

HISTORY OF GROWTH AND DEVELOPMENT SCREENING IN FLORIDA'S SCHOOLS

Growth and development screening was mandated for public school students with the passage of the School Health Services Act of 1974 (currently s. 381.0056, F.S.). Chapter 64F-6.003, F.A.C. does not specifically reference body mass index; however, the standards and measurement tools for conducting growth and development screening historically have been based on national recommendations by the Centers for Disease Control and Prevention. In this way, the rules established by the Department of Health follow state law and incorporate the best national practices. The provision of these mandated screenings and other health services are a collaborative effort in each county and are delineated by the local school health services plan. The following is a timeline of events summarizing growth and development screening in Florida public schools.

1974: The School Health Services Act of 1974 established in the Department of Health and Rehabilitative Services (HRS) the first formal school health requirements that included vision, hearing, growth and development, and scoliosis screening of public school students. As defined by this act, "Screening means the presumptive identification of unknown or unrecognized disease or defects by the application of tests that can be given with ease and rapidity to apparently healthy persons."

1983: Growth and development screening standards for the school health services program were established in the HRS Manual 150-25 (April 15, 1983; updated February 1, 1989). As stated in the manual, the purpose of growth and development screening is that "accurate height and weight measurements provide insight into the student's physical growth and development if taken at regular intervals and recorded on charts or grids which allow comparison with past measurements and with standards for age and weight for height. Comparison of these measurements to accepted norms is the baseline for nutritional assessment." These charts were completed and included in the student's health record.

1986: The charts used to record and monitor "growth and development" screening were adopted using the proposed national standards from the *National Center for Health Statistics and Center for Disease Control and Prevention*: "Growth Charts with Reference Percentiles for Girls 2 to 18 Years of Age" and "Growth Charts with Reference Percentiles for Boys 2 to 18 Years of Age" (HRS Form 311A, Jan 86).

1996-97: HRS was split into 2 agencies - Department of Health (DOH), and Department of Children and Families during the 1996-97 legislative session. DOH assumed responsibility for the School Health Services Program.

2000: The Centers for Disease Control and Prevention revised its recommendations for growth and development screening to incorporate Body Mass Index (BMI) based on recommendations from national experts. In 1994, an expert committee charged with developing (national) guidelines for overweight in adolescent preventive services recommended that BMI be used routinely to screen for overweight adolescents (ages 11-21 years). Additionally, in 1997 an expert committee on the assessment and treatment of childhood obesity concluded that BMI should be used to screen for overweight children (ages 2 years and older), using the BMI curves from the revised growth charts. The CDC included the new BMI growth charts as part of the new standard set of growth charts released in May 2000.

2001: DOH adopted the new CDC growth charts to record school health growth and development screening including the use of body mass index: "2 to 20 years: Girls Body mass index-for-age percentiles" and "2 to 20 years: Boys Body mass index-for-age percentiles" (DH-SH 3183/3184, 4/01). In addition, the Florida WIC (Women, Infants, and Children) program also included the use of CDC BMI growth charts as part of the standard set of growth charts.

2002: Statewide collection of school health growth and development with BMI screening data started with the 2002-03 school year. The DOH Health Management System collects and reports aggregate data from each county school health program (county health departments and school districts), specifically the numbers of students measured in the BMI categories (underweight, healthy weight, overweight, obese). This allows registered nursing staff to notify parent's when additional evaluation by a health professional may be indicated.

2010: The School Health Program continues to screen for growth and development based on the School Health Services Act of 1974 and subsequent statute revisions. This screening is accomplished by using the nationally recommended growth charts by the Centers for Disease Control and Prevention. These growth charts include BMI measurement as it is now considered a standard part of screening for growth and development. This information is used by nurses help address the crisis of childhood obesity and the potential for associated chronic diseases. According to local school policy, parents may be informed of the potential need for health services, and offered assistance to identify health providers, if necessary. Growth and development screening is only one component of the recommended health screenings offered to public school children through the School Health Services Program (s. 381.0056, F.S.). Parents have the ability to opt their children out of specific screenings or other school health services.

Note: This timeline includes major historical benchmarks in the development of growth and development screening in Florida's schools. It is not intended to represent all activities related to the development of this screening process.

1 Attachment:

School Health Services Act of 1974

1974 SUPPLEMENT To FLORIDA STATUTES 1973

Regular Session, April 2-May 31, 1974
Special Session, November 19, 1974



Prepared by the
Statutory Revision and Indexing Division under the supervision of
The Joint Legislative Management Committee

Published by the
STATE OF FLORIDA
TALLAHASSEE
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402.313 Family day-care homes.—

(1) Family day-care homes may be licensed under this act if they are presently being licensed under an existing county licensing ordinance or if the board of county commissioners passes a resolution that family day-care homes be licensed. If not subject to license, family day-care homes may report annually to the department the following information: the name and address of the home, the name of the operator, the number of children served, and the availability of emergency care.

(2) This information shall be included in a directory to be published annually by the department to inform the public of available child-care facilities.

(3) Family day-care home operators may avail themselves of supportive services offered by the department.

History.—s. 13, ch. 74-113.

402.314 Supportive services.—The department shall provide consultation services, technical assistance, and in-service training, when requested and as available, to operators, licensees, and applicants to help improve programs and facilities for child care, and shall work cooperatively with other organizations and agencies concerned with child care.

History.—s. 13, ch. 74-113.

402.315 Funding.—

(1) If the county designates a local agency to be responsible for the licensing of child-care centers, the county shall bear the costs involved.

(2) The state will bear the costs of the licensing of child-care centers when contracted to do so by a county or when directly responsible for licensing in a county which fails to meet or exceed state minimum standards.

History.—s. 15, ch. 74-113.

402.316 Exemptions.—

(1) The provisions of this act shall not apply to a child-care facility which is an integral part of church or parochial schools conducting regularly scheduled classes, courses of study, or educational programs accredited by, or by a member of, an organization which publishes and requires compliance with its standards for health, safety, and sanitation. However, such facilities shall meet minimum requirements of the applicable local governing body as to health, sanitation, and safety.

(2) Any county or city with state or local child-care licensing programs in existence on July 1, 1974 will continue to license the child-care facilities as covered by such programs, notwithstanding the provisions of subsection (1), until and unless the licensing agency makes a determination to exempt them.

(3) Any child-care facility covered by the exemption provisions of subsection (1), but desiring to be included in this act, is authorized to do so by submitting notification to the department. Once licensed, such facility cannot withdraw

from the act and continue to operate.

History.—s. 16, ch. 74-113.

***402.32 School health services program.—**

(1) This section shall be known and may be cited as the "School Health Services Act of 1974."

(2) The legislature finds that health services conducted as a part of the total school health program should be carried out to appraise, protect, and promote the health of students. School health services supplement, rather than replace, parental responsibility and are designed to encourage parents to devote attention to child health, to discover health problems, and to encourage use of the services of their physician, dentist, and community health agencies.

(3) The following words and phrases shall have the following meanings for the purpose of this section:

(a) "Screening" means presumptive identification of unknown or unrecognized disease or defects by the application of tests that can be given with ease and rapidity to apparently healthy persons.

(b) "Physical examination" means a thorough evaluation of the medical status of an individual.

(c) "Indigent children" means any children of a family eligible for free or reduced price lunches, special programs under Title I of the Elementary and Secondary Education Act, or the aid to families with dependent children program.

(d) "Emergency health needs" means onsite management and aid for illness ***[or] injury pending student return to classroom or release to parent, guardian, designated friend, or designated health care provider.

(4) Duties of the Department of Health and Rehabilitative Services shall be:

(a) To employ, contract for, and supervise health service personnel for each school in the district in accordance with the state plan; however, in matters of coordination of health service programs with other school programs, the principal of each school shall have immediate supervisory authority over the health personnel working in that school.

(b) To carry out health appraisal and screening programs which include periodic review and analysis of health-related records, observation, and screening tests, consistent with sound health practices. Screening shall include vision, hearing, growth and development, nutrition, dental health, mental health, and communicable diseases.

(c) To meet emergency health needs.

(d) When definitive diagnosis or treatment is indicated, to consult with parents or guardians, when appropriate, regarding the need for medical attention by the family physician, dentist, or other specialist, as the case may require.

(e) To follow up on children referred for further diagnosis and treatment.

(f) To provide indigent children with physical examinations and to refer indigent children to appropriate medical and dental treatment, in co-

operation with the private medical and dental community whenever possible.

(g) In cooperation with school personnel, to counsel pupils and parents in matters regarding health programs and practices.

(h) To maintain records by school on the incidence of health problems, corrective measures taken, and such other information as may be needed to plan and evaluate health programs. Records on individual children shall remain confidential in accordance with law and regulations of the Department of Health and Rehabilitative Services and the State Board of Education.

(i) To aid in the diagnosis and evaluation of children for placement in exceptional child programs and in the reevaluation at periodic intervals of the children placed in such programs.

(j) In cooperation with the Department of Education, to promulgate the rules and regulations necessary for the implementation of this section.

(k) In cooperation with school officials, to provide assistance to school personnel in such areas as health education programs, identification of children with health problems, and working with children with special health problems.

(5) Each district school board, and the Department of Education where applicable, shall have the duty:

(a) To coordinate the educational aspects of the school health services program with the Comprehensive Health Education Act of 1973 and to include health services and health education as part of the school districts' comprehensive educational plan.

(b) To cooperate with the Department of Health and Rehabilitative Services in the provision of health services to children.

(c) To provide physical facilities at each school for the health services program.

(d) To provide inservice health training for school personnel.

(e) To cooperate with public health personnel in counseling pupils and parents in matters regarding health programs and practices.

(6) Nonpublic schools may request to participate in the school health services program. Nonpublic schools voluntarily participating in the school health services program shall comply with paragraphs (b)-(e) of subsection (5).

(7) At the beginning of each school year, parents or guardians will be requested to provide their written permission for medical or physical examination, screening, and treatment. Any child shall be exempt from medical or physical examination, screening, and treatment if his parent or guardian does not provide such permission. However, the laws, rules, and regulations relating to contagious or communicable diseases and sanitary matters shall not be violated.

(8) School health services shall be implemented in annual increments so that all children will be served by 1979. Expenditures for school health services shall be accounted for by county in accordance with standards established by the Department of Health and Rehabilitative Services or as provided by law. Implementation

shall commence January 1, 1975, upon completion of the plan ******[required by s. 8, ch. 74-356]. There is hereby designated from the moneys appropriated to the Department of Health and Rehabilitative Services for fiscal year 1974-1975 the amount of \$50,000 for planning and evaluation for the purpose of carrying out this section.

History.—ss. 1-7, 9, ch. 74-356.

*Note.—Subsections (1)-(7) effective January 1, 1975.

**Note.—Bracketed words added by the editors in the interest of clarity.

***Note.—Bracketed word substituted for "of" by the editors.

CHAPTER 403

ENVIRONMENTAL CONTROL

PART I POLLUTION CONTROL

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PART I

POLLUTION CONTROL

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403.031 Definitions.—In construing this chapter, or rules and regulations adopted pursuant thereto, the words, phrases or terms, unless the context otherwise indicates, shall have the following meanings:

(1) "Department" is the Department of Pollution Control.

(2) "Pollution" is the presence in the outdoor atmosphere or waters of the state of any substances, contaminants, noise, or man-made or man-induced alteration of the chemical, physical, biological, or radiological integrity of air or water in quantities or ***[at]** levels which are or may be potentially harmful or injurious to hu-