments, nine (9) such payments in the amount of \$13,522.52, and a tenth payment in the amount of \$13,522.57, subject to the availability of funds.
2. Invoice Requirements: In order to receive the monthly payments, the provider will request payment on a monthly basis through submission of a properly completed invoice (Attachment IV) within 15 days following the end of the month for which payment is being requested. A monthly service report will accompany each invoice.
3. The Department will not honor any requests submitted after the time period specified in paragraph C.2 of this Attachment.
4. The Department may withhold payment under this contract if the Provider fails to submit required reports, perform any tasks or services, or meet deliverables per this contract. Any provision of this contract to the contrary, the Provider shall, within 40 days of termination or non-renewal of this contract repay to the Department funds provided by the Department to the Provider under this contract as follows: the Provider shall repay all funds paid to it by the Department that the Provider has misappropriated or not expended in accordance with the performance standards and specifications of this contract.
5. Funds provided under this contract will be used solely for the operation of Basic School Health Services and where applicable, Full Service School Health Services Programs.

## D. SPECIAL PROVISIONS

### 1. School Health Services Plan and Annual School Health Services Report

The provider will assist the CHD in preparation for the 2011 - 2012 Annual School Health Services Report. The approved document will be submitted by the CHD to the Department of Health, Family and Community Health/School Health Services Program Office by August 15, 2012.



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**2. Youth Risk Behavior Survey**

The provider agrees to participate every two years in the Youth Risk Behavior Survey (YRBS) from the Centers for Disease Control (CDC), if any of their schools are randomly selected for the survey.

**3. Coordination with Other Providers/Entities**

The provider will collaborate with the CHD, LEA and the School Health Advisory Council in the development of the School Health Services Plan, the Annual School Health Services Report and any other Request for Program Design or grant that becomes available. The provider will coordinate with the CHD on any interagency agreements with community health and social service providers to comply with the plan for Full Service Schools.

**4. Background Screening Requirements**

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

**5. Contract Renewal:**

This contract may be renewed on a yearly basis for no more than three years beyond the initial contract. Such renewals shall be made by mutual agreement and shall be contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the CHD and shall be subject to the availability of funds.

**6. Remedy**

Failure to timely submit the deliverables as identified in Section B.6. or completely perform any tasks or services, per this contract shall result in a 5% reduction of the total invoice amount.

**7. E-Verify**

~~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: (a) all persons new or prospective employees during the contract term by the contractor to perform employment duties within Florida; and (b) all persons (including subcontractors) assigned by the contractor to perform work pursuant to the contract with the state agency.-----~~

The Provider agrees to utilize the U.S. Department of Homeland Security's E-Verify system, <https://e-verify.uscis.gov/emp> <<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 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. (Changes to this section authorized by Ernest J. Bruton, B.S., Senior Human Services Program Specialist, Florida Department of Health - School Health Services). *Kdy 8/9/11*

CONTRACT REVIEWED AND APPROVED:  
*Kdy 7/26/11*

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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

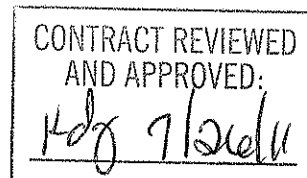
In addition to reviews of audits conducted in accordance with OMB Circular A-133, as revised, and Section 215.97, F.S., (see "AUDITS" below), monitoring procedures may include, but not be limited to, on-site visits by Department of Health staff, limited scope audits as defined by OMB Circular A-133, 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 agreement number for each agreement with the Department of Health in effect during the audit period. Financial reporting packages required under this part must be submitted within the earlier of 30 days after receipt of the audit report or 9 months after the end of the provider's fiscal year end.



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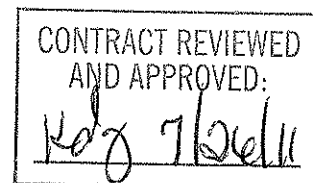
## PART II: STATE FUNDED

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

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

## PART III: REPORT SUBMISSION

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



A. The Department of Health as follows:

SingleAudits@doh.state.fl.us

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

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

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

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

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

SingleAudits@doh.state.fl.us

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

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

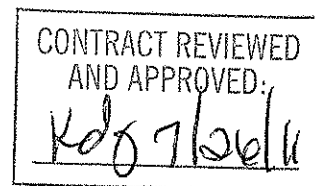
A. The Department of Health as follows:

SingleAudits@doh.state.fl.us

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

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

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



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

**PART IV: RECORD RETENTION**

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

**End of Text**

CONTRACT REVIEWED  
AND APPROVED:  
*Kdy 7/26/11*

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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# \_\_\_\_\_ Title \_\_\_\_\_ \$ \_\_\_\_\_

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

TOTAL FEDERAL AWARDS \$ \_\_\_\_\_

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

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

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

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

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

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

CONTRACT REVIEWED  
AND APPROVED:  
*Katy Threlk*

*mmt*

EXHIBIT 2

PART I: AUDIT RELATIONSHIP DETERMINATION

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

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

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

NOTE: If a provider is determined to be a recipient/subrecipient of federal and or state financial assistance and has been approved by the department to subcontract, they must comply with Section 215.97(7), F.S., and Rule 691-006(2), FAC [state financial assistance] and Section .400 OMB Circular A-133 [federal awards].

PART II: FISCAL COMPLIANCE REQUIREMENTS

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

STATES, LOCAL GOVERNMENTS AND INDIAN TRIBES MUST FOLLOW:

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

NON-PROFIT ORGANIZATIONS MUST FOLLOW:

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

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

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

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

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

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

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

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

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AND APPROVED:  
*[Signature]* 7/26/11

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## EXHIBIT 3

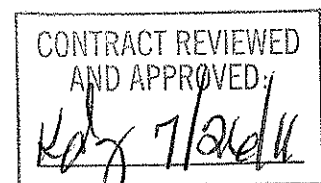
INSTRUCTIONS FOR ELECTRONIC SUBMISSION  
OF SINGLE AUDIT REPORTS

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

The electronic copy of the SARP should:

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

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



# 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	

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: \_\_\_\_\_

CONTRACT REVIEWED  
AND APPROVED:  
*Ka J Thacker*

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Attachment III

Annual School Health Services Report

CONTRACT REVIEWED  
AND APPROVED:  
*Katy 7/26/11*

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## 2009 - 2010 Annual School Health Services Report

**Due by September 30, 2010**

**Email Report as an Attachment to:**

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

**Cc: Your County's Quality Improvement Liaison**

*Handwritten signature/initials*

**Pasco**

**School Health Contacts for 2010-2011 School Year**

*County Name*

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

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

Name: David R. Johnson  
Licenses and/or Degrees: MD, MS, MHA  
Job Title: Director, County Health Officer  
Address: 10841 Little Road, Building B  
City: New Port Richey Zip Code: 34654  
Phone/Ext: (727) 861-5250, ext. 101  
Fax: (727) 862-4230  
Email: David\_Johnson@doh.state.fl.us

**CHD Comprehensive School Health Services  
Coordinator (if applicable)**

Name: \_\_\_\_\_  
Licenses and/or Degrees: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone/Ext: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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

Name: Carol L. Cummins  
Licenses and/or Degrees: MSN, A570ARNP  
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  
Fax: (727) 861-4817  
Email: Carol\_Cummins@doh.state.fl.us

**Full Service Schools Coordinator (if applicable)**

CHD \_\_\_\_\_ LEA \_\_\_\_\_ OTHER \_\_\_\_\_  
*(Indicate appropriate agency with an "X".)*

Name: \_\_\_\_\_  
Licenses and/or Degrees: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone/Ext: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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

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

**School Health Advisory Committee Chairperson**

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

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AND APPROVED:  
*Kay 7/26/11*

**ANNUAL SCHOOL HEALTH SERVICES REPORT**  
**Part I: Basic School Health Services (in Basic, Comprehensive and Full Service Schools)**  
**Reporting Period July 1, 2009 through June 30, 2010**

**I-A.1 Overview of Schools**

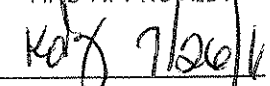
**DIRECTIONS:** Provide the number of public (INCLUDING CHARTER AND ALTERNATIVE) schools and students in your county. **Schools with Combined School Levels** are those that have two or more school levels on one campus (e.g., K - 8th, 6th - 12th grade). **DO NOT INCLUDE** Department of Juvenile Justice,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

Public Schools and Students by School Health Program	Elementary Schools	Middle Schools	High Schools	Schools with Combined School Levels (K-8, 6-12, etc.)	Totals
Basic School Health Services (BASIC ONLY)-SCHOOLS	43	15	10	9	77
Basic School Health Services (BASIC ONLY)-STUDENTS	28,486	14,889	15,407	2,403	61,185
Comprehensive School Health Services Projects (CSHSP)-SCHOOLS					0
Comprehensive School Health Services Projects (CSHSP)-STUDENTS					0
Full Service Schools (FSS)-SCHOOLS	2		2		4
Full Service Schools (FSS)-STUDENTS	1,449		3,076		4,525
CSHSP/FSS Schools-SCHOOLS					0
CSHSP/FSS Schools-STUDENTS					0
<b>Total Public Schools</b>	<b>45</b>	<b>15</b>	<b>12</b>	<b>9</b>	<b>81</b>
<b>Total Public School Students</b>	<b>29,935</b>	<b>14,889</b>	<b>18,483</b>	<b>2,403</b>	<b>65,710</b>

**Total Number of School Health Room Visits During FTE Week (2nd Week in February)**

**I-B.1 Directions:** To calculate the countywide total number of school health room visits during FTE WEEK (or alternative week in February if FCAT or other testing will interfere with obtaining representative health room visit counts) - (1) For each elementary school add the number of school health room visits during each of the five days of February FTE week. (2) Add together the five-day totals from all elementary schools for the countywide total. (3) Repeat the procedure for middle, high and combined level schools.

<b>I-B.1 Five-day total</b> of school health room visits during February FTE week (e.g. first aid, medication administration, counseling, etc.)	Elementary Schools	7,870
	Middle Schools	2,771
	High Schools	2,024
	Combined Levels	219
	<b>Total</b>	<b>12,884</b>

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I-C.1 Types of Health Conditions by School Level - 2009-10

**Directions:** The number of health conditions that are identified through review of emergency information records, physical assessments, or physicians diagnoses on medication administration form. Count Pre-School student health conditions in the Elementary Schools category.

Health Conditions	School Type				Totals
	Elementary Schools	Middle Schools	High Schools	Schools with Combined Grade Levels (e.g. K-8, K-12, 6-12, Other)	
ADD/ADHD	1,574	1,046	1,035	51	3,706
Allergies	2,344	1,474	1,043	141	5,002
Asthma	2,595	1,535	1,370	115	5,615
Bleeding Disorder	19	17	13	2	51
Cancer	20	18	9	2	49
Cardiac Conditions	285	172	188	8	653
Cystic Fibrosis	12	8	2	2	24
Diabetes	68	62	75	2	207
Epilepsy / Seizures	263	134	133	9	539
Kidney Disorders	86	62	88	10	246
Psychiatric Conditions	825	429	846	70	2,170
Sickle Cell Disease	11	6	13	2	32
Other	140	102	129	3	374
Other	82	164	253	7	506
Other	42	51	96	2	191
<b>Totals</b>	<b>8,366</b>	<b>5,280</b>	<b>5,293</b>	<b>426</b>	<b>19,365</b>

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I-D.1 Total Number of Students Needing Medications and/or Procedures During 2009-10

Directions: Complete this table with the total numbers of students that needed the listed procedures and/or medications (administered by staff and/or by self) between July 1, 2009 and June 30, 2010.

Procedure	Annual Total Number of Students Needing Procedures and Medications Between July 1, 2009 and June 30, 2010
Carbohydrate Counting	148
Catheterization	16
Colostomy, Jejunostomy, Ileostomy Care	3
Electronic Monitoring	43
Tube/PEG Feeding	27
Glucose Monitoring	191
Insulin Administration	126
Intravenous Treatments	0
Medications (Inhaler)	1,171
Medications (Injection)	413
Medications (Oral)	3,185
Medications (Other Routes)	558
Oxygen Continuous or Intermittent	2
Specimen Collection or Testing	98
Tracheostomy Care	4
Ventilator Dependent Care	0
Other:	18
Other:	
Other:	
Totals	6,003

I-D.2 Number of Medications Administered and/or Procedures Performed during FTE Week (2nd Week in February)

Directions: In this table document all procedures performed and/or medications administered at all county school district elementary, middle, high and combined level schools during February FTE week (or alternative week in February if FCAT or other testing will interfere with obtaining representative medication and procedure counts). Only use numbers - do not use text characters, such as PRN.

Procedure	Weekly Total Number of Medications/Procedures Performed During FTE Week (2nd Week of February 2010)
Carbohydrate Counting	369
Catheterization	115
Colostomy, Jejunostomy, Ileostomy Care	7
Electronic Monitoring	10
Tube/PEG Feeding	160
Glucose Monitoring	747
Insulin Administration	341
Intravenous Treatments	0
Medications (Inhaler)	800
Medications (Injection)	61
Medications (Oral)	3,032
Medications (Other Routes)	128
Oxygen Continuous or Intermittent	1
Specimen Collection or Testing	29
Tracheostomy Care	3
Ventilator Dependent Care	0
Other:	47
Other:	
Other:	
Totals	5,850

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*Kdy 7/26/10*

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Part II: Comprehensive School Health Services  
 Reporting Period: July 1, 2009 through June 30, 2010

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

II-A.1 Daily Health Services Log Summary for July 1, 2009 through June 30, 2010

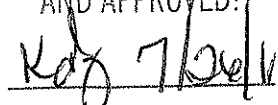
Directions: (Tables 1 through 3) Enter the total numbers for each type of service data by school level for all of your county's Comprehensive schools. The column and row totals will calculate automatically. Data from all the individual Comprehensive project schools must be totaled and submitted together in the tables below for the county. The Daily Health Services Log Summary charts will total -0- if the school level data are not provided. Data cannot be entered in the Total columns. If you do not have school-level data, enter your totals in the column for Schools with Combined Levels so they will be counted in the Total column.

**Table 1: Total Visits** - Enter the number of non-medication visits, medication visits and total number of visits by grade level.  
**Table 3: Outcome Dispositions** - Enter the total number of health room visit dispositions by grade level.  
**This table should include medication visits.**  
**Table 7: Referrals to** - Enter the number of referrals to each of the listed services by grade level.  
**This table should include medication visits.**

Table 1: Total Visits	Elementary Schools	Middle Schools	High Schools	Schools with Combined Levels	Totals
1. Total Non-Medication Visits					0
2. Total Medication Visits					0
<b>Totals</b>	0	0	0	0	0

Table 2: Outcome Dispositions	Elementary Schools	Middle Schools	High Schools	Schools with Combined Levels	Totals
1. 911 Services					0
2. Emergency Room					0
3. Returned to Class					0
4. Sent Home					0
5. Other:					0
<b>Totals</b>	0	0	0	0	0

Table 3: Referral To	Elementary Schools	Middle Schools	High Schools	Schools with Combined Levels	Totals
1. Abuse Registry					0
2. Dental Care					0
3. Guidance Counseling					0
4. Healthy Start					0
5. Kid Care					0
6. Medical Care / Nursing Care					0
7. Mental Health Counseling					0
8. No Referral					0
9. Nursing Assessment					0
10. Social Work Services					0
11. Substance Abuse Counseling					0
12. Other:					0
<b>Totals</b>	0	0	0	0	0

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II-B.1 Group Health Services Log Summary for July 1, 2009 through June 30, 2010

Directions: For each of the service codes shown below:

**Code 6030:** Enter the number of social interventions provided in Comprehensive Schools. In each subject area enter the number of student and parent participants.

**Code 8020:** 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.

6030 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				
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

8020 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				
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

NOTE: Counties with more than one Comprehensive project should complete one combined Group Health Services Log for all schools receiving CSHSP services.

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II-C Teen Pregnancy

- II-C.1 Number of female CSHSP students in grades 6 through 12 (*Denominator for CSHSP birth rate*)
- II-C.2 Number of births to CSHSP students in grades 6 through 12 (*Numerator for CSHSP birth rate*)
- II-C.3 Rate per 1,000 for births to CSHSP students in grades 6 through 12
- II-C.4 Number of babies born to CSHSP students in grades 6 through 12
- II-C.5 Number of low birth weight (<2,500 grams) babies born to CSHSP students in grades 6 through 12
- II-C.6 Percent (%) of low birth weight (<2,500 grams) babies born to CSHSP students in grades 6 through 12
- II-C.7 Number of CSHSP students in grades 6 through 12 that return to school after giving birth this year
- II-C.8 Percent (%) of CSHSP students in grades 6 through 12 who returned to school this year (July 1, 2008 to June 30, 2009) after giving birth.

Part III: Full Service Schools

Part III-A.1 In-Kind Services Provided at Full Services Schools

**Directions:** Document the in-kind service hours and dollar value of services provided by community providers on-site at Full Service Schools during 2009-2010. Enter annual totals (not weekly totals) and use only numbers, no text characters. In-kind services are those health and social services not funded with CHD or LEA school health funding.

Type of Service	ANNUAL Total Number of Donated In-Kind Hours	ANNUAL Estimated Value of In-Kind Services
Adult Education	40	\$1,200
Basic Medical Services	88	\$16,350
Case Management		
Child Protective Services		
Community Education	40	\$1,666
Counseling Abused Children	42	\$1,260
Counseling High-Risk Children	25	\$750
Counseling High-Risk Parents	20	\$600
Delinquency Counseling		
Dental Services	72	\$3,400
Economic Services		
Healthy Start/Healthy Families	30	\$3,750
Job Placement Services	15	\$225
Mental Health Services	38	\$1,216
Nutritional Services	80	\$1,200
Parenting Skills Training	35	\$1,050
Resource Officer	3,230	\$80,000
School Health Nursing Services		
Social Work Services		
Substance Abuse Counseling		
TANF programs (job training, pregnancy prevention, etc.)		
All Other		
<b>Totals</b>	<b>3,755</b>	<b>\$112,667</b>

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Part IV: Staffing

IV-A.1 Number of Schools with School Health Staff On-Site Full Time (5 Days a Week, 6 - 8 Hours Per Day) in 2009-10

Directions: In this table, document your county's schools that have on-site school health staff (by staff type and hiring entity) that work from 6 to 8 hours a day, five days a week at their assigned schools.

Hiring Entity	Elementary Schools	Middle Schools	High Schools	Combined Level Schools
<b>Staffed with a Full-Time Advanced Registered Nurse Practitioner</b>				
County Health Department				
School District	0	0	0	0
Community Partners				
Other				
<b>Staffed with a Full-Time Registered Nurse</b>				
County Health Department				
School District	0	1	3	2
Community Partners				
Other				
<b>Staffed with a Full-Time Licensed Practical Nurse</b>				
County Health Department				
School District	8	3	4	0
Community Partners				
Other				
<b>Staffed with a Full-Time Health Aide/Tech</b>				
County Health Department				
School District	37	12	9	1
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 2009-2010 and 2010-11

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

Directions for School Health Services Staff in 2009-10 and Staff for Current Year 2010-11:

- 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).
- Document health staff that provides services exclusively to Exceptional Student Education (ESE) students in the ESE section of this table.
- 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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*Kay* 7/26/11

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IV-C.1 School Health Services Staff	2009-2010					2010-2011				
	County Health Department (CHD) Positions in FTEs	Local School District (LEA) Positions in Units	Positions Funded and Hired by Contributing Public-Private Partners	Other Positions Hired by a Provider funded through a CHD or LEA Contract or MOA. (Not funded by OCA SCHSP funds.)		County Health Department (CHD) Positions in FTEs	Local School District (LEA) Positions in Units	Positions Funded and Hired by Contributing Public-Private Partners	Other Positions Hired by a Provider funded through a CHD or LEA Contract or MOA. (Not funded by OCA SCHSP funds.)	
				CHD	LEA				CHD	LEA
<b>Health Services Staff</b>	<b>Basic School Health Services 2009-10</b>					<b>Basic School Health Services 2010-11</b>				
School Health Coordinator-Registered Nurse (RN)		0.90					0.90			
School Health Coordinator-(Non-RN)										
School Health Nursing Supervisor (RN)										
Adv. Reg. Nurse Practitioner (ARNP)										
Registered Nurse (RN)		30.00					30.00			
Licensed Practical Nurse (LPN)										
Paraprofessional: School Health Aide/ Tech/CNA										
OTHER: (Please include all other positions in this one row, do not add cells or rows.)										
<b>Health Services Staff</b>	<b>Comprehensive School Health Services 2009-10</b>					<b>Comprehensive School Health Services 2010-11</b>				
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 all other positions in this one row, do not add cells or rows.)										
<b>Health Services Staff</b>	<b>Full Service Schools 2009-10</b>					<b>Full Service Schools 2010-11</b>				
School Health Coordinator-Registered Nurse (RN)		0.10					0.10			
School Health Coordinator-(Non-RN)										
School Health Nursing Supervisor (RN)										
Adv. Reg. Nurse Practitioner (ARNP)										
Registered Nurse (RN)		4.00					4.00			
Licensed Practical Nurse (LPN)										
Paraprofessional: School Health Aide/ Tech/CNA		4.00					4.00			
OTHER: (Please include all other positions in this one row, do not add cells or rows.)										
<b>ESE Health Services Staff</b>	<b>Exceptional Student Education (ESE) 2009-10</b>					<b>Exceptional Student Education (ESE) 2010-11</b>				
<b>Note: The following ESE section is to document health services staff that provide services <u>exclusively</u> to ESE students.</b>										
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)		13.00					13.00			
Paraprofessional: Health Aide/ Tech/CNA										
OTHER: (Please include all other positions in this one row, do not add cells or rows.)										
<b>Health Services Staff</b>	<b>Pre-Kindergarten / TAPP and Other 2009-10</b>					<b>Pre-Kindergarten / TAPP and Other 2010-11</b>				
School Health Coordinator-Registered Nurse (RN)										
School Health Coordinator-(Non-RN)										
School Health Nursing Supervisor (RN)										
Adv. Reg. Nurse Practitioner (ARNP)										
Registered Nurse (RN)		4.00					4.00			
Licensed Practical Nurse (LPN)		2.00					2.00			
Paraprofessional: School Health Aide/ Tech/CNA										
OTHER: (Please include all other positions in this one row, do not add cells or rows.)										

*Handwritten initials and marks at the bottom right of the page.*

Directions

**Section V-A Funds for School Health Services Expended in 2009-10 and Budgeted for 2010-11**

List on the appropriate line the County Health Department (excluding School Health Schedule C revenues), School District and Community/Public-Private Partner funds from each individual funding source that were expended for school health services during 2009-10 and funds that are budgeted for school health services for the current year: 2010-11. Do not alter the Excel structure of this funding table or place funds in alternative locations. Doing so will prevent these funding amounts from grouping in the proper categories in the statewide school health database, and state and county data summaries. **NOTE:** If funds are entered for the "Other" categories, please use the space provided to type in the name of the other funding source.

**V-A.1 County Health Departments (CHD) Funds for School Health Services:** List on the appropriate line Non-Schedule C funds, by funding source, that were expended for school health services in 2009-10 and those funds that are budgeted for school health services in 2010-11.

**V-A.2 School District Funds for School Health Services:** List on the appropriate line Non-Schedule C funds, by funding source, that were expended for school health services in 2009-10 and those funds that are budgeted for school health services in 2010-11. **NOTE:** Please include only funds for health services staff (advanced registered nurse practitioners, registered nurses, licensed practical nurses, health aides (health techs, certified nursing assistants), health educators, health room/clinic facilities, equipment and supplies.

**V-A.3 Community and Public-Private Partner Funds for School Health Services:** List on the appropriate line Non-Schedule C funds, by funding source, that were expended for school health services in 2009-10 and those funds that are budgeted for school health services in 2010-11.

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

**Section V-B 2009 - 2010 County Health Department Schedule C Revenues and Expenditures for School Health**

List on the appropriate lines, Schedule C revenues and expenditures for school health during 2009-10.

**Table V-B.1 - Schedule C Revenues:** Place the amount of school health Schedule C funding actually received for each funding source on the line labeled "Schedule C Revenues" under each applicable OCA. **NOTE:** Title XXI Federal Grants Trust Fund (SCHSP) revenue actually received may not be the same as your Schedule C allocation, if billing to this OCA was not maximized.

**Table V-B.2 - Schedule C Expenditures:** Place expenditures for each OCA on the line for the appropriate type of expenditure (see explanations for types of expenditures below).

**#1 - Personnel** - Include salaries for direct service providers, supervisors, and coordinators.

**#2 - Fringe Benefits** - Career service fringe benefits comprise up to 35% of salaries and wages. FICA is 7.65% (.0765).

**#3 - Printing** - Include costs for printing, photocopying, and postage.

**#4 - Travel** - Include reimbursements for all expenses associated with mileage, per diem, car rentals, air fares, parking fees, toll fees, portage, etc.

**#5 - Staff Training** - Include registration fees, conference room rental fees, etc.

**#6 - Supplies and Materials** - Includes first aid supplies, office supplies, educational materials, etc.

**#7 - Medical and Office Equipment** - Includes equipment such as, blood pressure cuffs, scales, stethoscopes, filing cabinets.

**#8 - Operating Capital Outlay (OCO) - OCO includes furniture and equipment that is 1,000 or more per item.**

**#9 - Contracted Services** - Includes all revenue expended for services and personnel which are provided by another agency through a Standard State Contract with a Performance Based Attachment I.

**#10 - Indirect Costs** - Indirect costs are administrative costs and charges applied to a program or project as part of the total overhead. Indirect costs cannot exceed fifteen percent (15%) of the CHD School Health Categorical funding in Revenue Sources.

**#11 - Other** - Other expenditures that do not fit in any of the above categories. Please specify what the "Other" expenditure is.

**#12 - Total Expenditures** - The total expenditures listed in the Total column of Box B, line 12 should match the total revenue listed in Box A. **NOTE:** Funding actually received may not be the same as your Schedule C allocation (such as funds that must be expended in order to be received).

CONTRACT REVIEWED  
AND APPROVED:  
*[Signature]* 7/20/11

Section V-A Funds for School Health Services Expended in 2009-10 and Budgeted for 2010-11  
(Exclude School Health Schedule C Revenues)

V-A.1 County Health Departments (CHD) Funds for School Health Services	Expended in: 2009-10	Budgeted for: 2010-11
Medicaid Certified Match		
Medicaid Cost Reimbursement		
Schedule C Non-Categorical CHD Trust Fund		
Non-Schedule C CHD Trust Fund		
Other #1:		
Other #2:		
<b>County Health Department Sub-Totals</b>	<b>0</b>	<b>0</b>
V-A.2 School District Funds for School Health Services	Expended in: 2009-10	Budgeted for: 2010-11
Basic School Health Services (School District Funds - Not CHD Schedule C Funds)	3,724,114	3,808,542
Comprehensive School Health Services (School District Funds - Not CHD Schedule C Funds)		
Full Service School Health Services (School District Funds - Not CHD Schedule C Funds)		
PTA		
Chapter One		
Teenage Parent Program	96,316	109,483
First Start, Pre-Kindergarten, Head Start	183,582	268,408
Exceptional Student Education	88,204	207,996
Safe & Drug Free Schools		
Safe Schools		
Early Intervention		
Administrative Claiming		
ESE Medicaid Certified Match	0	0
Other #1: ARRA	15,014	74,301
Other #2:		
<b>School District Sub-Totals</b>	<b>4,107,230</b>	<b>4,468,728</b>
V-A.3 Community and Public-Private Partner Funds for School Health Services	Expended in: 2009-10	Budgeted for: 2010-11
Abstinence Grant		
Children's Services Council		
Juvenile Welfare Board		
United Way		
County Commission		
County Taxing District		
Health Care Taxing District		
Hospital Taxing District		
Hospital:		
Hospital:		
University:		
University:		
Other #1:		
Other #2:		
<b>Community Sub-Totals</b>	<b>0</b>	<b>0</b>
<b>Totals</b>	<b>4,107,230</b>	<b>4,468,728</b>

CONTRACT REVIEWED  
AND APPROVED:  
*Ko g 7/26/11*

*not*

Section V-B 2009 - 2010 County Health Department Schedule C Revenues and Expenditures for School Health

V-B.1 Schedule C Revenues								
	Basic School Health	Comprehensive School Health					Full Service Schools	Sub-Totals: Schedule C
	Tobacco Settlement Trust Fund	Basic Tobacco Transfer	General Revenue	Title XXI Federal Grants Trust Fund	Full Service Tobacco Transfer	Tobacco Settlement Trust Fund		
	SCBST	SCHSP	SCHSP	SCHSP	SCHSP	SCFLT		
<b>Schedule C Revenues:</b>	\$119,382					\$163,395	\$272,777	
V-B.2 Schedule C Expenditures								
1. Personnel	7,971						\$7,971	
2. Fringe Benefits	2,529						\$2,529	
3. Printing							\$0	
4. Travel							\$0	
5. Staff Training							\$0	
6. Supplies							\$0	
7. Equipment							\$0	
8. OCO							\$0	
9. Contracts (List Below)								
a. DSB of Pasco	113,413					135,225	\$248,638	
b.							\$0	
10. Indirect Costs							\$0	
11. Other (List Below)								
a. Administrative Rate	5,969					7,670	\$13,638	
b.							\$0	
<b>12. Totals</b>	<b>\$129,882</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$142,895</b>	<b>\$272,777</b>	

CONTRACT REVIEWED  
AND APPROVED:  
*Kdy 7/20/11*

Attachment IV

Sample Invoice

Date

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

Attn: Monica Makhholm, Contract Manager

Re: PC2B1 Full Service School Contract

Dear Ms. Makhholm:

We \_\_\_are/\_\_\_ are not (see attached explanation) in compliance with the staffing requirements determined by the School Health Services Staffing/Budget Plan in effect at this date. Attached for your review is the monthly services report for the preceding month. Please remit the amount of \$\_\_\_\_\_ for services rendered on behalf of the School Health Services Contract # PC2B1 or 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

CONTRACT REVIEWED  
AND APPROVED:  
*Kdy* 7/26/11

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in the connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in the connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit *Standard Form-LLL, Disclosure Form to Report Lobbying*, in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by §1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\_\_\_\_\_  
signature

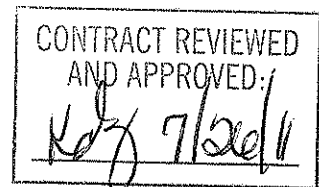
\_\_\_\_\_  
date

\_\_\_\_\_  
name of authorized individual

\_\_\_\_\_  
Application or Contract Number

\_\_\_\_\_  
name of organization

\_\_\_\_\_  
address of organization





Memorandum of Negotiation

Contract # PC2B1

On 5/20/11 <sup>telephonic</sup> a meeting was held with:

**Name:**

Lisa Kern

**Position:**

Supervisor of Student Services (Health)

**Representing:**

District School Board of Pasco County, and:

**Name:**

Constance A. Brooks

**Position:**

Business Manager

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

Full Service of Health Services

Contract terms and conditions were reviewed:

Outcome measures were reviewed:

**Provider Representative**

**Department Representative**

Constance A Brooks

Date: \_\_\_\_\_

Date: 7/5/11

CONTRACT REVIEWED  
AND APPROVED:  
[Signature]

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

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

**INSTRUCTIONS**

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

**CERTIFICATION**

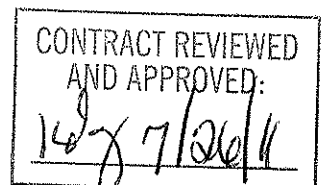
- (1) The prospective provider certifies, by signing this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/subcontract by any federal department or agency.
- (2) Where the prospective provider is unable to certify to any of the statements in this certification, such prospective provider shall attach an explanation to this certification.
- (3) By initialing, Contract Manager confirms that prospective provider has not been listed in the EPLS database cab Verification Date 7/5/11

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name \_\_\_\_\_  
08/06

Title \_\_\_\_\_



EPLS

Excluded Parties List System

**Search Results Excluded By  
Firm, Entity, or Vessel : District School Board of Pasco County  
as of 05-Jul-2011 9:17 AM EDT**

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**Your search returned no results.**

CONTRACT REVIEWED  
AND APPROVED:  
*Kdy 7/26/11*

10/08

CFDA No.

CSFA No. 916.550

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 (FS)

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

C. To the Following Governing Law

1. State of Florida Law

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.

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 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.
- c. 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.
- d. Not to employ unauthorized aliens. The department shall consider employment of unauthorized aliens a violation of §§274A(e) of the Immigration and Naturalization Act (8 U.S.C. 1324 a) and section 101 of the Immigration Reform and Control Act of 1986. Such violation shall be cause for unilateral cancellation of this contract by the department.
- e. 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.
- f. 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).

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.

CONTRACT REVIEWED  
AND APPROVED  
*Kathy 7/26/11*

Contract # PC2B2

*nmj*

8. If Exhibit 2 of this contract indicates that the provider is a recipient or subrecipient, the provider will perform the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular A-133, and/or section 215.97 Florida Statutes, as applicable and conform to the following requirements:
- 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:
    - allowable under the contract and applicable laws, rules and regulations;
    - reasonable; and
    - 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.
  - Financial Report. To submit an annual financial report stating, by line item, all expenditures made as a direct result of services provided through the funding of this contract to the Department within 45 days of the end of the contract. If this is a multi-year contract, the provider is required to submit a report within 45 days of the end of each year of the contract. Each report must be accompanied by a statement signed by an individual with legal authority to bind recipient or subrecipient by certifying that these expenditures are true, accurate and directly related to this contract.  
To ensure that funding received under this contract in excess of expenditures is remitted to the Department within 45 days of the earlier of the expiration of, or termination of, this contract.

#### E. Monitoring by the Department

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

#### F. Indemnification

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

- The provider shall be liable for and shall indemnify, defend, and hold harmless the department and all of its officers, agents, and employees from all claims, suits, judgments, or damages, consequential or otherwise and including attorneys' fees and costs, arising out of any act, actions, neglect, or omissions by the provider, its agents, or employees during the performance or operation of this contract or any subsequent modifications thereof, whether direct or indirect, and whether to any person or tangible or intangible property.
- The provider's inability to evaluate liability or its evaluation of liability shall not excuse the provider's duty to defend and indemnify within seven (7) days after such notice by the department is given by certified mail. Only adjudication or judgment after highest appeal is exhausted specifically finding the provider not liable shall excuse performance of this provision. The provider shall pay all costs and fees related to this obligation and its enforcement by the department. The department's failure to notify the provider of a claim shall not release the provider of the above duty to defend.

#### G. Insurance

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

#### H. Safeguarding Information

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

#### I. Assignments and Subcontracts

- To neither assign the responsibility of this contract to another party nor subcontract for any of the work contemplated under this contract without prior written approval of the department, which shall not be unreasonably withheld. Any sub-license, assignment, or transfer otherwise occurring shall be null and void.
- The provider shall be responsible for all work performed and all expenses incurred with the project. If the department permits the provider to subcontract all or part of the work contemplated under this contract, including entering into subcontracts with vendors for services and commodities, it is understood by the provider that the department shall not be liable to the subcontractor for any expenses or liabilities incurred under the subcontract and the provider shall be solely liable to the subcontractor for all expenses and liabilities incurred under the subcontract. The provider, at its expense, will defend the department against such claims.

CONTRACT REVIEWED  
AND APPROVED:  
*Kdy 7/26/11*

*mm/col*

- 3. The State of Florida shall at all times be entitled to assign or transfer, in whole or part, its rights, duties, or obligations under this contract to another governmental agency in the State of Florida, upon giving prior written notice to the provider. In the event the State of Florida approves transfer of the provider's obligations, the provider remains responsible for all work performed and all expenses incurred in connection with the contract. In addition, this contract shall bind the successors, assigns, and legal representatives of the provider and of any legal entity that succeeds to the obligations of the State of Florida.
- 4. The contractor shall provide a monthly Minority Business Enterprise report summarizing the participation of certified and non-certified minority subcontractors/material suppliers for the current month, and project to date. The report shall include the names, addresses, and dollar amount of each certified and non-certified MBE participant, and a copy must be forwarded to the Contract Manager of the Department of Health. The Office of Supplier Diversity (850-487-0915) will assist in furnishing names of qualified minorities. The Department of Health, Minority Coordinator (850-245-4199) will assist with questions and answers.
- 5. Unless otherwise stated in the contract between the provider and subcontractor, payments made by the provider to the subcontractor must be within seven (7) working days after receipt of full or partial payments from the department in accordance with §§287.0585, FS. Failure to pay within seven (7) working days will result in a penalty charged against the provider and paid by the provider to the subcontractor in the amount of one-half of one (1) percent of the amount due per day from the expiration of the period allowed herein for payment. Such penalty shall be in addition to actual payments owed and shall not exceed fifteen (15) percent of the outstanding balance due.

**J. Return of Funds**

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

**K. Incident Reporting**

**Abuse, Neglect, and Exploitation Reporting**

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

**L. Transportation Disadvantaged**

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

**M. Purchasing**

- 1. It is agreed that any articles which are the subject of, or are required to carry out this contract shall be purchased from Prison Rehabilitative Industries and Diversified Enterprises, Inc. (PRIDE) identified under Chapter 946, FS, in the same manner and under the procedures set forth in §§946.515(2) and (4), FS. For purposes of this contract, the provider shall be deemed to be substituted for the department insofar as dealings with PRIDE. This clause is not applicable to subcontractors unless otherwise required by law. An abbreviated list of products/services available from PRIDE may be obtained by contacting PRIDE, 1-800-643-8459.

2. **Procurement of Materials with Recycled Content**

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

3. **MyFloridaMarketPlace Vendor Registration**

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

4. **MyFloridaMarketPlace Transaction Fee**

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

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

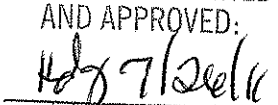
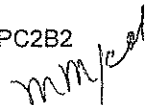
The Provider shall receive a credit for any Transaction Fee paid by the Provider for the purchase of any item(s) if such item(s) are returned to the Provider through no fault, act, or omission of the Provider. Notwithstanding the foregoing, a Transaction Fee is non-refundable when an item is rejected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

**N. Civil Rights Requirements**

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

**O. Independent Capacity of the Contractor**

- 1. In the performance of this contract, it is agreed between the parties that the provider is an independent contractor and that the provider is solely liable for the performance of all tasks contemplated by this contract, which are not the exclusive responsibility of the department.
- 2. Except where the provider is a state agency, the provider, its officers, agents, employees, subcontractors, or assignees, in performance of this contract, shall act in the capacity of an independent contractor and not as an officer, employee, or agent of the State of Florida. Nor shall the provider represent to others that it has the authority to bind the department unless specifically authorized to do so.

AND APPROVED:  
  
 Contract # PC2B2  


10/08

3. Except where the provider is a state agency, neither the provider, its officers, agents, employees, subcontractors, nor assignees are entitled to state retirement or state leave benefits, or to any other compensation of state employment as a result of performing the duties and obligations of this contract.
4. The provider agrees to take such actions as may be necessary to ensure that each subcontractor of the provider will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of the State of Florida.
5. Unless justified by the provider and agreed to by the department in Attachment I, the department will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial, or clerical support) to the provider, or its subcontractor or assignee.
6. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds, and all necessary insurance for the provider, the provider's officers, employees, agents, subcontractors, or assignees shall be the responsibility of the provider.

**P. Sponsorship**

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

**Q. Final Invoice**

To submit the final invoice for payment to the department no more than 30 days after the contract ends or is terminated. If the provider fails to do so, all right to payment is forfeited and the department will not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this contract may be withheld until all reports due from the provider and necessary adjustments thereto have been approved by the department.

**R. Use of Funds for Lobbying Prohibited**

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

**S. Public Entity Crime and Discriminatory Vendor**

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

**T. Patents, Copyrights, and Royalties**

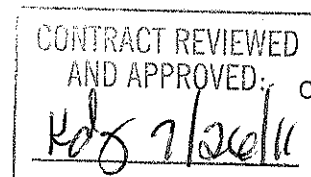
1. If any discovery or invention arises or is developed in the course or as a result of work or services performed under this contract, or in anyway connected herewith, the provider shall refer the discovery or invention to the department to be referred to the Department of State to determine whether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

**U. Construction or Renovation of Facilities Using State Funds**

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

**V. Electronic Fund Transfer**

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



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**W. Information Security**

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

**II. THE DEPARTMENT AGREES:**

**A. Contract Amount**

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

**B. Contract Payment**

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

**C. Vendor Ombudsman**

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

**III. THE PROVIDER AND THE DEPARTMENT MUTUALLY AGREE**

**A. Effective and Ending Dates**

This contract shall begin on 8/22/2011 or on the date on which the contract has been signed by both parties, whichever is later. It shall end on 6/30/2012.

**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), FAC. Waiver of breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this contract. The provisions herein do not limit the department's right to remedies at law or in equity.

**4. Termination for Failure to Satisfactorily Perform Prior Agreement**

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

**C. Renegotiation or Modification**

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

CONTRACT REVIEWED  
AND APPROVED:  
*[Signature]*  
7/26/11

*[Handwritten initials]*



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**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

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

Monica Makholm  
10841 Little Road, Bldg. B  
New Port Richey, FL 34654  
(727) 861-5250, Ext. 180

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

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

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

Heather Fiorentino, Superintendent  
7227 U.S. 41  
Land O'Lakes, FL 34638  
(727) 774-2000

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

**E. All Terms and Conditions Included**

This contract and its attachments as referenced, Attachments I, II, III, and IV, 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 40 page contract to be executed by their undersigned officials as duly authorized.

PROVIDER:

SIGNATURE:

PRINT/TYPE NAME: **HEATHER FIORENTINO**

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: **DAVID R. JOHNSON, MD, MS, MHA**

TITLE: **DIRECTOR, COUNTY HEALTH OFFICER**

DATE:

6-28-2011

District School Board of Pasco County, Chairman

Date

CONTRACT REVIEWED  
AND APPROVED:  
Kay 7/26/11

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

**Performance Based Contract**

**A. SERVICES TO BE PROVIDED**

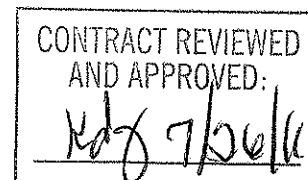
**1. Definition of Terms**

**a. Contract Terms**

<b>Fiscal Year</b>	July 1, 2011 to June 30, 2012
<b>Funding Agency</b>	Pasco County Health Department (CHD)
<b>The Provider</b>	<input checked="" type="checkbox"/> Local Education Agency (LEA) <input type="checkbox"/> Other: _____

**b. Program or Service Specific Terms**

1. **Annual School Health Services Report:** An annual report submitted to the state funding agency each year that reflects services, staffing and expenditures. For the purpose of this contract, the report will cover the period from July 1, 2011 through June 30, 2012.
2. **Basic School Health Program:** General school health services which are available to all students in Florida's public and participating non-public schools in all 67 school districts. These health services include but are not limited to: screening of vision, hearing, growth and development (utilizing Body Mass Index [BMI] percentile for age and gender), and scoliosis, health appraisals, referral and follow-up, maintenance of health records, meeting emergency health needs, nursing assessments, health counseling, medication assistance, and a preventive dental program as identified in s. 381.0056(5)(a)(1-18), F.S., and Chapter 64F-6.001-6.006, F.A. C.
3. **Clients:** Students enrolled in Florida public and participating non-public schools. Services may be extended to serve high-risk student populations and their families on school district property.
4. **Full Service Schools:** 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, 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 to meet the needs of the high risk student population and their families. These services are to be provided on school district property as required by s. 402.3026, F.S., incorporated by reference.
5. **Funding Agency:** The local County Health Department.
6. **Health Management System (HMS):** Department of Health (DOH) data system into which documented school health services are entered by service codes identified by DHP 50-20. This data is used to provide a full accounting of school health services provided.



7. **Provider:** The entity with whom the local CHD enters into agreement to provide Basic and/or Full Service School Health Services.
8. **School Health Services Plan:** A document that describes the services to be provided, the responsibility for provision of the services, and evidence of cooperative planning by local school districts and county health departments, as required by s. 381.0056(3)(e), F.S. The plan operates on a two year cycle and for the purpose of this contract, the plan covers years 2010 – 2012.

## 2. General Description

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

(Check services which apply to this contract).

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

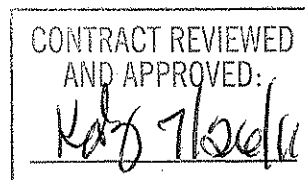
**Full Service Schools:** Refer to Section A.1.b.4

- b. **Authority:** The provider will deliver school health services required by this contract in compliance with sections 381.0056, 381.0059, and 402.3026, F.S., and with Chapter 64F-6, F.A.C.
- c. **Scope of Services:** The provider will provide basic and/or full service school health services to students enrolled in and attending Pasco County public and participating non-public schools.
- d. **Major Program Goals:**
  1. To appraise, protect and promote the health of students.
  2. To provide health services in schools that are integrated with other school health services and included in the annual school health services plan.

## 3. Clients To Be Served

- a. **General Description:** All students enrolled in and attending a public or participating non-public school in Pasco County whose parents did not document the opt out option for receiving specific school health services. This includes students from schools that have a student population with a high risk of failure due to unmet medical and social services needs.
- b. **Client Eligibility:** Must be enrolled in and attending a public or participating non-public school in Pasco County.
- c. **Client Determination:** In accordance with s.381.0056 (6)(g), F.S., at the beginning of each school year parents or guardians will be informed in writing, about general and specific school health services that students will receive. Students will be exempted from any health service(s), if the parent or guardian requests the exemption in writing.
- d. **Contract Limits**

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



**B. MANNER OF SERVICE PROVISION**

**3. Service Tasks**

**a. Task List**

1. The provider will make available basic school health services (as defined in Section A.1.b.2) to all students in school locations listed in Attachment III. Basic school health services will be provided as outlined in the School Health Services Act, s. 381.0056, F.S., and Chapter 64F-6.001 – 6.006, F.A.C. In addition, the CHD and LEA will specify, in the School Health Services Plan, other agreed upon tasks and services the provider must deliver.
2. In each Full Service School listed in Attachment III, the provider will deliver basic school health services (as defined in Section A.1.b.2) and specialized services appropriate to its high-risk population, in accordance with s. 402.3026, F.S. In addition, the CHD and LEA will specify, in the School Health Services Plan, other agreed upon tasks and services the provider must deliver.
3. Pregnant students who become known to provider staff will be referred for prenatal care and Healthy Start Services in accordance with s. 743.065, F.S.

**b. Task Limits**

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

1. The School Health Services Act, s. 381.0056, F.S., s. 381.0059, F.S., and Full Service Schools, s. 402.3026, F.S.
2. Chapter 64F-6, F.A.C.
3. School Health Services Plan
4. Department of Health Schedule C Funds, as appropriated for the School Health Program.
5. The Florida School Health Administrative Guidelines, April 2007, all of which are hereby incorporated by reference and any subsequent revisions made during the contract period.

**4. Staffing Requirements**

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

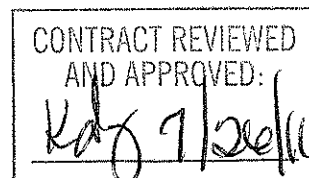
The provider shall replace any employee whose continued presence would be detrimental to the success of the project with an employee of equal or superior qualifications.

Information to document staffing configuration for Basic School Health Services and Full Service schools will be provided for inclusion in the Annual School Health Services Report.

**b. Professional Qualifications**

**School Nurse** – A registered professional nurse currently licensed under Chapter 464, F.S.

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



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

**School Health Social Worker** – A minimum of a bachelor's degree in social work and other staff qualifications to be determined according to the project design.

**c. Staffing Changes**

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

**d. Subcontractors**

Subcontracting will only take place when the provider does not have the capacity to fulfill service requirements as specified in the School Health Services Plan. All subcontracts must be reviewed and approved in writing by the CHD Administrator and in accordance with Contract Management System Update #05-2 (Subcontracting Approval Procedures).

**5. Service Location and Equipment**

**a. Service Delivery Location**

All school health services will be provided in adequate health room or clinic facilities at school sites in accordance with *State Requirements for Educational Facilities, December 2007*, the *Florida School Health Administrative Guidelines, April 2007, Chapter 21*, the county's approved School Health Services Plan. Schools designated as Full Service Schools will be assigned District Area Unit (DAU) numbers identifying school locations. These schools will be listed in Attachment III.

**b. Service Times**

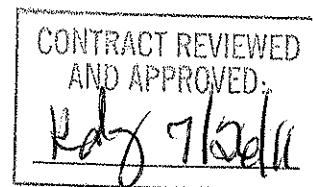
Services will be provided in accordance with time frames identified in the School Health Services Plan and school year calendar. The provider is responsible for assuring that coded services are submitted monthly for entry into HMS, and accurately reflect services provided.

**c. Changes in Location**

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

**d. Equipment**

It is the responsibility of the provider, in collaboration with the CHD school health coordinator or his/her designee, to determine and make available the equipment and supplies needed to complete the terms/deliverables of this contract. Funds can be used to purchase/lease equipment, with prior written approval of the CHD school health coordinator or his/her designee. A listing of suggested equipment and first aid supplies is available in the *Florida School Health Administrative Guidelines, April 2007, Chapter 21*.



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## 6. Deliverables

### a. Service Units

Provision of one month or quarter, whichever applies of basic and/or full-service school health services, whichever applies will comprise a unit of service.

### b. Reports

1. The provider will complete and submit to the CHD required data and information to prepare the Annual School Health Services Report which is due to the state funding agency on August 15, 2011.
2. The provider will document and submit services and screening data to the CHD in a format consistent with the requirements of the Personal Health Coding Pamphlet, DHP 50-20, October 1, 2010.
3. Aggregate data will be submitted to the CHD in a format that can be used by CHD staff for entry into HMS. The data will be submitted within 15 days following the end of each month or quarter, whichever pertains to the specified contract billing period.

### c. Records and Documentation

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

1. Cumulative Health Records (DH Form 3041) for each student which contain:
  - a. Florida Certificate of Immunization (DH Form 680) or Part A or B exemptions
  - b. School Entry Health Exam form (DH Form 3040) or other form as specified in s. 1003.22, F.S. and Chapter 6A-6.024, F.A.C.
  - c. Documentation of screenings, results, referrals and outcomes of referrals
  - d. Individual health care plans for chronic or complex health conditions
2. Daily Clinic Logs in all public and participating non-public schools
3. 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.
4. Health records of individual students must be maintained in accordance with s. 1002.22, F.S.

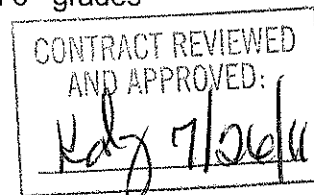
## 7. Performance Specifications

### a. Outcomes and Outputs

School health services provided under this contract will be implemented in accordance with the statutory requirements and program standards outlined in the county's 2010 - 2012 School Health Services Plan.

The provider will submit documentation of health screenings provided in accordance with Chapter 64F-6.003, F.A.C., and meet the following program performance measures:

1. Vision screening:
  - a. Shall be provided to no fewer than 95% of public and participating nonpublic school students in kindergarten, 1<sup>st</sup>, 3<sup>rd</sup>, and 6<sup>th</sup> grades



- b. 75% of students referred for abnormal screening results will have documentation of additional evaluation or treatment.
  - 2. Hearing screening:
    - a. Shall be provided to no fewer than 95% of public and participating nonpublic school students in kindergarten, 1<sup>st</sup>, and 6<sup>th</sup> grades
    - b. 75% of students referred for abnormal screening results will have documentation of additional evaluation or treatment.
  - 3. Scoliosis screening:
    - a. Shall be provided to no fewer than 95% of public and participating nonpublic school students in the 6<sup>th</sup> grade
    - b. 75% of students referred for abnormal screening results will have documentation of additional evaluation or treatment.
  - 4. Growth and development with BMI screening to:
    - a. Shall be provided to no fewer than 95% of public and participating nonpublic school students in 1<sup>st</sup>, 3<sup>rd</sup>, and 6<sup>th</sup> grades
    - b. 75% of students referred for abnormal screening results will have documentation of additional evaluation or treatment, in accordance with local policy.
- b. Standards Definitions**

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

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

CONTRACT REVIEWED  
AND APPROVED:  
*Rdy 7/26/11*

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in ninth grade. The BMI screening dates, results, and referral outcomes will be documented on or in the student's Cumulative School Health Record or alternative location (electronic or other) that will be noted on the cover of the student's Cumulative School Health Record.

(Screening requirements and procedures are described in *Florida School Health Administrative Guidelines, April 2007, Section III, Chapter 3, and Appendix H*).

**c. Monitoring and Evaluation Methodology**

By execution of this contract, the provider hereby acknowledges and agrees that its performance under this contract must meet the standards set forth in this contract and will be bound by the conditions set forth in this contract. If the provider fails to meet these standards, the CHD, at its exclusive option, may allow up to six months for the provider to achieve compliance with the standards. If the CHD affords the provider an opportunity to achieve compliance and the provider fails to achieve compliance within the specified time frame, the CHD may apply remedies as defined in Section D.6 or terminate the contract with a 30 day written notice in the absence of any extenuating or mitigating circumstances at the exclusive determination of the CHD.

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

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

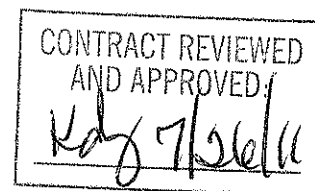
**8. Provider Responsibilities**

**a. Provider-Unique Activities**

1. The provider is required to provide administrative supervision of School Health Services program staff according to the Florida School Health Administrative Guidelines, April 2007, to assure that services are provided in accordance with this contract.
2. The provider is required to provide nursing supervision of licensed and unlicensed staff providing school health services according to the professional standards of nursing practice (ss. 464.001 – 464.027, F.S.).
3. By executing this contract the provider recognizes its singular responsibility for the tasks, activities, and deliverables described herein and warrants that it has fully informed itself of all relevant factors affecting accomplishment of the tasks, activities, and deliverables and agrees to be fully accountable for the performance thereof.

**b. Coordination with Other Providers/Entities**

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



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**9. Department Responsibilities**

**a. Department Obligations:**

1. The CHD will be responsible for approving the provision of services outlined in the School Health Services Plan, including those services subcontracted to other providers.
2. The CHD School Health Coordinator is responsible for attaching a copy of this contract and any subcontracts, disclosing the exact amount of funds contracted in the 2011 – 2012 Annual School Health Services Report.
3. The CHD School Health Coordinator is responsible for submitting a completed DOH Programmatic Monitoring Tool for all 2011 – 2012 contracts along with the Annual School Health Report that is due on August 15, 2012.
4. To the extent that resources allow, the CHD will provide technical assistance, programmatic information and support to the provider.

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

**C. METHOD OF PAYMENT**

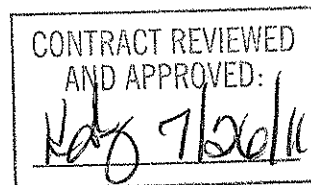
1. This is a fixed price (unit cost) contract. The Department will pay the provider, upon satisfactory completion of both the service (s) and all terms and conditions specified in this contract, the amount of \$113,412.90, paid in monthly amounts of \$11,341.29, subject to the availability of funds.
2. Invoice Requirements: In order to receive the monthly payments, the provider will request payment on a monthly basis through submission of a properly completed invoice (Attachment IV) within 15 days following the end of the month for which payment is being requested. A monthly service report will accompany each invoice.
3. The Department will not honor any requests submitted after the time period specified in paragraph C.2 of this Attachment.
4. The Department may withhold payment under this contract if the Provider fails to submit required reports, perform any tasks or services, or meet deliverables per this contract. Any provision of this contract to the contrary, the Provider shall, within 40 days of termination or non-renewal of this contract repay to the Department funds provided by the Department to the Provider under this contract as follows: the Provider shall repay all funds paid to it by the Department that the Provider has misappropriated or not expended in accordance with the performance standards and specifications of this contract.
5. Funds provided under this contract will be used solely for the operation of Basic School Health Services and where applicable, Full Service School Health Services Programs.

**D. SPECIAL PROVISIONS**

**1. School Health Services Plan and Annual School Health Services Report**

The provider will assist the CHD in preparation for the 2011 - 2012 Annual School Health Services Report. The approved document will be submitted by the CHD to the Department of Health, Family and Community Health/School Health Services Program Office by August 15, 2012.

**2. Youth Risk Behavior Survey**



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The provider agrees to participate every two years in the Youth Risk Behavior Survey (YRBS) from the Centers for Disease Control (CDC), if any of their schools are randomly selected for the survey.

### 3. Coordination with Other Providers/Entities

The provider will collaborate with the CHD, LEA and the School Health Advisory Council in the development of the School Health Services Plan, the Annual School Health Services Report and any other Request for Program Design or grant that becomes available. The provider will coordinate with the CHD on any interagency agreements with community health and social service providers to comply with the plan for Full Service Schools.

### 4. Background Screening Requirements

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

### 5. Contract Renewal:

This contract may be renewed on a yearly basis for no more than three years beyond the initial contract. Such renewals shall be made by mutual agreement and shall be contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the CHD and shall be subject to the availability of funds.

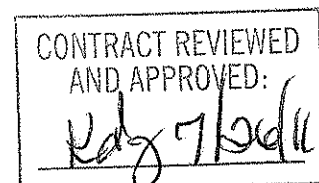
### 6. Remedy

Failure to timely submit the deliverables as identified in Section B.6. or completely perform any tasks or services, per this contract shall result in a 5% reduction of the total invoice amount.

### 7. E-Verify

~~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: (a) all persons new or prospective employees during the contract term by the contractor to perform employment duties within Florida; and (b) all persons (including subcontractors) assigned by the contractor to perform work pursuant to the contract with the state agency.~~

The Provider agrees to utilize the U.S. Department of Homeland Security's E-Verify system, <https://e-verify.uscis.gov/emp> (<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 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. (Changes to this section authorized by Ernest J. Bruton, B.S., Senior Human Services Program Specialist, Florida Department of Health - School Health Services).



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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 agreement number for each agreement with the Department of Health in effect during the audit period. Financial reporting packages required under this part must be submitted within the earlier of 30 days after receipt of the audit report or 9 months after the end of the provider's fiscal year end.



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**PART II: STATE FUNDED**

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

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

**PART III: REPORT SUBMISSION**

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

CONTRACT REVIEWED AND APPROVED: <i>Rdz 7/26/11</i>
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*mmj*

A. The Department of Health as follows:

SingleAudits@doh.state.fl.us

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

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

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

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

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

SingleAudits@doh.state.fl.us

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

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

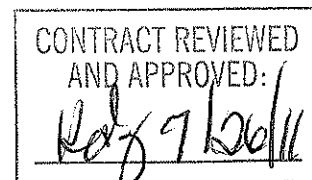
A. The Department of Health as follows:

SingleAudits@doh.state.fl.us

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

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

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



*mmf*

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

**PART IV: RECORD RETENTION**

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

**End of Text**

CONTRACT REVIEWED  
AND APPROVED:  
*Katy Thelma*

*mmf*

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 \$ \_\_\_\_\_

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

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

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

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

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

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

CONTRACT REVIEWED AND APPROVED: [Signature] 7/26/11

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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 are met. Providers who have been determined to be vendors are not subject to the audit requirements of OMB Circular A-133, as revised, and/or Section 215.97, Fla. Stat. Regardless of whether the audit requirements are met, providers who have been determined to be recipients or subrecipients of Federal awards and/or state financial assistance, must comply with applicable programmatic and fiscal compliance requirements.

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

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

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

CONTRACT REVIEWED  
AND APPROVED:  
*Wdy 7/26/11*

*wmt*



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

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

CONTRACT REVIEWED  
AND APPROVED:  
*Rdy 9/26/11*

*mm*

## EXHIBIT 3

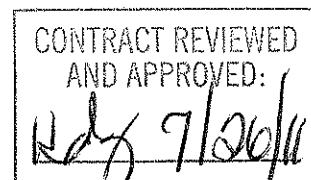
INSTRUCTIONS FOR ELECTRONIC SUBMISSION  
OF SINGLE AUDIT REPORTS

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

The electronic copy of the SARP should:

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

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



*nmw*



CONTRACT REVIEWED  
AND APPROVED:  
*Katy 7/20/16*

*mm*

Attachment III

Annual School Health Services Report

CONTRACT REVIEWED  
AND APPROVED:  
*Kathy T. Beale*

*mm/*  
*cat*



## 2009 - 2010 Annual School Health Services Report

Due by September 30, 2010

Email Report as an Attachment to:

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

Cc: Your County's Quality Improvement Liaison



**Pasco** School Health Contacts for 2010-2011 School Year  
*County Name*

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

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

Name: David R. Johnson  
 Licenses and/or Degrees: MD, MS, MHA  
 Job Title: Director, County Health Officer  
 Address: 10841 Little Road, Building B  
 City: New Port Richey Zip Code: 34654  
 Phone/Ext: (727) 861-5250, ext. 101  
 Fax: (727) 862-4230  
 Email: David\_Johnson@doh.state.fl.us

**CHD Comprehensive School Health Services  
Coordinator (if applicable)**

Name: \_\_\_\_\_  
 Licenses and/or Degrees: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone/Ext: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Name: Carol L. Cummins  
 Licenses and/or Degrees: MSN, A570ARNP  
 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  
 Fax: (727) 861-4817  
 Email: Carol\_Cummins@doh.state.fl.us

**Full Service Schools Coordinator (if applicable)**

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

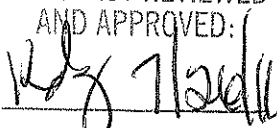
Name: \_\_\_\_\_  
 Licenses and/or Degrees: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone/Ext: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

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

**School Health Advisory Committee Chairperson**

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

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 AND APPROVED:  


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**ANNUAL SCHOOL HEALTH SERVICES REPORT**  
**Part I: Basic School Health Services (in Basic, Comprehensive and Full Service Schools)**  
**Reporting Period July 1, 2009 through June 30, 2010**

**I-A.1 Overview of Schools**


**DIRECTIONS:** Provide the number of public (INCLUDING CHARTER AND ALTERNATIVE) schools and students in your county. **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 Pre-Kindergarten schools and students in the Elementary School category.**

Public Schools and Students by School Health Program	Elementary Schools	Middle Schools	High Schools	Schools with Combined School Levels (K-8, 6-12, etc.)	Totals
Basic School Health Services (BASIC ONLY)-SCHOOLS	43	15	10	9	77
Basic School Health Services (BASIC ONLY)-STUDENTS	28,486	14,889	15,407	2,403	61,185
Comprehensive School Health Services Projects (CSHSP)-SCHOOLS					0
Comprehensive School Health Services Projects (CSHSP)-STUDENTS					0
Full Service Schools (FSS)-SCHOOLS	2		2		4
Full Service Schools (FSS)-STUDENTS	1,449		3,076		4,525
CSHSP/FSS Schools-SCHOOLS					0
CSHSP/FSS Schools-STUDENTS					0
<b>Total Public Schools</b>	<b>45</b>	<b>15</b>	<b>12</b>	<b>9</b>	<b>81</b>
<b>Total Public School Students</b>	<b>29,935</b>	<b>14,889</b>	<b>18,483</b>	<b>2,403</b>	<b>65,710</b>

**Total Number of School Health Room Visits During FTE Week (2nd Week in February)**

**I-B.1 Directions:** To calculate the countywide total number of school health room visits during FTE WEEK (or alternative week in February if FCAT or other testing will interfere with obtaining representative health room visit counts) - (1) For each elementary school add the number of school health room visits during each of the five days of February FTE week. (2) Add together the five-day totals from all elementary schools for the countywide total. (3) Repeat the procedure for middle, high and combined level schools.

<b>I-B.1 Five-day total</b> of school health room visits during February FTE week (e.g. first aid, medication administration, counseling, etc.)	Elementary Schools	7,870
	Middle Schools	2,771
	High Schools	2,024
	Combined Levels	219
	<b>Total</b>	<b>12,884</b>

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I-C.1 Types of Health Conditions by School Level - 2009-10

**Directions:** The number of health conditions that are identified through review of emergency information records, physical assessments, or physicians diagnoses on medication administration form. Count Pre-School student health conditions in the Elementary Schools category.

Health Conditions	School Type				Totals
	Elementary Schools	Middle Schools	High Schools	Schools with Combined Grade Levels (e.g. K-8, K-12, 6-12, Other)	
<b>ADD/ADHD</b>	1,574	1,046	1,035	51	<b>3,706</b>
<b>Allergies</b>	2,344	1,474	1,043	141	<b>5,002</b>
<b>Asthma</b>	2,595	1,535	1,370	115	<b>5,615</b>
<b>Bleeding Disorder</b>	19	17	13	2	<b>51</b>
<b>Cancer</b>	20	18	9	2	<b>49</b>
<b>Cardiac Conditions</b>	285	172	188	8	<b>653</b>
<b>Cystic Fibrosis</b>	12	8	2	2	<b>24</b>
<b>Diabetes</b>	68	62	75	2	<b>207</b>
<b>Epilepsy / Seizures</b>	263	134	133	9	<b>539</b>
<b>Kidney Disorders</b>	86	62	88	10	<b>246</b>
<b>Psychiatric Conditions</b>	825	429	846	70	<b>2,170</b>
<b>Sickle Cell Disease</b>	11	6	13	2	<b>32</b>
<b>Other</b>	140	102	129	3	<b>374</b>
<b>Other</b>	82	164	253	7	<b>506</b>
<b>Other</b>	42	51	96	2	<b>191</b>
<b>Totals</b>	<b>8,366</b>	<b>5,280</b>	<b>5,293</b>	<b>426</b>	<b>19,365</b>

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I-D.1 Total Number of Students Needing Medications and/or Procedures During 2009-10

Directions: Complete this table with the total numbers of students that needed the listed procedures and/or medications (administered by staff and/or by self) between July 1, 2009 and June 30, 2010.

Procedure	Annual Total Number of Students Needing Procedures and Medications Between July 1, 2009 and June 30, 2010
Carbohydrate Counting	148
Catheterization	16
Colostomy, Jejunostomy, Ileostomy Care	3
Electronic Monitoring	43
Tube/PEG Feeding	27
Glucose Monitoring	191
Insulin Administration	126
Intravenous Treatments	0
Medications (Inhaler)	1,171
Medications (Injection)	413
Medications (Oral)	3,185
Medications (Other Routes)	558
Oxygen Continuous or Intermittent	2
Specimen Collection or Testing	98
Tracheostomy Care	4
Ventilator Dependent Care	0
Other:	18
Other:	
Other:	
Totals	6,003

I-D.2 Number of Medications Administered and/or Procedures Performed during FTE Week (2nd Week in February)

Directions: In this table document all procedures performed and/or medications administered at all county school district elementary, middle, high and combined level schools during February FTE week (or alternative week in February if FCAT or other testing will interfere with obtaining representative medication and procedure counts). Only use numbers - do not use text characters, such as PRN.

Procedure	Weekly Total Number of Medications/Procedures Performed During FTE Week (2nd Week of February 2010)
Carbohydrate Counting	369
Catheterization	115
Colostomy, Jejunostomy, Ileostomy Care	7
Electronic Monitoring	10
Tube/PEG Feeding	160
Glucose Monitoring	747
Insulin Administration	341
Intravenous Treatments	0
Medications (Inhaler)	800
Medications (Injection)	61
Medications (Oral)	3,032
Medications (Other Routes)	128
Oxygen Continuous or Intermittent	1
Specimen Collection or Testing	29
Tracheostomy Care	3
Ventilator Dependent Care	0
Other:	47
Other:	
Other:	
Totals	5,850

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*Rob* 7/26/10  
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Part II: Comprehensive School Health Services  
 Reporting Period: July 1, 2009 through June 30, 2010

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

II-A.1 Daily Health Services Log Summary for July 1, 2009 through June 30, 2010

Directions: (Tables 1 through 3) Enter the total numbers for each type of service data by school level for all of your county's Comprehensive schools. The column and row totals will calculate automatically. Data from all the individual Comprehensive project schools must be totaled and submitted together in the tables below for the county. The Daily Health Services Log Summary charts will total -0- if the school level data are not provided. Data cannot be entered in the Total columns. If you do not have school-level data, enter your totals in the column for Schools with Combined Levels so they will be counted in the Total column.

**Table 1: Total Visits** - Enter the number of non-medication visits, medication visits and total number of visits by grade level.  
**Table 3: Outcome Dispositions** - Enter the total number of health room visit dispositions by grade level.  
This table should include medication visits.  
**Table 7: Referrals to** - Enter the number of referrals to each of the listed services by grade level.  
This table should include medication visits.

Table 1: Total Visits	Elementary Schools	Middle Schools	High Schools	Schools with Combined Levels	Totals
1. Total Non-Medication Visits					0
2. Total Medication Visits					0
<b>Totals</b>	0	0	0	0	0

Table 2: Outcome Dispositions	Elementary Schools	Middle Schools	High Schools	Schools with Combined Levels	Totals
1. 911 Services					0
2. Emergency Room					0
3. Returned to Class					0
4. Sent Home					0
5. Other:					0
<b>Totals</b>	0	0	0	0	0

Table 3: Referral To	Elementary Schools	Middle Schools	High Schools	Schools with Combined Levels	Totals
1. Abuse Registry					0
2. Dental Care					0
3. Guidance Counseling					0
4. Healthy Start					0
5. Kid Care					0
6. Medical Care / Nursing Care					0
7. Mental Health Counseling					0
8. No Referral					0
9. Nursing Assessment					0
10. Social Work Services					0
11. Substance Abuse Counseling					0
12. Other:					0
<b>Totals</b>	0	0	0	0	0

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II-B.1 Group Health Services Log Summary for July 1, 2009 through June 30, 2010

**Directions:** For each of the service codes shown below:

**Code 6030:** Enter the number of social interventions provided in Comprehensive Schools. In each subject area enter the number of student and parent participants.

**Code 8020:** 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.

**6030 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				
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**8020 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				
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**NOTE:** Counties with more than one Comprehensive project should complete one combined Group Health Services Log for all schools receiving CSHSP services.

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*Kody Throckmorton*

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II-C Teen Pregnancy

- II-C.1 Number of female CSHSP students in grades 6 through 12 (*Denominator for CSHSP birth rate*)
- II-C.2 Number of births to CSHSP students in grades 6 through 12 (*Numerator for CSHSP birth rate*)
- II-C.3 Rate per 1,000 for births to CSHSP students in grades 6 through 12
- II-C.4 Number of babies born to CSHSP students in grades 6 through 12
- II-C.5 Number of low birth weight (<2,500 grams) babies born to CSHSP students in grades 6 through 12
- II-C.6 Percent (%) of low birth weight (<2,500 grams) babies born to CSHSP students in grades 6 through 12
- II-C.7 Number of CSHSP students in grades 6 through 12 that return to school after giving birth this year
- II-C.8 Percent (%) of CSHSP students in grades 6 through 12 who returned to school this year (July 1, 2008 to June 30, 2009) after giving birth.

Part III: Full Service Schools

Part III-A.1 In-Kind Services Provided at Full Services Schools

**Directions:** Document the in-kind service hours and dollar value of services provided by community providers on-site at Full Service Schools during 2009-2010. Enter annual totals (not weekly totals) and use only numbers, no text characters. In-kind services are those health and social services not funded with CHD or LEA *school health funding*.

Type of Service	<u>ANNUAL</u> Total Number of Donated In-Kind Hours	<u>ANNUAL</u> Estimated Value of In-Kind Services
Adult Education	40	\$1,200
Basic Medical Services	88	\$16,350
Case Management		
Child Protective Services		
Community Education	40	\$1,666
Counseling Abused Children	42	\$1,260
Counseling High-Risk Children	25	\$750
Counseling High-Risk Parents	20	\$600
Delinquency Counseling		
Dental Services	72	\$3,400
Economic Services		
Healthy Start/Healthy Families	30	\$3,750
Job Placement Services	15	\$225
Mental Health Services	38	\$1,216
Nutritional Services	80	\$1,200
Parenting Skills Training	35	\$1,050
Resource Officer	3,230	\$80,000
School Health Nursing Services		
Social Work Services		
Substance Abuse Counseling		
TANF programs (job training, pregnancy prevention, etc.)		
All Other		
<b>Totals</b>	<b>3,755</b>	<b>\$112,667</b>

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Part IV: Staffing

IV-A.1 Number of Schools with School Health Staff On-Site Full Time (5 Days a Week, 6 - 8 Hours Per Day) in 2009-10

Directions: In this table, document your county's schools that have on-site school health staff (by staff type and hiring entity) that work from 6 to 8 hours a day, five days a week at their assigned schools.

Hiring Entity	Elementary Schools	Middle Schools	High Schools	Combined Level Schools
<b>Staffed with a Full-Time Advanced Registered Nurse Practitioner</b>				
County Health Department				
School District	0	0	0	0
Community Partners				
Other				
<b>Staffed with a Full-Time Registered Nurse</b>				
County Health Department				
School District	0	1	3	2
Community Partners				
Other				
<b>Staffed with a Full-Time Licensed Practical Nurse</b>				
County Health Department				
School District	8	3	4	0
Community Partners				
Other				
<b>Staffed with a Full-Time Health Aide/Tech</b>				
County Health Department				
School District	37	12	9	1
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 2009-2010 and 2010-11

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

Directions for School Health Services Staff in 2009-10 and Staff for Current Year 2010-11:

- 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).
- Document health staff that provides services exclusively to Exceptional Student Education (ESE) students in the ESE section of this table.
- 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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IV-C.1 School Health Services Staff	2009-2010					2010-2011				
	County Health Department (CHD) Positions in FTEs	Local School District (LEA) Positions in Units	Positions Funded and Hired by Contributing Public-Private Partners	Other Positions Hired by a Provider funded through a CHD or LEA Contract or MOA. (Not funded by OCA SCHSP funds.)		County Health Department (CHD) Positions in FTEs	Local School District (LEA) Positions in Units	Positions Funded and Hired by Contributing Public-Private Partners	Other Positions Hired by a Provider funded through a CHD or LEA Contract or MOA. (Not funded by OCA SCHSP funds.)	
				CHD	LEA				CHD	LEA
<b>Health Services Staff</b>	<b>Basic School Health Services 2009-10</b>					<b>Basic School Health Services 2010-11</b>				
School Health Coordinator-Registered Nurse (RN)		0.90					0.90			
School Health Coordinator-(Non-RN)										
School Health Nursing Supervisor (RN)										
Adv. Reg. Nurse Practitioner (ARNP)										
Registered Nurse (RN)		30.00					30.00			
Licensed Practical Nurse (LPN)										
Paraprofessional: School Health Aide/ Tech/CNA										
OTHER: (Please include all other positions in this one row, do not add cells or rows.)										
<b>Health Services Staff</b>	<b>Comprehensive School Health Services 2009-10</b>					<b>Comprehensive School Health Services 2010-11</b>				
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 all other positions in this one row, do not add cells or rows.)										
<b>Health Services Staff</b>	<b>Full Service Schools 2009-10</b>					<b>Full Service Schools 2010-11</b>				
School Health Coordinator-Registered Nurse (RN)		0.10					0.10			
School Health Coordinator-(Non-RN)										
School Health Nursing Supervisor (RN)										
Adv. Reg. Nurse Practitioner (ARNP)										
Registered Nurse (RN)		4.00					4.00			
Licensed Practical Nurse (LPN)										
Paraprofessional: School Health Aide/ Tech/CNA		4.00					4.00			
OTHER: (Please include all other positions in this one row, do not add cells or rows.)										
<b>ESE Health Services Staff</b>	<b>Exceptional Student Education (ESE) 2009-10</b>					<b>Exceptional Student Education (ESE) 2010-11</b>				
<i>Note: The following ESE section is to document 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)		13.00					13.00			
Paraprofessional: Health Aide/ Tech/CNA										
OTHER: (Please include all other positions in this one row, do not add cells or rows.)										
<b>Health Services Staff</b>	<b>Pre-Kindergarten / TAPP and Other 2009-10</b>					<b>Pre-Kindergarten / TAPP and Other 2010-11</b>				
School Health Coordinator-Registered Nurse (RN)										
School Health Coordinator-(Non-RN)										
School Health Nursing Supervisor (RN)										
Adv. Reg. Nurse Practitioner (ARNP)										
Registered Nurse (RN)		4.00					4.00			
Licensed Practical Nurse (LPN)		2.00					2.00			
Paraprofessional: School Health Aide/ Tech/CNA										
OTHER: (Please include all other positions in this one row, do not add cells or rows.)										

Directions

**Section V-A Funds for School Health Services Expended in 2009-10 and Budgeted for 2010-11**

List on the appropriate line the County Health Department (excluding School Health Schedule C revenues), School District and Community/Public-Private Partner funds from each individual funding source that were expended for school health services during 2009-10 and funds that are budgeted for school health services for the current year: 2010-11. Do not alter the Excel structure of this funding table or place funds in alternative locations. Doing so will prevent these funding amounts from grouping in the proper categories in the statewide school health database, and state and county data summaries.

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

**V-A.1 County Health Departments (CHD) Funds for School Health Services:** List on the appropriate line Non-Schedule C funds, by funding source, that were expended for school health services in 2009-10 and those funds that are budged for school health services in 2010-11.

**V-A.2 School District Funds for School Health Services:** List on the appropriate line Non-Schedule C funds, by funding source, that were expended for school health services in 2009-10 and those funds that are budged for school health services in 2010-11.

**NOTE:** Please include only funds for health services staff (advanced registered nurse practitioners, registered nurses, licensed practical nurses, health aides (health techs, certified nursing assistants), health educators, health room/clinic facilities, equipment and supplies.

**V-A.3 Community and Public-Private Partner Funds for School Health Services:** List on the appropriate line Non-Schedule C funds, by funding source, that were expended for school health services in 2009-10 and those funds that are budged for school health services in 2010-11.

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

**Section V-B 2009 - 2010 County Health Department Schedule C Revenues and Expenditures for School Health**

List on the appropriate lines, Schedule C revenues and expenditures for school health during 2009-10.

**Table V-B.1 - Schedule C Revenues:** Place the amount of school health Schedule C funding actually received for each funding source on the line labeled "Schedule C Revenues" under each applicable OCA. **NOTE:** Title XXI Federal Grants Trust Fund (SCHSP) revenue actually received may not be the same as your Schedule C allocation, if billing to this OCA was not maximized.

**Table V-B.2 - Schedule C Expenditures:** Place expenditures for each OCA on the line for the appropriate type of expenditure (see explanations for types of expenditures below).

- #1 - **Personnel** - Include salaries for direct service providers, supervisors, and coordinators.
- #2 - **Fringe Benefits** - Career service fringe benefits comprise up to 35% of salaries and wages. FICA is 7.65% (.0765).
- #3 - **Printing** - Include costs for printing, photocopying, and postage.
- #4 - **Travel** - Include reimbursements for all expenses associated with mileage, per diem, car rentals, air fares, parking fees, toll fees, portage, etc.
- #5 - **Staff Training** - Include registration fees, conference room rental fees, etc.
- #6 - **Supplies and Materials** - Includes first aid supplies, office supplies, educational materials, etc.
- #7 - **Medical and Office Equipment** - Includes equipment such as, blood pressure cuffs, scales, stethoscopes, filing cabinets.
- #8 - **Operating Capital Outlay (OCO)** - OCO includes furniture and equipment that is 1,000 or more per item.
- #9 - **Contracted Services** - Includes all revenue expended for services and personnel which are provided by another agency through a Standard State Contract with a Performance Based Attachment I.
- #10 - **Indirect Costs** - Indirect costs are administrative costs and charges applied to a program or project as part of the total overhead. Indirect costs cannot exceed fifteen percent (15%) of the CHD School Health Categorical funding in Revenue Sources.
- #11 - **Other** - Other expenditures that do not fit in any of the above categories. Please specify what the "Other" expenditure is.
- #12 - **Total Expenditures** - The total expenditures listed in the Total column of Box B, line 12 should match the total revenue listed in Box A. **NOTE:** Funding actually received may not be the same as your Schedule C allocation (such as funds that must be expended in order to be received).

CONTRACT REVIEWED  
AND APPROVED:  
*Rodney T. [Signature]*

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Section V-A Funds for School Health Services Expended in 2009-10 and Budgeted for 2010-11  
(Exclude School Health Schedule C Revenues)

V-A.1 County Health Departments (CHD) Funds for School Health Services		Expended in: 2009-10	Budgeted for: 2010-11
Medicaid Certified Match			
Medicaid Cost Reimbursement			
Schedule C Non-Categorical CHD Trust Fund			
Non-Schedule C CHD Trust Fund			
Other #1:			
Other #2:			
<b>County Health Department Sub-Totals</b>		<b>0</b>	<b>0</b>
V-A.2 School District Funds for School Health Services		Expended in: 2009-10	Budgeted for: 2010-11
Basic School Health Services (School District Funds - Not CHD Schedule C Funds)		3,724,114	3,808,542
Comprehensive School Health Services (School District Funds - Not CHD Schedule C Funds)			
Full Service School Health Services (School District Funds - Not CHD Schedule C Funds)			
PTA			
Chapter One			
Teenage Parent Program		96,316	109,483
First Start, Pre-Kindergarten, Head Start		183,582	268,406
Exceptional Student Education		88,204	207,996
Safe & Drug Free Schools			
Safe Schools			
Early Intervention			
Administrative Claiming			
ESE Medicaid Certified Match		0	0
Other #1: ARRA		15,014	74,301
Other #2:			
<b>School District Sub-Totals</b>		<b>4,107,230</b>	<b>4,468,728</b>
V-A.3 Community and Public-Private Partner Funds for School Health Services		Expended in: 2009-10	Budgeted for: 2010-11
Abstinence Grant			
Children's Services Council			
Juvenile Welfare Board			
United Way			
County Commission			
County Taxing District			
Health Care Taxing District			
Hospital Taxing District			
Hospital:			
Hospital:			
University:			
University:			
Other #1:			
Other #2:			
<b>Community Sub-Totals</b>		<b>0</b>	<b>0</b>
<b>Totals</b>		<b>4,107,230</b>	<b>4,468,728</b>

CONTRACT REVIEWED  
AND APPROVED:  
*Rdy 9/26/11*

*ceb*

Section V-B 2009 - 2010 County Health Department Schedule C Revenues and Expenditures for School Health

V-B.1 Schedule C Revenues							
	Basic School Health	Comprehensive School Health				Full Service Schools	Sub-Totals: Schedule C
	Tobacco Settlement Trust Fund	Basic Tobacco Transfer	General Revenue	Title XXI Federal Grants Trust Fund	Full Service Tobacco Transfer	Tobacco Settlement Trust Fund	
	SCBST	SCHSP	SCHSP	SCHSP	SCHSP	SCFLT	
<b>Schedule C Revenues:</b>	\$119,382					\$153,395	\$272,777
V-B.2 Schedule C Expenditures							
<b>1. Personnel</b>	7,971						\$7,971
<b>2. Fringe Benefits</b>	2,529						\$2,529
<b>3. Printing</b>							\$0
<b>4. Travel</b>							\$0
<b>5. Staff Training</b>							\$0
<b>6. Supplies</b>							\$0
<b>7. Equipment</b>							\$0
<b>8. OCO</b>							\$0
<b>9. Contracts (List Below)</b>							
a. DSB of Pasco	113,413					135,225	\$248,638
b.							\$0
<b>10. Indirect Costs</b>							\$0
<b>11. Other (List Below)</b>							
a. Administrative Rate	5,959					7,670	\$13,639
b.							\$0
<b>12. Totals</b>	\$129,882	\$0	\$0		\$0	\$0	\$142,895

CONTRACT REVIEWED  
AND APPROVED:  
*Katy Thorne*

*cut*

**Attachment IV**

**Sample Invoice**

Date

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

Attn: Monica Makholm, Contract Manager

Re: PC2B2 Basic Service School Contract

Dear Ms. Makholm:

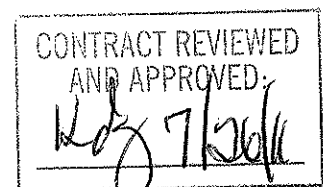
We \_\_\_are/\_\_\_ are not (see attached explanation) in compliance with the staffing requirements determined by the School Health Services Staffing/Budget Plan in effect at this date. Attached for your review is the monthly services report for the preceding month. Please remit the amount of \$\_\_\_\_\_ for services rendered on behalf of the School Health Services Contract # PC2B2 or the \_\_\_\_\_ installment of the contract.

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

Sincerely,

Lisa Kern  
Director of Student Services (School Health)

Enclosure: Services Report  
cc: Fiscal Department



Memorandum of Negotiation

Contract # PC2B2

On 5/24/11, a <sup>telephonic</sup> meeting was held with:

Name:

Lisa Kern

Position:

Supervisor of Student Services (Health)

Representing:

District School Board of Pasco County, and:

Name:

Constance A. Brooks

Position:

Business Manager

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

Basic School Health Services

Contract terms and conditions were reviewed:

Outcome measures were reviewed:

Provider Representative

Department Representative

Constance A. Brooks

Date: \_\_\_\_\_

Date: 7/5/11

CONTRACT REVIEWED  
AND APPROVED:  
[Signature]

**STATE OF FLORIDA DEPARTMENT OF HEALTH**

**CIVIL RIGHTS COMPLIANCE CHECKLIST**

Program/Facility District School Board of Pasco County		County Pasco County
Address 7227 Land O'Lakes Blvd.		Completed By Lisa Kern
City, State, Zip Code Land O'Lakes, FL 34638	Date 7/18/11	Telephone 813-794-2360

**Part I**

1. Briefly describe the geographic area served by the program/facility and the type of service provides:

2. POPULATION OF AREA SERVED. Source of data:

Total # 63,720	% White 68	% Black 5	% Hispanic 19	% Other 8	% Female 48		
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3. STAFF CURRENTLY EMPLOYED. Effective date:

Total # 10,634	% White 89	% Black 3	% Hispanic 6	% Other 2	% Female 77	% Disabled 2	
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4. CLIENTS CURRENTLY ENROLLED OR REGISTERED. Effective date:

Total # 63,720	% White 68	% Black 5	% Hispanic 19	% Other 8	% Female 48	% Disabled 17	% Over 40 0
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5. ADVISORY OR GOVERNING BOARD, IF APPLICABLE.

Total # 5	% White 100	% Black 0	% Hispanic 0	% Other 0	% Female 60	% Disabled 0	
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Part II. Use a separate sheet of paper for any explanations requiring more space.

NA YES NO

6. Is an Assurance of Compliance on file with DOH? If NA or NO explain.

7. Compare staff Composition to the population. Is staff representative of the population?

NA YES

NO

If NA or NO, explain.

8. Compare the client composition to the population. Are race and sex characteristics representative of the Population? If NA or NO, explain.

NA YES NO

9. Are eligibility requirements for services applied to clients and applicants without regard to race, color, national origin, sex, age, religion or disability? If NA or NO, explain.

NA YES NO

10. Are all benefits, services and facilities available to applicants and participants in an equally effective manner regardless of race, sex, color, age, national origin, religion or disability? If NA or NO, explain.

NA YES NO

11. For in-patient services, are room assignments made without regard to race, color, national origin or disability? If NA or NO, explain.

NA YES

PART II.

NO

NA YES

12. Is the program/facility accessible to non-English speaking clients? If NA or NO, explain.

13. Are employees, applicants and participants informed of their protection against discrimination?

NA YES

NO

If YES, how? Verbal  Written  Poster  If NA or NO, explain.

14. Is the program/facility physically accessible to mobility, hearing and sight-impaired individuals?

NA YES

NO

If NA or NO, explain.

PART III. THE FOLLOWING QUESTIONS APPLY TO PROGRAMS AND FACILITIES WITH 15 OR MORE EMPLOYEES

15. Has a self-evaluation been conducted to identify any barriers to serving disabled individuals, and to make any necessary modifications? If NO, explain.

YES NO

16. Is there an established grievance procedure that incorporates due process into the resolution of complaints? If NO, explain.

YES NO

17. Has a person been designated to coordinate Section 504 compliance activities?

YES NO

If NO, explain.

18. Do recruitment and notification materials advise applicants, employees and participants of nondiscrimination on the basis of disability? If NO, explain.

YES NO

19. Are auxiliary aids available to assure accessibility of services to hearing and sight impaired individuals? If NO, explain.

YES NO

PART IV. FOR PROGRAMS OR FACILITIES WITH 50 OR MORE EMPLOYEES AND FEDERAL CONTRACTS OF \$50,000 OR MORE. YES NO

20. Do you have a written affirmative action plan? If NO, explain.

Equity plan is filed with the state which includes initiatives for monthly hiring.

DOH USE ONLY

Reviewed By

In Compliance: YES  NO

Program Office

Date Notice of Corrective Action Sent

Date	Telephone	Date Response Due
On-Site <input type="checkbox"/>	Desk Review <input type="checkbox"/>	Date Response Received

INSTRUCTIONS FOR THE CIVIL RIGHTS COMPLIANCE CHECKLIST

1. Describe the geographic service area such as a county, city or other locality. If the program or facility serves a specific target population such as adolescents, describe the target population. Also define the type of service provided such as inpatient health care, refugee assistance, child day care, etc.
2. Enter the percent of the population served by race and sex. The population served includes persons in the geographical area for which services are provided such as a city, county or other area. Population statistics can be obtained from local chambers of commerce, libraries, or any publication from the Census containing Florida population statistics. Include the source of your population statistics. (Other races include Asian/Pacific Islanders and American Indian/Alaskan Natives.)
3. Enter the total number of full-time staff and their percent by race, sex and disabled. Include the effective date of your summary.
4. Enter the total number of clients who are enrolled, registered or currently served by the program or facility, and list their percent by race, sex and disability. Include the date that enrollment was counted.
5. Enter the total number of advisory board members and their percent by race, sex, and disability. If there is no advisory or governing board, leave this section blank.
6. Each recipient of federal financial assistance must have on file an assurance that the program will be conducted in compliance with all nondiscriminatory provisions as required in 45CFR80. This is usually a standard part of the contract language for DOH recipients and their sub-grantees.
7. Are the race, sex and national origin composition of the staff reflective of the general population? For example, if 10% of the population is Hispanic, is there a comparable percentage of Hispanic staff? Although some variance is acceptable, the relative absence of a particular group on staff may tend to exclude full participation of that group in the program/facility. Significant variances must be explained.
8. Where there is a significant variation between the race, sex or ethnic composition of the clients and their availability in the population, the program/facility has the responsibility to determine the reasons for such variation and take whatever action may be necessary to correct any discrimination. Some legitimate disparities may exist when programs are sanctioned to serve target populations such as elderly or disabled persons.
9. Do eligibility requirements unlawfully exclude persons in protected groups from the provision of services or employment? Evidence of such may be indicated in staff and client representation and also through on-site record analysis of persons who applied but were denied services or employment.
10. Participants or clients must be provided services such as medical, nursing and dental care, laboratory services, physical and recreational therapies, counseling and social services without regard to race, sex, color, national origin, religion, age or disability. Courtesy titles, appointment scheduling and accuracy of record keeping must be applied uniformly and without regard to race, sex, color, national origin, religion, age or disability. Entrances, waiting rooms, reception areas, restrooms and other facilities must also be equally available to all clients.
11. For in-patient services, residents must be assigned to rooms, wards, etc., without regard to race, color, national origin or disability. Also, residents must not be asked whether they are willing to share accommodations with persons of a different race, color, national origin, or disability.
12. The program/facility and all services must be accessible to participants and applicants, including those persons who may not speak English. In geographic areas where a significant population of non-English speaking people live, program accessibility may include the employment of bilingual staff. In other areas, it is sufficient to have a policy or plan for service, such as a current list of names and telephone numbers of bilingual individuals who will assist in the provision of services.
13. Programs/facilities must make information available to their participants, beneficiaries or any other interested parties. This should include information on their right to file a complaint of discrimination with either the Florida Department of Health or the United States Department of Health and Human Services. The information may be supplied verbally or in writing to every individual, or may be supplied through the use of an equal opportunity policy poster displayed in a public area of the facility.
14. The program/facility must be physically accessible to disabled individuals. Physical accessibility includes designated parking areas, curb cuts or level approaches, ramps and adequate widths to entrances. The lobby, public telephone, restroom

facilities, water fountains, information and admissions offices should be accessible. Door widths and traffic areas of administrative offices, cafeterias, restrooms, recreation areas, counters and serving lines should be observed for accessibility. Elevators should be observed for door width, and Braille or raised numbers. Switches and controls for light, heat, ventilation, fire alarms, and other essentials should be installed at an appropriate height for mobility impaired individuals.

Accessibility must meet or be equivalent to the standards set by the Americans with Disabilities Act. If the program or facility is not accessible to disabled persons, there must be an equally effective program available in the area where services can be obtained. Alternative service providers must be listed if the program is not accessible.

15. A self-evaluation to identify any accessibility barriers is required. The self-evaluation is a four step process:
  - Evaluate current practices and policies to identify any practices or policies that do not comply with Section 504 of the Rehabilitation Act or the Americans with Disabilities Act.
  - Modify policies and practices that do not meet requirements.
  - Take remedial steps to eliminate any discrimination that has been identified.
  - Maintain a self-evaluation on file.
16. Programs or facilities that employ 15 or more persons must adopt grievance procedures that incorporate appropriate due process standards and provide for the prompt and equitable resolution of complaints alleging any action prohibited.
17. Programs or facilities that employ 15 or more persons must designate at least one person to coordinate efforts to comply with the requirements of Section 504 and the ADA.
18. Continuing steps must be taken to notify employees and the public of the program/facility's policy of nondiscrimination on the basis of disability. This includes recruitment material, notices for hearings, newspaper ads, and other appropriate written communication.
19. Programs/facilities that employ 15 or more persons must provide appropriate auxiliary aids to persons with impaired sensory, manual or speaking skills where necessary. Auxiliary aids may include, but are not limited to, interpreters for hearing impaired individuals, taped or Braille materials, or any alternative resources that can be used to provide equally effective services.
20. Programs/facilities with 50 or more employees and \$50,000 in federal contracts must develop, implement and maintain a written affirmative action compliance program.