

**Bureau of Family Health Services ● School Health Services Program**

**County Self-Assessment Tool 2021-2022**

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| **County** |  |
| **Date(s) of Review:** |  |
| **State School Health Program Liaison:** |  |
| **Local Department of Health School Health Coordinator:** |  |
| **Local School District School Health Coordinator:** |  |
|  |  |
| **Q#** | **Questions** | **Answers** |
| **Administrative** |
| **A. Health Equity**  |
| **Health equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.** |
| 1 | List the primary social determinants of health experienced by students and families in the district, such as, poverty, unsafe/unhealthy communities, cultural/linguistic or health literacy barriers, and access to housing, healthy foods, and medical/dental care. |  |
| 2 | Highlight specific efforts, interventions or initiatives by the school health program that address the social determinants of health known to be impacting students and their families. |  |
| 3 | Has a Community Needs Assessment(s) been performed in your county and if so, when?  |  |
| **B. Staffing** |
| 5 | Identify any staffing changes within the school health services program during the last school year. |  |
| 6 | Explain any impact the staffing changes have had on the program’s ability to provide school health services. |  |
| **C. Local School Health Program Monitoring** |
| 7 | Describe the process for local school clinic monitoring, the date of most recent monitoring conducted, and any issues identified during your most recent school clinic monitoring. |  |
| **D. Public Charter Schools** |
| 8 | Describe the collaboration with public charter schools for provision of school health services. |  |
| 9 | Explain the impact, if any, on documentation of mandated health screening data for public charter school students. |  |
| **E. Immunization Clinics** |
| 11 | List any immunization clinics offered to students, school staff and others (if applicable) |  |
| **F. Student/Staff Education** |
| 14 | Briefly describe educational activities related to the following topics: |  |
|  | Concussions |  |
|  | Asthma/Allergies/Anaphylaxis |  |
|  | Lupus Awareness Education |  |
|  | Sickle Cell Awareness Education |  |
|  | Water Safety |  |
|  | Sun Safety |  |
|  | Emergency Response Drills (anaphylaxis, cardiac, seizures, etc.) |  |
| **G. Accomplishments** |
| 15 | Describe the school health program’s accomplishments, new initiatives or best practices within the last two years. |  |
| **H. Challenges**  |
| 16 | Describe any challenges experienced by the school health program within the last two years. |   |
| **I. Program Improvement**  |
| 17 | Describe any planned initiatives for program improvement. |  |
| **Collaborations** |
| **J. School Health Advisory Committee (SHAC)** |
| 18 | How often does the local SHAC meet? |  |
| 19 | Does membership include the components of the Center for Disease Control and Prevention’s Whole School, Whole Community, Whole Child Model? (e.g., students and parents/guardians, school health staff, school health coordinators, school administrators, community health providers, faith-based representatives, and others? |  |
| **K. Community Partnerships** |
| 21 | List the program’s community partners, such as the faith-based community, Healthy Start Coalition, Community Health Advisory Council, Multiagency Network for Students with Emotional/Behavioral Disabilities (SEDNET), County Juvenile Justice Council and others.  |  |
| 22 | List community-wide activities implemented with these partners. |  |
| **L. Vision Services Providers**  |
| 23 | Which agency(ies) conduct initial vision screenings for students? |  |
| 24 | Does the school health program use either or both of the state-funded vision services providers, Florida Heiken and/or Florida’s Vision Quest?  |  |
| 25 | Does the school health program have arrangements with other vision service providers for comprehensive eye exams or screening services? If yes, please describe. |  |
| **M. Preventive Dental Services** |
|  |  | Agency #1 | Agency #2 | Agency #3 |
|  | Which agency(ies) provides school-based preventative dental services? |  |  |  |
|  | What preventative dental services are provided? |  |  |  |
|  | For what grade levels are these services provided? |  |  |  |
|  | Who provides oral health education? |  |  |  |
| **N. Software** |
| 28 | What electronic health record software programs are used by school health staff (CHD and/or district)? |  |
| **O. Medication Standing Orders** |
| 29 | Does the district have written policies addressing stock over-the-counter or emergency medications with standing orders? |  |
| 30 | Please specify which medications are authorized by the standing orders.  |  |
| **P. School District Emergency Management Plans**  |
| 31 | Does the school district and each school emergency management plans (EMP) include training/instructions/drills for caring for students with special healthcare needs and chronic health conditions during a medical emergency, natural disaster or crisis situation? Do evacuation plans address exceptional student education (ESE) students and/or students with ambulatory needs?  |  |
| 32 | Is a registered nurse (RN) or the School Health Coordinator RN, involved in the development of the district and individual school EMPs? |  |
| 33 | Are the EMPs accessible by appropriate staff at the individual schools? |  |
| **Contracted Services** |
| **Q. Contracted Services** |
| 34 | Does the county health department contract Schedule C funds for school health service provision? If so, with what agencies? |  |