



Miami-Dade County Public Schools

giving our students the world

Superintendent of Schools
Alberto M. Carvalho

Miami-Dade County School Board

Agustin J. Barrera, Chair
Perla Tabares Hartman, Vice Chair
Renier Diaz de la Portilla
Evelyn Langlieb Greer
Dr. Wilbert "Tee" Holloway
Dr. Martin Karp
Ana Rivas Logan
Dr. Marta Pérez
Dr. Solomon C. Stinson

Dear Parent/Guardian:

Administering/dispensing of medicines to students by employees of the school system without specific authorization by a licensed physician and the parent of the student is forbidden. It is, therefore, recommended that parents inform their physician of their child's school hours in order to encourage the administration of medication at home whenever possible.

You must keep in mind that administering medicine to your child outside the doctor's office or a health institution is a parental responsibility and should not be delegated to school personnel except under unusual circumstances. However, there are certain physical/medical conditions which require daily and periodic medication. Procedures to be followed for these unusual circumstances are stated on the attached form.

Our school personnel will cooperate to the best of their ability within the limitations of these administrative procedures. It is suggested that you discuss your child's health problems with your health care provider and a member of my administrative staff.

Sincerely,

Miguel Torres, Principal
Educational Alternative Outreach Program

MT/mg

Attachment

L.003.09



Miami-Dade County Public Schools

giving our students the world

Superintendent of Schools
Alberto M. Carvalho

Miami-Dade County School Board

Agustin J. Barrera, Chair
Perla Tabares Hartman, Vice Chair
Renier Diaz de la Portilla
Evelyn Langlieb Greer
Dr. Wilbert "Tee" Holloway
Dr. Martin Karp
Ana Rivas Logan
Dr. Marta Pérez
Dr. Solomon C. Stinson

Dear Parent/Guardian:

Se prohíbe a todo el personal de las escuelas administrar medicamentos a los estudiantes sin previa autorización de un médico. Por lo tanto, se recomienda a los padres que informen a su médico sobre las horas de clase del estudiante para tratar de que los medicamentos necesarios puedan administrarse en la casa.

Usted debe tener en cuenta que el administrar las medicinas fuera de la consulta del médico o de una dependencia de salubridad es una responsabilidad que los padres no deben delegar al personal de la escuela salvo en circunstancias especiales. Sin embargo, hay ciertas condiciones físicas o médicas que exigen que el muchacho tome medicinas diarias regularmente. En caso de circunstancias especiales, sirvanse leer los procedimientos que se adjuntan.

El personal de nuestra escuela le ayudara en todo lo que cabe teniendo en cuenta las limitaciones apuntadas. Les sugiero que discutan cualquier problema de salud que su hijo(a) tenga con la enfermera asignada a esta escuela o con cualquier miembro de la administración.

Cordialmente,

Miguel Torres, Principal
Educational Alternative Outreach Program

MT/mg

Attachment

L.003.09.Spanish



Miami-Dade County Public Schools

giving our students the world

Superintendent of Schools
Alberto M. Carvalho

Miami-Dade County School Board

Agustin J. Barrera, Chair
Perla Tabares Hartman, Vice Chair
Renier Diaz de la Portilla
Evelyn Langlieb Greer
Dr. Wilbert "Tee" Holloway
Dr. Martin Karp
Ana Rivas Logan
Dr. Marta Pérez
Dr. Solomon C. Stinson

Che Paran/Gadyen:

Se defandi ke yon anplwaye lekol bay timoun remed san yon otorizasyon spesial yon dokte ki gen lisans e san pemisyon nou ki paran timoun nan. Nan ka sa, nou mande tout paran pou yo kapab fe dokte timoun nan konin ki le timoun yo ale lekol de manye ke dokte preski remed yo, chak fwa ke li posib, lakay timoun nan mim.

Se bagay ki regade paran timoun nan, nou pa fet pou nou anchaje moun kap travay lekol vo rol sila, eksepte nan kek ka, ki pa rive souvan, nou dwe konin ke bav yon timoun remed devo biro dokte, oswa devo lopital bagay sa, nou pa responsab, se paran ki respomsab. Si kondisyon fisik yon timoun mande ke yo pran remed chak jou, de tan-zan-tan sa se yon lot bagay. Sa se yon ka special, gin prosedi pou nou swiv. Nan sikonstans sa, non pai ki kole avek let sa, ba nou tout infomasyon ke nou mande ou.

Nap fe tout efo posib, pou nou ede timoun nan, swivan regleman. Li ta bon ke ou pale avek infimye pa blie tou, ke ou dwe mete direksyon lekol kote timoun nan ale o kouran de eta sante pitit ou.

Senseman,

Miguel Torres, Principal
Educational Alternative Outreach Program

MT/mg

Attachment

L.003.09.Creole



AUTHORIZATION FOR MEDICATION

NAME OF STUDENT _____ SCHOOL _____

TREATMENT PLAN (to be completed by physician)

DATE _____ PHYSICIAN _____

DIAGNOSIS _____ ADDRESS _____

_____ ADDRESS _____

MEDICATION & DOSAGE _____ PHONE NUMBER _____

SIDE EFFECTS _____ ALLERGIES _____

_____ ALLERGIES _____

PURPOSE OF MEDICATION _____

DIRECTION FOR ADMINISTRATION BY SCHOOL PERSONNEL _____

NOTE: If the medication is to be administered for an extended period of time, see paragraph F on the reverse side.

Signature of Physician

PARENTAL PERMISSION (to be completed by parent or guardian)

DATE _____

My permission is hereby granted to the School Principal or his/her specified delegated personnel to administer prescribed medication to my _____

Relationship

Name of Student

NOTE: If the medication is to be administered for an extended period of time, see paragraph F on the reverse side.

Signature of Parent or Guardian

School personnel may administer and/or dispense medication to students in compliance with the following procedures approved by the Dade County Department of Public Health:

- A. When there exists a long-term or chronic illness or disability that requires maintenance type medicine and where failure to take prescribed medication could jeopardize the student's health and when the medication schedule cannot be adjusted to provide for administration at home.
- B. When there is a written treatment plan signed by a licensed physician and a consent form signed by parent or guardian attached to the student's Cumulative School Health Record (HRS-H Form 3041) for each type of medication prescribed. This treatment plan shall explain the necessity for the prescribed medication to be provided by during the school day.
- C. All medicine shall be received and stored in original containers. When the medication is not in use, it shall be stored in its original container in a secure fashion under lock and key in a location designated by the principal.
- D. The assistance in the administration of prescribed medication to students shall be done by the school principal or his/her trained designee.
- E. School personnel will maintain and keep current a list of students receiving medication during school hours, including name of medication, dosage, side effects, purpose and usual time of administration. At the time a student receives medication, the following must be recorded: time, date, and by whom it was administered. It is suggested this information be placed on a medication log. (Sample A)
- F. Authorization forms which include the physician's treatment plan, the necessity for medication, and consent of parent or guardian for assisting students in the administration of prescribed medication by school personnel will need to be filed only one time during a school year. The parent or guardian shall advise the school authorities, in writing, when a change of medication is required. A change in medication by the directing physician during the school year will require a renewal of the authorization forms.
- G. There shall be no liability for civil damages as a result of the administration of such medication where the person administering such medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances.
- H. Orientation and training of district personnel assisting students in the administration of prescribed medication will be conducted, as necessary, by the Department of Health. The orientation will include medication policies and procedures, student's medical problems, the medication, its purpose, side effects, expected results and administration, the delivery, storage and proper care of medication.



AUTORIZACION PARA LA ADMINISTRACION DE MEDICAMENTOS

NOMBRE DEL ESTUDIANTE _____ ESCUELA _____

TRATAMIENTO (para ser llenado por el medico)

FECHA _____	_____
DIAGNOSTICO _____	NOMBRE DEL MEDICO _____
_____	DIRECCION _____
MEDICINA Y DOSIS _____	TELEFONO _____
EFFECTOS SECUNDARIOS _____	ALERGIAS _____

RAZON DEL MEDICAMENTO _____	
INSTRUCCIONES AL PERSONAL ESCOLAR PARA LA ADMINISTRACION DEL MEDICAMENTO,	

IMPORTANTE: Si el medicamento se debe suministrar por un periodo largo de tiempo, vease al dorso las instrucciones bajo la letra F.

_____ FIRMA DEL MEDICO

AUTORIZACION DE LOS PADRES (para ser llenada por el padre o tutor)

FECHA _____

Por [a presente, doy mi permiso al director de la escuela o la persona designada a su efecto para suministrar el medicamento prescrito a mi _____

PARENTESCO

_____ NOMBRE DEL ESTUDIANTE

IMPORTANTE: Si el medicamento se debe suministrar por un periodo largo de tiempo, vease al dorso las instrucciones bajo la letra F.

_____ FIRMA DEL PADRE O TUTOR

El personal de la escuela puede ayudar en la administracion de medicamentos a los estudiantes que lo requieran y cumplir de esta manera con los procedimientos adoptados por el Departamento de Salud Publica del Condado de Dade.

- A. Cuando la enfermedad o, la incapacidad es cronica o de larga duracion y se requiere suministrar un medicamento; cuando el no proveer dicho medicamento puede poner en peligro [a salud del estudiante y cuando las horas para administrar dicha medicina no pueden alterarse fuera de las horas escolares.
- B. Cuando existe archivado en el expediente escolar del alumno (HRS-H Form 3041) un plan medico debidamente firmado por un medico y una declaracion de consentimiento escrita por los padres o tutores. Este plan debe explicar la necesidad para recibir ese medicamento durante horas escolares.
- C. Toda la medicina que se reciba debe mantenerse en su envase original. Cuando la medicina no este siendo suministrada, Debera guardarse en su envase original, bajo llave y en un lugar seguro e indicado por el director.
- D. La administracion del medicamento prescrito al estudiante se llevara a cabo por el director o por la persona designada a su efecto.
- E. El personal de la escuela debe mantener al dia una lista con los nombres de los estudiantes que reciben medicamentos durante las horas escolares, el nombre de la medicina, la dosis a seguir, efectos secundarios, razon del medicamento y cuando debe suministrarse. En el momento en que al estudiante se le da la medicina debe anotarse la hora, fecha y que persona lo ayuda. Se sugiere que toda esta informacion debe registrarse en un diario de medicamentos. (Adjunto A)
- F. La documentacion que comprende el plan medico, el consentimiento del padre o tutor y [a autorizacion para suministrar la medicina debe ser archivada una sola vez durante el curso escolar. El padre o tutor le avisara por escrito a la escuela cuando sea necesario cambiar el medicamento. Un cambio del medicamento ordenado por el medico requiere una renovacion de toda la documentacion.
- G. No existe ninguna responsabilidad en caso de una accion legal por daños y perjuicios si la administracion de dicho medicamento ha sido efectuada por una persona que ha actuado con la cordura y la prudencia que cualquier otra persona hubiese empleado en circunstancias semejates.
- H. El entrenamiento y las sesiones de orientacion al personal del distrito involucrado en ayudar a los estudiantes a recibir sus medicamentos, se efectuara cuando sea necesario, por el Departamento de Salud. Esta orientacion debe incluir los procedimientos a seguir con los medicamentos, problemas de salud del estudiante, los medicamentos, objetivos y efectos secundarios, resultados y la administracion, entrega, custodia y cuidado de los medicamentos.



OTORIZASYON POU MEDIKAMAN

NON ELÈV LA: _____ LEKÒL LA _____

PLAN TRETMAN (fè doktè a ranpli fòm sa a)

DAT _____ (Doktè)

KI MALADI LI SOUFRI _____ (A drès)

REMÈD AK DÒZ PRESKRI _____ (Nimewo Telefòn)

KI EFÈ YO _____ (Alèji)

REZON POU MEDIKAMAN AN _____

KÒMAN POU ANPLWAYE LEKÒL LA BAY REMÈD LA

NÒT: Si yo dwe bay medikaman an pou lontan, li paragraf F ki nan do fèy la. _____ (Siyati Doktè)

PÈMISYON PARAN (pou paran oswa gadyen an ranpli)

DAT _____

Mwen bay direktè lekòl la oswa moun li deziyen a pèmisyon pou bay remèd doktè preskri pitit mwen an

(Lyen Parante)

(Non elèv la)

NÒT: Si yo dwe bay medikaman an pou lontan, li paragraf F ki nan do fèy la. _____ (Siyati paran an oubyen gadyen an)

Anplwaye lekòl kab bay oubyen ede elèv yo pran medikaman selon pwosedi sa yo Depatman Sante Piblik Dade County apwouve.

- A. Lè genyen yon maladi k ap dire lontan oubyen yon maladi kwonik oubyen andomajman ki mande pou elèv la kontinye pran medikaman e lè li pa pran medikaman doktè yo preskri a sa kab lakoz sante l deteryore e lè orè pou l pran medikaman an pa ka ajiste pou l pran l lakay li.
- B. Lè genyen yon plan tretman ki egziste e yon doktè lisansye siyen l e yon paran oubyen gadyen siyen yon fòm pou bay konsantman l klase nan dosye sante (HRS-H Form 3041) lekòl la pou chak kalite medikaman ki preskri. Plan tretman sa a dwe eksplike nesesitye pou yo bay elèv la medikaman an pandan jounen lekòl la.
- C. Nou dwe pote tout remèd vini lekòl la nan boutèy yo te vann li a orijinal nan. Lè nou pap sèvi ak medikaman an nou ap konsève li nan boutèy li e plase li nan yon bifèt A kle nan yon kote direktè a endike.
- D. Se administratè a oubyen yon anplwaye direktè a chwazi k ap ede nan bay elèv yo remèd ki preskri.
- E. Anplwaye lekòl la ap kenbe yon lis ajou sou timoun k ap pran medikaman nan lè lekòl la, lis la ap genyen non medikaman an dòz la, efè medikaman an, rezon pou medikaman an e tou lè pou yo bay elèv la medikaman an. Lè yon elèv vin pran medikaman anplwaye a dwe make sa nan dosye a: lè a, dat la, e ki moun ki te bali medikaman an. Nou sijere pou enfòmasyon sa yo klase nan lis medikasyon an.
- F. Fòm otorizasyon ki gen plan tretman doktè a, nesesitye pou medikaman an, e konsantman paran an oubyen gadyen an pou anplwaye lekòl bay pitit yo medikaman ki preskri dwe ranpli e klase l nan yon sèlfwa pandan ane lekòl la. Paran oubyen gadyen an dwe avèti otorite yo nan lekòl la, a lekri, lè doktè a mande pou fè chanjman nan medikaman an. Yon chanjman doktè a fè nan medikaman an pandan ane lekòl la kab lakoz yo renouvle fòm otorizasyon an.
- G. Nou pa responsab domaj sivil kòm rezilta paske yon moun te bay timoun nan medikaman sa a, kote moun nan te bay medikaman an kòm yon responsablite dòdinè A prekosyon li ta va pran nan nenpòt oubyen nan sikonstans parèy.
- H. Lè li nesesitye Depatman Sante ap ofri oryantasyon antrenman pou anplwaye distri a ede elèv yo nan ba yo medikaman preskri. Oryantasyon an ap kouvri règleman, pwosedi, pwoblèm medikal elèv la, medikaman an, rezon pou li, efè li, ki rezilta yo espere paske elèv la ap pran medikaman an, resevwa medikaman an, kòman pou konsève li e prekosyon pou yo pran ak medikaman an.



Miami-Dade County Public Schools
Division of Student Services, Comprehensive Health Services
MEDICATION LOG

Name of Student :	Medication :
Address :	Dosage :
Tel/Home Contact :	Time:
Classroom/Home Room :	Side Effects :

Record of Administration

Medication:	Dose:	Date/Time:	Signature of person Administering	Comments

Welfare**SCHOOL HEALTH SERVICES PROGRAM**

The Florida School Health Services Act of 1974 authorized the development and implementation of the School Health Services Plan which is a joint responsibility of the Department of Health and The School Board of Miami-Dade County, Florida. The primary purpose of the School Health Services Program is to provide learning experiences and health services that will help the student and the family develop and maintain sound health practices throughout their lives. The objectives of this program include the promotion of health, the prevention of disease and injury, and the provision of an optimal educational environment.

The Superintendent of Schools shall establish such procedures as are necessary to provide for cooperative efforts in this area and for implementation of statutes pertaining to health programs to be provided in the schools.

I. School Health Facilitator

Each school shall have a health facilitator appointed by the principal who works with the principal, faculty, public health nurse, and other resource persons in the implementation of an effective health program. Responsibilities of the facilitator are outlined in the **Handbook for School Health Facilitators**.

II. Entrance Requirements

The Office of Comprehensive Health Services, in cooperation with the Department of Health, will develop and distribute annually the appropriate procedures for the implementation of the Florida School Health Services Plan.

The requirements of the Florida School Health Services Plan, in accordance with the amended School Health Services Act of 1974, are as follows:

A. Physical Examination

The Florida School Health Services Plan provides that all children of school age shall have health examinations performed at appropriate intervals by their family physicians or by physicians provided by public health agencies. This health examination shall be administered within twelve (12) months prior to initial entry into a Florida school. Parents of all students are to present evidence of health examination on the appropriate **School Entry Health Exam** (DH 3040) prior to initial entrance into a Miami-Dade County Public School. Parents who, for economic reasons, are unable to have their children examined by a private physician, may obtain a health examination from the Department of Health or neighborhood health centers.

To be considered complete, the school health exam must include a tuberculosis clinical screening and appropriate follow-up.

Students transferring into the Miami-Dade County Public Schools from another school within the State of Florida who have a completed health examination form as part of their school record need not be re-examined.

The **School Entry Health Exam** (DH 3040) shall be attached to the **Cumulative School Health Record** (DH 3041) and filed as part of the Cumulative Record Folder.

B. Immunization

1. The Florida School Health Services Plan requires each child entitled to initial entrance into a Florida public school to present a **Certificate of Immunization** (DH 680 - Part A) from a licensed practicing physician or a county health officer prior to the child's entry into school.
2. Children admitted to school with temporary certification, **Certificate of Immunization** (DH 680-Part A-1 or A-2), shall be excluded from school attendance if additional certification is not presented on or before the expiration date noted on the temporary certificate.

The principal is responsible for monitoring the status of students admitted with temporary certification. Two weeks prior to the expiration date, letters should be sent to parents alerting them to impending exclusion.

3. The Plan further provides that any child shall be exempt from immunization upon written request of the parent or guardian stating an objection to such immunization on religious grounds, **Religious Exemption Certificate** (DH 681), or upon written certification, **Certificate of Immunization** (DH 680 - Part C), by a competent medical authority. It is understood that children with medical or religious exemptions will be subject to exclusion from school during any communicable disease epidemic.
4. Each student is required to have on file a Florida **Certificate of Immunization** (DH 680) or an exemption for attendance in a public school in Miami-Dade County for grades Pre-K through 12. Students who do not meet this requirement will be subject to temporary exclusion from school until proper documentation is presented.

The **Certificate of Immunization** shall be attached to the **Cumulative Health Record** (DH 3041) and filed as part of the student's Cumulative Record Folder.

C. Tuberculosis Clinical Screening

Each student shall have proof of a tuberculosis clinical screening and appropriate follow-up prior to initial enrollment in any grade in a Miami-Dade County Public School. This screening is to be administered at the time of the Student Health Exam and within twelve (12) months prior to initial enrollment in any grade in a Miami-Dade County Public School. If the screening indicates that a follow-up skin test is needed, a student can be admitted but only with a health provider's statement that the student is free of communicable tuberculosis and can attend school.

III. Health Appraisal and Information

A. The Cumulative School Health Record

The **Cumulative School Health Record** (DH 3041) is supplied by the Department of Health. It is the responsibility of personnel within the individual school to initiate this form, including all identifying data. This record is to be retained permanently as a part of the student's Cumulative Record Folder. Results of periodic screening tests, follow-up services, and notations of significant injuries and illnesses are to be promptly and accurately recorded on this form by authorized school and public health personnel.

B. Health Screening

1. Heights and weights shall be taken and recorded at least once a year in grades Pre-K through 5, preferably during the first eight weeks of each school year, under the supervision of school and/or health personnel. Heights and weights are to be recorded on the **Cumulative School Health Record** (DH 3041).
2. Vision screening shall be done annually for each student in grades Pre-K, kindergarten, 1, 3, 6, and 10 with the use of, but not limited to the Snellen Eye Chart, under the supervision of school and/or health personnel. Any student who, at any time during the school year, appears to have a vision problem shall be referred to the school public health nurse, for vision testing. The results of the vision screening and follow-up are to be recorded on the **Cumulative School Health Record** (DH 3041).

Parents of students who fail the vision screening test are to be notified and referred to private eye specialists or to the school public health nurse.

3. Audiometric screening will be performed annually on all students in grades Pre-K, kindergarten, 1, 2, 3, 6, and 10 under the supervision of school and/or health personnel. Any student who, at any time during the school year, appears to have a hearing

loss will be referred to the school speech/language pathologist for audiometric screening or to a certified audiologist for audiometric testing.

Parents of students who fail the audiometric test are to be notified and referred to private physicians, to the Conservation of Hearing Clinic, Jackson Memorial Hospital, or a certified audiologist. The results of the audiometric screening and follow-up are to be recorded on the **Cumulative School Health Record** (DH 3041).

4. Provide vision and audiometric screening and follow-up services for all new students entering Miami-Dade County Public Schools in the remaining elementary grade levels.
5. Other types of health screening shall be conducted in accordance with the Florida Health Services Plan.

Parents of students who fail any of the health screening tests are to be notified in writing and referred to appropriate health care specialists.

C. Teacher-Nurse Conferences

Teacher-nurse conferences, initiated by the public health nurse, will be scheduled in grades Pre-K through 5 at least once a year and whenever necessary in the secondary schools. The purpose of such conferences is to review teacher observation and health information regarding individual students to determine the need for referral, follow-up, or special study.

IV. Health Station

Each school shall provide physical facilities for the implementation of the Florida School Health Services Plan. This space (clinic) shall be equipped to provide to students emergency aid, temporary relief, and other health services program activities.

V. Medication

School personnel may assist students in the administration and/or dispensing of prescribed medication to students in compliance with the following procedures approved by the Department of Health:

- A. When there exists a long-term or chronic illness or disability that requires maintenance-type medicine and where failure to take prescribed medication could jeopardize the student's health and when the medication schedule cannot be adjusted to provide for administration at home.

- B. When there is a written treatment plan signed by a licensed physician and a consent form signed by the parent or guardian attached to the student's **Cumulative School Health Record** (DH 3041) for each type of medication prescribed. This treatment plan shall explain the necessity for the prescribed medication to be provided during the school day.
- C. All medicine shall be received and stored in original containers. When the medication is not in use, it shall be stored in its original container in a secure fashion under lock and key in a location designated by the principal.
- D. The assistance in the administration of prescribed medication to students shall be done by the school principal or his/her trained designee.
- E. School personnel will maintain and keep current a list of students receiving medication during school hours, including name of medication, dosage, purpose, and usual time of administration. At the time a student receives medication, the following must be recorded: time, date, and by whom administered.
- F. Authorization forms which include the physician's treatment plan, the necessity for medication, and the consent of the parent or guardian for assisting students in the administration of prescribed medication by school personnel will need to be filed only one time during a school year. The parent or guardian shall advise the school authorities, in writing, when a change of medication is required. A change in medication by the directing physician during the school year will require a renewal of the authorization forms.
- G. There shall be no liability for civil damages as a result of the administration of such medication where the person administering such medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances.
- H. Orientation and training of personnel assisting students in the administration of prescribed medication will be done yearly or as necessary by the school nurse.

VI. Emergency Services

A. First Aid

Instructions provided by the Department of Health shall be posted in every health station (clinic) within the school. These instructions shall be followed by all school and health personnel in administering first aid.

B. Student Injuries

Emergency first aid shall be administered to injured students. The emergency rescue service shall be called for students involved in serious injuries.

The Office of Risk and Benefits Management shall be responsible for formalizing the administrative reporting procedures concerning student injuries.

C. Emergency Information Card

The emergency information card, which is on the back of the Student Data Card, shall be updated annually, at each school center, for each student, noting contact person, family physician, allergies, significant health history and permission for emergency care.

D. Emergency Care Providers

It is required that each school shall have at least two individuals who are certified emergency care providers and their names shall be posted in several areas throughout the school.

VII. Communicable Disease Control

Suspected cases of communicable disease shall be reported promptly to the respective ACCESS Center by the school principal or designee.

Under Florida Statutes, the Department of Health has supervision over matters pertaining to public health, including that of school children. Laws, rules and regulations relating to contagious or communicable diseases and sanitary matters must not be violated. In case of an epidemic of a communicable disease among the students of a school, the Superintendent of Schools cooperates with the County Health Officer in accordance with the rules and regulations prescribed by the State of Florida.

VIII. Sanitation

The Department of Health is required to inspect public schools to ensure that health and sanitation standards established by the state are being followed. School personnel shall cooperate with the Department of Health inspectors in establishing and maintaining optimum standards of sanitation and health. Health and sanitation inspections of school buildings and grounds will be conducted a minimum of twice each year. Inspections of the kitchens and cafeterias will be conducted a minimum of four times each year.

Principals are responsible for ensuring that prescribed sanitation and health standards are established and followed throughout the year. Any problems should be brought to the attention of the Department of Safety, Environment and Hazards Management.

Specific Authority: 1001.41(1)(2); 1001.42(22); 1001.43(10) F.S.
Law Implemented, Interpreted, or Made Specific: 1003.22 F.S.

History: THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

New: 6-4-80

Amended: 11-18-81; 2-17-82; 9-21-83; 10-2-85; 3-19-86; 11-5-86; 7-22-87; 5-7-97;
8-22-01; 10-22-03; 8-18-04