AGENDA REQUEST FORM

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

MEETING DATE	Oct 21 2014 10:15AM - Regular School Board Meeting
AGENDA ITEM	CONSENT ITEMS
CATEGORY	F. OFFICE OF ACADEMICS
DEPARTMENT	Coordinated Student Health Services

Special Order Request: ○ Yes ◉ No

Time

Open Agenda: ○ Yes ◉ No

ITEM No.: F-1.

TITLE:

2014-2016 School Health Services Plan

REQUESTED ACTION:

As required by Florida Statute, approve the attached 2014-2016 School Health Services Plan, which describes the school health services to be provided to students.

SUMMARY EXPLANATION AND BACKGROUND:

Florida Statute 381.0056, F. S. requires each local Department of Health to develop, jointly with the school district and school health advisory committee, a School Health Services Plan. This plan describes the services to be provided, the responsibility for provision of the mandated health services in all public schools, and evidence of cooperative planning by The School Board of Broward County and the Florida Department of Health, as required by statute.

Chapter 64F-6.002, Florida Administrative Code (F.A.C.) required the plan to be completed on a two-year cycle.

This plan is a collaboration with all healthcare entities to facilitate the provision of the mandated health services in the District public schools.

SCHOOL BOARD GOALS:

○ Goal 1: High Quality Instruction ◉ Goal 2: Continuous Improvement ○ Goal 3: Effective Communication

FINANCIAL IMPACT:

There is no additional financial impact to the District.

EXHIBITS: (List)

(1) 2014-2016 REVISED SCHOOL HEALTH PLAN 100614

BOARD ACTION:

APPROVED

(For Official School Board Records Office Only)

SOURCE OF ADDITIONAL INFORMATION:

Name: Michaelle Pope, Executive Director	Phone: 754-321-1660
Name: Marcia Bynoe, Director	Phone: 754-321-1575

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Senior Leader & Title

Brian Kingsley - Acting Chief Academics Officer

Approved In Open Board Meeting On: OCT 21 2014

By: _____ School Board Chair

Signature

Brian G. Kingsley
10/7/2014 12:31:36 PM

Electronic Signature

Form #4189 Revised 12/12

RWR/ BGK/MVP/MB:lw

REVISED

2014 - 2016 School Health Services Plan

County: _____

2014 - 2016 School Health Services Plan Signature Page

My signature below indicates that I have reviewed and approved the 2014 - 2016 School Health Services Plan and it's local implementation strategies, activities, and designations of local agency responsibility as herein described:

Position	Name and Signature	Date
Local Department of Health Administrator / Director	Paula Thaqi, M.D., M.P.H. *Printed Name* *Signature*	*Date*
Local Department of Health Nursing Director	Marie McMillan, R.N. *Printed Name* *Signature*	*Date*
Local Department of Health School Health Coordinator	Maureen O'Keeffe, R.N. *Printed Name* *Signature*	*Date*
School Board Chair Person	Patricia Good *Printed Name* *Signature*	*Date*
School District Superintendent	Robert Runcie *Printed Name* *Signature*	*Date*
School District School Health Coordinator	Marcia Bynoe, ARNP-BC, MSN, FNP/SNP *Printed Name* *Signature*	11/12/14 *Date*
School Health Advisory Committee Chairperson	Maureen O'Keeffe, R.N. *Printed Name* *Signature*	*Date*
School Health Services Public / Private Partner	Cindy Aaronberg Seltzer, JD *Printed Name* *Signature*	*Date*