



**School, Adolescent and Reproductive Health Section  
School Health Program Monitoring Self Assessment (Local)**

**County:** \_\_\_\_\_

**Date(s) of Review:** \_\_\_\_\_

**State School Health Services Program Liaison:** \_\_\_\_\_

**Local Department of Health School Health Coordinator:** \_\_\_\_\_

**Local School District School Health Coordinator:** \_\_\_\_\_

Q#	Questions	Comments
<b>Administrative</b>		
<b>A. Previous Monitoring</b>		
1	If there were recommendations and/or corrections actions indicated in the previous monitoring report, were they implemented? Please note any outstanding recommendations and/or corrective actions in the Comments Section.	
<b>B. Staffing</b>		
2	Identify any staffing changes within the school health services program during the last school year.	
3	Explain any impact the staffing changes have had on the program's ability to provide services.	
<b>C. Local School Health Program Monitoring</b>		
4	Describe the local Department of Health School Health Program's process for annual on-site monitoring of the district's school clinics. Include the date of most recent monitoring conducted.	
5	Describe any issues identified during the current or most recently completed school year that needed to be addressed. Include the corrective actions and/or recommendations implemented.	
<b>D. Charter Schools</b>		
6	Describe the collaboration with public charter schools for provision of school health services.	
7	Explain the impact, if any, of charter schools on documenting screening data for public charter school students.	



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<b>E. Accomplishments</b>		
8	Describe the School Health Services Program accomplishments, new initiatives or best practices during the current or most recently completed school year.	
<b>F. Challenges</b>		
9	Describe any School Health Services Program challenges during the current or most recently completed school year.	
<b>Collaborations</b>		
<b>G. School Health Advisory Committee (SHAC)</b>		
10	How often does the local School Health Advisory Committee meet? Provide copies of minutes and sign in sheets for the two most recent meetings.	
11	Describe the SHAC membership (i.e. does membership include broad representation of the community and the eight components of the Coordinated School Health model?).	
12	Is the school health coordinator or a school nurse a member of the SHAC?	
<b>H. School District and Emergency Management Plans (EMP)</b>		
13	Does the school district emergency management (or similar) plan (EMP) include instructions for caring for students with special healthcare needs and chronic health conditions during a natural disaster or crisis situation?	
14	How is the EMP accessed by school health staff at each school?	
15	Is the School Health Program Registered Nurse involved in the development of the EMP?	
<b>I. Other</b>		
16	Does the school health program collaborate with community partners, i.e., the faith community, County Juvenile Justice Council, Healthy Start Coalition, Health Advisory Board, and others on student health initiatives? List collaborative partners in the comments section.	



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<b>Clinical Policies and Guidelines</b>		
<b>J. Guidelines</b>		
17	Do you use the following: Florida School Health Administrative Guidelines (2012), the Guidelines for the Care and Delegation of Care for Students with Asthma (2013) and Diabetes (2003) in Florida Schools, and The Role of the Professional School Nurse in the Delegation of Care in Florida Schools Rev. 2010? If not, list the guidelines and policies you use for caring for students with Asthma, Diabetes and for delegation of care for students.	
<b>K. Individualized Healthcare Plans (IHP)</b>		
18	Provide a copy of the policy and procedure with criteria for IHP development and implementation. (Please note: IHPs must be developed by a Registered Nurse and must contain the following components as per the National Association of School Nurses (NASN), s. 464, F.S. and Ch. 6A-6.0251-0253, F.A.C.: nursing assessment/diagnosis, outcome, identification, planning and implementation of interventions, evaluation and documentation).	
19	Provide sample IHPs for asthma, cardiac conditions, cystic fibrosis, diabetes, epilepsy and severe allergies.	
<b>L. Emergency Action Plan (EAP)/Emergency Care Plan (ECP)</b>		
20	Provide a copy of the policy for EAPs/ECPs and sample EAPs/ECPs. (Please note: EAPs/ECPs are to be provided for, at a minimum, asthma, cardiac conditions, cystic fibrosis, diabetes, epilepsy and severe allergies).	
<b>M. Delegation</b>		
21	Provide a copy of the delegation policy and copies of medication/procedures training skills checklists. (Please note: The delegation policy is to include procedures for training and supervision of LPNs, UAPs, health aides/techs and school staff that are delegated to provide health services. Delegation, must include documentation of generalized and child-specific training with skill-specific checklists for assessing competencies).	



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<b>N. Medication Administration</b>		
<b>22</b>	Provide copies of any standing orders for PRN medications.	
<b>23</b>	Provide a copy of the district medication administration policy. (Please note: Medication administration policy is to address all of the following: the receiving, storage and proper disposal of medications, labeling, expired medications, pill/dose counts, self-administration, parental authorization, over the counter medications, provision of general and student specific training).	
<b>24</b>	Does the policy address the medication administration process: right patient, right drug, right dosage, right route, right time, right documentation of administration?	
<b>25</b>	Provide a copy of the policy addressing prescribed controlled substances including: counting with a witness and double locking storage procedures.	
<b>26</b>	Does the policy include provisions for the RN to perform periodic monitoring to ensure that medication administration record entries are consistent with pill counts?	
<b>27</b>	Provide a copy of the medication error reporting form and policy.	
<b>Contracted Services</b>		
<b>O. Contract(s)</b>		
<b>28</b>	If the local Department of Health contracts Schedule C funds for school health service provision, provide copies of the executed contracts.	
<b>P. Contract Monitoring</b>		
<b>29</b>	Provide copies of the most recently completed contract monitoring tool, report and any corrective action plan regarding the above referenced contracts.	