

b. If the insured does not bring their loan current within the time provided in the notice of intent, a premium finance company may mail the insurer a request for cancellation as provided in Section 627.848(1)(a)2., F.S.

3. Upon receipt of a request for cancellation from a premium finance company after the grace period specified in an Emergency Order expires, the insurer will process the cancellation in accordance with paragraph (i).

4. Any insurer who is unable to cancel because it has received a claim under a policy for which it receives a notice of cancellation from a premium finance company will offset the balance owed the premium finance company, as disclosed in the notice of cancellation, from the first claim payments made under the policy.

5. No late charges shall be assessed for any insured who qualifies for protection under this rule.

(p) Subsection (2) of this rule shall not apply to policies for the following kinds of insurance issued by authorized insurers which cover a business that is domiciled or maintains its primary place of business outside of the State of Florida: Surety insurance as defined in Section 624.606, F.S.; Fidelity insurance as defined in Section 624.6065, F.S.; Marine insurance, wet marine and transportation insurance and inland marine insurance as defined in Section 624.607, F.S.; Title insurance as defined in Section 624.607, F.S.; Collateral Protection insurance as defined in Section 624.6085, F.S.; Workers' Compensation insurance as defined in Section 624.605, F.S.; Casualty insurance as defined in Section 624.605, F.S., but limited to coverage of commercial risks other than residential or personal property; and property insurance as defined in Section 624.604, F.S., but limited to coverage of commercial risks other than residential or personal property. Additionally, this rule shall not apply to life insurance policies or annuity contracts that are owned by a person other than the insured or the annuitant or where the premium payer under such policy is a person other than the insured or annuitant and such owner or premium payer does not reside in the referenced areas.

(q) Any insurer that becomes impaired or insolvent due to a hurricane or natural disaster or the operation of subsequent rules and orders has a duty to report the resulting financial condition to the Office as soon as possible. Notwithstanding any other provisions contained herein, the Office may exempt any insurer from compliance with this rule if the Office determines that compliance with this rule may be reasonably expected to result in such insurer being subject to financial regulatory action levels by the Office.

(r) The provisions of this rule shall be liberally construed to effectuate the intent and purposes expressed therein and to afford maximum consumer protection.

Specific Authority 624.308, 627.7019 FS. Law Implemented 624.307(1), 627.7019 FS. History—New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Carol McBrier, Property and Casualty, Office of Insurance Regulation

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Tom Streukens, Deputy Commissioner, Office of Insurance Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: June 13, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: May 26, 2006

Section III Notices of Changes, Corrections and Withdrawals

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Agricultural Environmental Services

RULE NO.: 5E-2.028
RULE TITLE: Restrictions on Use and Sale of Aldicarb; Permit Requirements and Procedures; Forms; Department Authorization; Records; Penalties

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 32, No. 32, August 11, 2006 issue of the Florida Administrative Weekly.

WHEN AMENDED THE PROPOSED RULE WILL READ AS FOLLOWS:

5E-2.028 Restrictions on Use and Sale of Aldicarb; Permit Requirements and Procedures; Forms; Department Authorization Approval; Records; Penalties.

(1) Use and Sale Restrictions. The use of aldicarb in accordance with label directions is authorized statewide, with the following restrictions:

(a) Aldicarb shall be applied only during the time period for which written or electronic authorization has been ~~is~~ issued by the department by means of an aldicarb permit.

(b) Aldicarb shall be applied only at ~~the~~ sites for which written or electronic authorization has been ~~is~~ issued by the department by means of an aldicarb permit.

(c) Experimental use must be authorized by the United States Environmental Protection Agency or the department.

(d) Aldicarb shall not be applied within 300 feet of any well in this state, with the exception of wells that meet the provisions of paragraph (1)(f)(~~e~~).

(e) Aldicarb shall not be used in Florida citrus on any soil series identified by the USDA Natural Resources Conservation Service as highly permeable well-drained soil within 1,000 feet

~~of any well, with the exception of wells that meet the provisions of paragraph (1)(f) or (1)(g). Soil series which have been identified by the USDA Natural Resources Conservation Service as highly permeable well-drained soil include but are not limited to the following: Aldicarb shall not be used on Florida citrus within 1000 feet of any well when any soil series within the intended site of application is identified by the U.S.D.A. Soil Conservation Service as highly permeable well-drained sand, unless the applicator furnishes the department with construction documentation confirming that the well is properly cased to a depth of 100 feet below ground surface or a minimum of 30 feet below the water table. The 1000-foot setback requirement shall not apply to any wells that meet the provisions of paragraph (1)(e). Soils series which have been identified by the U.S.D.A. Soil Conservation Service as highly permeable well-drained sand include, but are not limited to, the following:~~

~~Adamsville
Archbold
Astatula
Candler
Cassia
Lake
Neillhurst
Orsino
Palm Beach
Paola
Satellite
St. Lucie
Tavares~~

~~Well construction documentation shall consist of either a copy of the well completion report issued by the appropriate water management district or a statement certified as to accuracy by a licensed well contractor.~~

~~(f)(e) Any well that meets the following provisions is exempt from the 300-foot and 1,000-foot setback requirements specified in paragraphs (1)(d) and (1)(e):~~

- ~~1. The well is not used for human consumption;~~
- ~~2. The well has been posted with a conspicuous warning notice stating "NOT FOR HUMAN CONSUMPTION"; and~~
- ~~3. If the well is situated on property under different ownership from the property where the aldicarb application is to be made, a signed statement has been obtained from the well owner authorizing the posting of the warning notice specified in subparagraph (1)(f)(e)2.~~

~~(g) The 1,000-foot setback requirement in paragraph (1)(e) shall not apply to wells for which the permit applicant has furnished the department well construction documentation confirming that the well is continuously cased to a depth of at least 100 feet below ground surface or at least to a minimum depth of 30 feet below the top of the shallowest water-producing zone recognized at the time of well~~

~~construction. Well construction documentation shall consist of either a copy of the well completion report issued by the appropriate water management district or a statement certified as to accuracy by a Florida-licensed well contractor. Effective July 1, 2007, the well completion report or statement certified by a Florida-licensed well contractor must contain the following information: well location; casing depth; static water level at time of well completion if not continuously cased to a depth of 100 feet or greater; and name of water management district or Florida-licensed well contractor that issued the document. Well location must be identified by county, range, township, and section; and, effective July 1, 2007, Global Positioning System (GPS) latitude and longitude coordinates in decimal degrees. Latitude and longitude coordinates must be accurate to a minimum of five places after the decimal and must be in the format of this example: Latitude: 28.45874; Longitude: -82.08945.~~

~~(h)(f) Warning notices specified in subparagraph (1)(f)2. (e) of this subsection shall remain in place subsequent to the aldicarb application until sampling and analysis of the well water performed or approved by the department indicate an aldicarb residue level in compliance with the standards established by the Florida Department of Environmental Protection in Chapter 62-550, F.A.C.~~

~~(i)(g) Citrus grove use is limited to one application per tree per use season year. For purposes of this rule, the citrus use season is defined as the period November 15 – April 30. Such application may be made only during the period January 1 – April 30. Application shall not exceed the rate of 5 pounds active ingredient or 33 pounds of 15G formulation per acre.~~

~~(j)(h) Any drinking water well found to contain aldicarb residues in excess of the standards established by the Florida Department of Environmental Protection in Chapter 62-550, F.A.C., shall have further use of the chemical within 1,000 feet of the well suspended immediately. The suspension shall remain in effect until the well has undergone remedial treatment in a manner acceptable to the department or until subsequent sampling and analyses of the well water performed or approved by the department indicate residue levels in compliance with standards established by the Florida Department of Environmental Protection.~~

~~(k)(i) Sales documents from any person selling or distributing aldicarb in Florida shall state: "For use only as authorized by Rule 5E-2.028, F.A.C."~~

~~(2) Permit Reporting Requirements and Procedures.~~

~~(a) At least 10 days prior to applying aldicarb in this state, the licensed applicator shall obtain a permit to apply aldicarb in Florida. Permits may be obtained by filing an application for permit with the department and meeting all permit requirements. Applications shall be filed either electronically on the web site <http://www.temikpermit.com> or in hard copy by delivery of a completed Application for Permit to Apply Aldicarb (Temik), Form DACS-13317, revised 9/06~~

~~4/02~~, to the address listed on the form. For the purposes of this rule, filing means received by the department. Licensed pesticide applicators may obtain a username and password to use the electronic filing process by submitting a completed Request for Username and Password for Electronic Temik Permit Application, Form DACS-13356, revised 5/04 ~~new 2/02~~, to the address listed on the form.

~~(b)~~ Licensed applicators conducting research with aldicarb and making application to no more than 10 acres per site shall be exempt from the 10 day pre application requirement, provided a signed statement attesting the application is for research purposes is filed with the permit application and provided a permit is obtained before the application is made.

~~(b)(e)~~ Each ~~intended~~ application site shall be listed on as a separate ~~entry on the~~ permit application. Application sites situated in more than one township, range, and/or section must be submitted as multiple sites, with each site identified as one entry with a distinct township, range, and section.

(c) Each application site must be identified with county, range, township, and section; and, effective July 1, 2007, indication on a section diagram of all 1/4 of 1/4 sections in which any part of the application site is situated.

(d) With the exception of non-drinking wells that meet the provisions of paragraph (1)(f), well location must be provided for each well that determines an application setback at the application site based on the requirements of paragraph (1)(d) or (1)(e). Well location does not need to be provided for any well that meets the provisions of paragraph (1)(f), but the number of such wells within the application site must be provided. Well location must be identified by county, range, township, and section; and, effective July 1, 2007, Global Positioning System (GPS) latitude and longitude coordinates in decimal degrees. Latitude and longitude coordinates must be accurate to a minimum of five places after the decimal and must be in the format of this example: Latitude: 28.45874; Longitude: -82.08945.

~~(3)(4)~~ Forms.

(a) Form DACS-13317, Application for Permit to Apply Aldicarb (Temik), revised 9/06 ~~4/02~~, hereby adopted and incorporated by reference, may be obtained from the web site <http://www.flaes.org> or from the Pesticide Certification Section, Florida Department of Agriculture and Consumer Services, 3125 Conner Boulevard, Building 8 (L29), Tallahassee, Florida 32399; telephone (850)488-3314.

(b) Form DACS-13356, Request for Username and Password for Electronic Temik Permit Application, revised 5/04 ~~new 2/02~~, hereby adopted and incorporated by reference, may be obtained from the web sites or from the Pesticide Certification Section, Florida Department of Agriculture and Consumer Services, 3125 Conner Boulevard, Building 8 (L29), Tallahassee, Florida 32399; telephone (850)488-3314.

~~(4)(3)~~ Department Authorization; ~~Permit~~.

(a) No person shall apply aldicarb in this state unless written or electronic authorization has been issued by the department by means of an aldicarb permit.

(b) No person shall apply aldicarb in this state to any site ~~until for at least 10 days after~~ an aldicarb permit has been approved for that site. ~~This subsection shall not apply to licensed applicators who apply aldicarb for research purposes to 10 acres or less per site and who otherwise meet the requirements set forth in this chapter.~~

(c) The department shall designate on the permit ~~application~~ the time period dates during which aldicarb is approved for application ~~in this state~~. The time period authorized for application shall not exceed six (6) months.

(d) Department authorization is not transferable.

(e) The department shall deny permit applications that list application sites in areas determined by the department to be unsuitable for aldicarb application. Areas unsuitable for aldicarb application are those geographic areas in which potable well water sampling has revealed a pattern of detections of aldicarb or aldicarb residues at concentrations exceeding water quality standards established by the Florida Department of Environmental Protection in Chapter 62-550, F.A.C. Petitions for the reversal of determinations of unsuitability for aldicarb application shall be submitted to the department for review and consideration. In reviewing such petitions, the department shall evaluate the adequacy of documentation submitted by the petitioner to demonstrate that proposed reintroduction of aldicarb use would not result in water quality violations in potable wells in the area. Pending approval of the submitted documentation, the department shall require the petitioner to provide written permission to reverse the unsuitability determination from all property owners affected by the proposed change.

~~(5)(4)~~ Records. Each applicator shall maintain a copy of all aldicarb permits approved by the department for that applicator, including all attachments, for a minimum of 2 years. These records shall be made available upon request by an authorized representative of the department. For permit approvals issued to the applicator via the web site <http://www.temikpermit.com>, upon request by an authorized representative of the department, the applicator must either provide a printed copy of the permit information from the web site or make the permit information available by computer screen for review and printing by the department representative.

~~(6)(5)~~ Penalties. The use, sale, distribution or application of aldicarb by any person in a manner inconsistent with the provisions of this rule is a violation of Chapter 487, F.S. and subject to the penalties described therein.

Specific Authority 487.042, 487.051, 570.07(23) FS. Law Implemented 487.051, 487.160 FS. History—New 1-1-84, Amended 4-8-84, 5-8-85, Formerly 5E-2.28, Amended 2-9-93, 7-18-95, 9-21-98, 3-28-02,_____.

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

STATE BOARD OF ADMINISTRATION

RULE NO.: RULE TITLE:
19-15.001 Insurance Capital Build-Up Incentive Program

NOTICE OF CHANGE

INCORPORATED FORMS TO BE CHANGED

Insurance Capital Build-Up Incentive Program Surplus Note, Form SBA 15-2.

State Board of Administration of Florida Insurance Capital Build-Up Incentive Program Quarterly Net Written Premium Report, Form SBA 15-3.

NOTICE IS HEREBY GIVEN by the State Board of Administration of Florida that the wording of paragraphs (3)(k), (4), (6), (8) and (9) of Rule 19-15.001, F.A.C., have changed from the Notice of Proposed Rulemaking published in the June 30, 2006 edition of the Florida Administrative Weekly, Vol. 32, No. 26.

Paragraph (3)(k) has had additional language added to the end. Only the newly added language is underlined below:

(3) Definitions.

(k) "New Capital" must be in the form of Cash or Cash Equivalents and be recorded as additional paid-in capital or new stock issued. New Capital does not include Citizens Property Insurance Corporation take-out bonuses pursuant to Section 627.3511, F.S. A New Capital contribution does not constitute contributions by the Insurer made prior to the Insurer's application date for the Surplus Note or any other funds contributed to the Insurer's Surplus which are made for purposes other than in conjunction with the requirements of the Program. New capital may include the initial contribution to surplus for a new insurer if such insurer has been formed in order to participate in the insurance capital build-up incentive program and the capital contribution was made in conjunction with the insurer applying for the surplus note.

Paragraph (4)(g): The last sentence in paragraph (4)(g) has been moved down and renumbered as (4)(h) and what was formerly (4)(h) has been renumbered (4)(i).

Paragraph (6) has been amended to replace the "may" in the third sentence with "shall." Only the newly added language is underlined below:

....Prioritization shall occur based upon the following criteria:

Paragraph (8)(e) has been added which reads as follows:

(e) A late fee in the amount of 5% of the invoiced amount may be charged if a payment is received five calendar days after the due date except such fee will not be charged if it

results from a delay beyond the control of the insurer arising from the Office's disapproval of the payments or delay in issuing approval of the payment of interest or principal.

Paragraph (9)(a)1. has had additional language added to the end. Only the newly added language is underlined below:

1. Failure to reach the Minimum Writing Ratio within 60 days of an Insurer receiving the proceeds of the Surplus Note distributed by the Board or the failure to maintain the Minimum Writing Ratio once reached unless a supplemental agreement is provided for in the Surplus Note that allows the Insurer more time to reach the Minimum Writing Ratio due to financial considerations.

Paragraph (9)(a)3. has had additional language added to the end. Only the newly added language is underlined below:

3. Failure to maintain the Minimum Required Surplus except for situations involving the payment of losses resulting from a catastrophic event or a series of events resulting in catastrophic losses or where Minimum Required Surplus is reduced as a result of the accounting treatment for deferred acquisition costs.

Incorporated Forms: Insurance Capital Build-Up Incentive Program Surplus Note, Form SBA 15-2. The insurer is required to provide its NAIC number on page 1. Under the Terms and Conditions section, the following changes have been made: Paragraph (2), has been amended to allow insurers for wire transfer payments; a new subparagraph (e) has been added after paragraph (4) to address late fees; and paragraphs (5)(a)1. and 3. have been amended to incorporate changes to the rule, paragraphs (9)(a)1. and 3., as outlined above under the description of changes to the rule. The final change to this form was the addition of a notarization clause following the first attestation signature line so that both attestations would be notarized, not just the second one. The only change to the Quarterly Net Written Premium Report, Form SBA 15-3, was to add the date November 15 to the list of quarterly filings in section V.

DEPARTMENT OF CORRECTIONS

RULE NO.: RULE TITLE:
33-102.101 Public Information and Inspection of Records

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 32, No. 21, May 26, 2006, and Vol. 32, No. 30, July 28, 2006, Florida Administrative Weekly, has been withdrawn.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Professional Engineers

RULE NO.: RULE TITLE:
61G15-20.006 Educational Requirements

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 32, No. 30, July 28, 2006 issue of the Florida Administrative Weekly.

This change was made to address a concern expressed by the Joint Administrative Procedure Committee.

When changed, subsection (2) shall read as follows:

(2) A non-EAC/ABET accredited engineering degree program (hereinafter "engineering program") which seeks certification pursuant to Section 471.013(1)(a), F.S., shall submit the following to the Board:

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Paul Martin, Executive Director, Board of Professional Engineers, 2507 Callaway Road, Suite 200, Tallahassee, Florida 32301

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Notices for the Department of Environmental Protection between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Office of the Secretary

RULE CHAPTER NO.:	RULE CHAPTER TITLE:
62S-3	Marjorie Harris Carr Cross Florida Greenway State Recreation and Conservation Area
RULE NOS.:	RULE TITLES:
62S-3.001	Definitions
62S-3.002	Operations, Activities and Recreation on the Marjorie Harris Carr Cross Florida Greenway
62S-3.003	Determination and Applicability of Fines

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 31, No. 30, July 29, 2005 issue of the Florida Administrative Weekly.

62S-3.001 Definitions.

The terms used in this chapter are defined as follows:

(1) through (20) No change.

Specific Authority 260.016 FS. Law Implemented 253.7821, 260.016 FS. History--New 10-21-01, Amended.

62S-3.002 Operations, Activities and Recreation on Lands Under the Management of the Office of Greenways and Trails. The provisions ~~provision~~ of this rule may be enforced by any local, state or federal law enforcement officer acting within their jurisdiction. Fines will be imposed under Rule 62S-3.003,

F.A.C., on persons who fail to comply with these rules. The following shall govern operations, activities and such recreation on the lands under the management of the Office.

(1) through (5) No change.

(6) Introduction of Species. No person shall introduce into any lands under the management of the Office any plant or animal species by willful abandonment, negligence or for any other reason without authorization of the Office. Authorization shall be granted if such activity is for scientific or educational purposes, and when the Office determines that it provides some benefit to the Office for management purposes (such as provision of a copy of the scientific report generated to the Office); that it is not harmful to resources on lands under the management of the Office; and that the activity is consistent with Greenway management practices, and in keeping with protection, restoration, and maintenance of natural resources. Authorization may be obtained by submitting a written request to the Office of Greenways and Trails, MS 795, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000.

(7) Collection of Specimens. Authorization must be obtained for the collection of natural objects, including plant and animal life and minerals. Authorization shall be granted if such collection is for scientific or educational purposes; and the Office determines that it provides some benefit to the Office for management purposes (such as provision of a copy of the scientific report generated to the Office); and that the activity ~~it~~ is not harmful to resources on lands under the management of the Office; ~~and that it is consistent with Greenway management practices.~~ Collection shall be conducted in compliance with the written authorization. Authorization may be obtained by submitting a written request to the Office of Greenways and Trails, MS 795, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000.

(8) Construction Activity. No person shall commence or conduct any construction activities upon any land or water areas within the boundary of lands under the management of the Office, without first obtaining written authorization from the Office. Authorization shall be granted only in cases where the construction activity is ~~consistent with Office management practices,~~ and in keeping with protection, restoration, and maintenance of natural resources. Authorization may be obtained by submitting a written request to the Office of Greenways and Trails, MS 795, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000.

(9) No change.

(10) Designated Public Areas. The Office, in accordance with Chapters 253 and 260, F.S., shall ~~may~~ prohibit or regulate any activity that lessens the health, safety, or recreational experience of the visiting public, lessens the natural or cultural value of lands under the management of the Office or damages lands under the management of the Office or any facility thereof. Except as provided herein, all recreational activities

will occur at locations designated for such activities by the Office. When utilizing recreational trails, users shall stay on the trails designated for that purpose.

(11) No change.

(12) User Fees. User fees shall be established as follows:

(a) User fees for primitive camping at campground facilities on lands under the management of the Office shall be \$12 per night. User fees for recreational vehicle camping at campground facilities on lands under the management of the Office shall be \$22 per night. A 50% discount will be allowed for Florida senior citizens and Florida citizens with proof of 100% disability.

~~(b) User fees for the use of boat ramp facilities on lands under the management of the Office shall be \$5. The Office shall establish standard user fees for boat ramp and campground facilities, after consideration of user demand, cost of managing and operating the facility, type of facilities available, and season. User fees for boat ramp and campground facilities shall be established for and posted at each site.~~

(c) User fees shall be waived by the Office or the site manager or designee as follows:

1. through 5. No change.

(13) through (16) No change.

(17) Boating and Vessels. Boating and operation of vessels in waters within the boundary of ~~on~~ lands under the management of the Office shall be conducted as follows:

(a) through (b) No change.

(c) No person operating passenger vessels or excursion boats from outside the boundary of lands under the management of the Office that are for rent or hire or carrying passengers for money shall land or anchor or tie up at any facility within the boundary of lands under the management of the Office without first having applied for and received written authorization from the Office. Authorization shall be issued when it is determined by the Office that the request to provide this service would not adversely affect Office-managed resources, ~~would be consistent with Office management practices~~ and would provide a needed visitor service. Authorization may be obtained by submitting a written request to the Office of Greenways and Trails, MS 795, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000. All persons operating such vessels shall be subject to all federal and state boating rules and regulations.

(18) Alcoholic Beverages. Possession of alcoholic beverages within the boundary of lands under the management of the Office is prohibited except by written authorization. Authorization shall be issued only when special events occur and the licensed concessionaire makes reasonable provisions to ensure that minors are not served and are not able to acquire alcohol, such as an over-21 area with no liquor to be taken outside such areas. Authorization may be obtained by submitting a written request to the Office of Greenways and Trails, MS 795, 3900 Commonwealth Boulevard, Tallahassee,

Florida 32399-3000. Authorization under this rule is not necessary for riparian upland owners on Lake Rousseau and their invitees when they are performing or engaging in normal riparian rights activities, such as fishing, swimming or boating, or when they are engaged in navigation, including anchoring or trolling. However, when such riparian upland owners or invitees are landing at a public boat ramp or other public area within the Greenway, other than in an emergency, possession of alcoholic beverages shall be prohibited.

(19) No change.

(20) Merchandising and Food. No person shall offer for sale any article, food or material, nor place any stand, cart, or vehicle for the transportation, sale or display of any article, food or material for sale within the boundary of lands under the management of the Office unless authorized by the Office. Authorization shall be issued when resources are not adversely affected, existing contractual relationships are not impaired, and a needed visitor service is provided, ~~and the activity would be consistent with Office management practices.~~ Authorization may be obtained by submitting a written request to the Office of Greenways and Trails, MS 795, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000. Florida law and local ordinances may require vendors to obtain licenses prior to selling food or other merchandise. Authorization from the Office for sale of food or other merchandise on lands managed by the Office does not replace or supersede any such requirements. All such vendors must have all current licenses required by the state and local governments.

(21) Hours. Hours for facilities on lands under the management of the Office shall be as follows:

(a) The opening and closing hours for each facility shall be sunrise to sunset ~~posted Greenway~~. Facilities may be closed on Holidays listed in subsection 62S-3.001(6), F.A.C., of this rule. No person shall remain at any facility after closing unless properly registered as an overnight visitor or in possession of valid authorization from the Office. Authorization may be obtained by submitting a written request to the Office of Greenways and Trails, MS 795, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000.

(b) The Department may close any facility or portion of said facility to the public at any time and for any interval of time, either temporarily or at regular stated intervals, and either entirely or only for certain uses. Closed areas will be posted by the Office on maps, signs, or by other reasonable notice. Closures will be used to assure visitor and employee safety, resource protection, operational efficiency, and facility maintenance. No person shall remain in any closed area unless authorized by the Office. Authorization shall ~~may~~ be granted by the Office, when it is necessary for safety, protection, construction, or restoration purposes. Authorization may be

obtained by submitting a written request to the Office of Greenways and Trails, MS 795, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000.

(22) No change.

(23) Free Speech Activities. Free speech activities are allowed and encouraged on lands under the management of the Office. Such activities include public speaking, performances, distribution of printed material, protests, marches, displays, and signs. Such activities do not include obscene or commercial materials or activities. Any person planning a free speech activity, which meets the definition of "special event" under Rule 62S-3.001, F.A.C., is encouraged ~~required~~ to contact the Office or the site manager to discuss plans for such an event. There is no requirement for a permit. Restrictions shall only be placed on free speech activities if the Office or the site manager determines that any of the following exists: staff, including law enforcement, is not immediately available to protect public safety during the planned event, and such staff or law enforcement are required for public safety given the size or manner of the event; the activity planned would cause significant or unreasonable damage to the resource; the activity would unreasonably interfere with the normal use or flow of the management of the land under the management of the Office; free speech participants or other recreational users on lands under the management of the Office would likely be injured or endangered by the planned event; or another group activity has already been approved for the area and the time of the planned free speech activity. Free speech activities shall only be performed in accordance with all other rules of this chapter.

Specific Authority 260.016 FS. Law Implemented 253.05, 253.7821, 260.016 FS. History--New 10-21-01, Amended.

62S-3.003 Determination and Applicability of Fines.

The following shall govern how fines are determined and applied on lands under the management of the Office when persons violate any of the rules in this chapter.

(1) through (5) No change.

Specific Authority 260.016 FS. Law Implemented 253.7821, 260.016 FS. History--New 10-21-01, Amended 7-30-03,_____.

DEPARTMENT OF JUVENILE JUSTICE

Residential Services

RULE CHAPTER NO.:	RULE CHAPTER TITLE:
63E-6	Sheriff's Training and Respect Programs
RULE NOS.:	RULE TITLES:
63E-6.002	Definitions
63E-6.003	Admission Criteria
63E-6.005	Program Orientation
63E-6.006	Program Components
63E-6.007	Behavior Management

63E-6.008	Operational Inspections
63E-6.009	Program Administration
63E-6.010	Staff Training Requirements

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule sections in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 32, No. 30, July 28, 2006, issue of the Florida Administrative Weekly. The changes are in response to comments received at a public hearing on August 21, 2006, and to those provided by the Joint Administrative Procedures Committee in an August 25 letter.

63E-6.002 Definitions.

(1) Alternative Training – authorized physical activities or extra duty assignments, which are imposed by STAR program staff following a youth's misconduct. Alternative training is intended to correct a youth's behavior by imposing minor sanctions.

(2) Critical Life Safety – a condition or conditions in facility buildings and grounds or in the operation of the program that may adversely affect the health or safety of youth and staff.

(3) Designated Health Authority – a Physician licensed under Chapters 458 or 459, F.S.

(4) Direct Care – means direct contact with youth for the purpose of providing care, supervision, custody, or control of youth in the STAR program.

(5) Extenuating Circumstances – a situation or circumstance beyond the control of the program, including but not limited to hurricanes/Acts of God, facility damage or structural problems, and situations involving a youth prior to his or her admission into the program.

(6) Intensive Mental Health Treatment – treatment for:

(a) Youth with a Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition, Text Revision (DSM-IV-TR) diagnosis of: Schizophrenia or other Psychotic Disorder; Major Depression, Bipolar Disorder or other Mood Disorder; Generalized Anxiety Disorder or other Anxiety Disorder; Personality Disorder; or

(b) Youth classified as Severely Emotionally Disabled (SED) or Emotionally Handicapped (EH) by the school system; or

(c) Youth who have a psychiatric disorder that requires treatment with psychotropic medication; or

(d) Youth who have a psychiatric disorder (other than Conduct Disorder) and serious impairment in functioning as evidenced by a Global Assessment of Functioning (GAF) Scale rating of 50 or below.

(7) Minimum Thresholds - defined as at least a 60 percent performance overall rating in the department's Quality Assurance evaluation system, as referenced in subsection 63E-6.008(1), F.A.C.

(8) Obstacle Course – a strenuous exercise program, which requires youth to overcome a series of barriers and is designed to promote the development of self-confidence and physical endurance.

(9) Physical Training – a series of organized group calisthenics and exercises designed to develop the physical fitness of a youth to an optimum level.

(10) Post-residential Services Counselor – the person supervising the youth’s post-commitment probation or conditional release after residential placement.

(11) Program Director – a STAR program staff member who is responsible for all aspects of the STAR program, including, but not limited to, program content, staff supervision, youth treatment and facility security.

(12) Protective Action Response Policy – the departmental policy governing staff’s use of verbal and physical intervention techniques, mechanical restraints, prohibition of aerosol and chemical agents, and Tasers, as referenced in Rule Chapter 63H-1, F.A.C.

(13) Suicidal Risk History – means youth with any history of: suicide attempt; suicide gesture; intentional self-injurious behavior; suicide ideation or suicide threats.

Specific Authority 985.3091, 985.405 FS. Law Implemented 985.3091 FS. History–New_____.

63E-6.003 Admission Criteria.

(1) A youth is eligible for the STAR program if:

(a) He or she is at least 14 years of age but less than 18 years of age at the time of adjudication; and

(b) Has been committed to the department for any offense that, if committed by an adult, would be a felony other than a capital felony, a life felony, or a violent felony of the first degree.

(2) All youth referred to the STAR program shall be screened by the department to determine if they have the physical, psychological and substance abuse profile conducive to successfully completing the rigorous physical aspects and intensive behavioral management inherent in a STAR program. The screening shall include:

(a) A comprehensive physical assessment prior to admission conducted by a physician (M.D., D.O.) licensed under Chapter 458 or 459, F.S., or an Advanced Registered Nurse Practitioner (ARNP) licensed and certified under Chapter 464, F.S. The assessment shall include a resting electrocardiogram (EKG) to screen for baseline arrhythmias. These assessments shall assist in determining the youth’s fitness for the physical demands of the program and to preliminarily screen out those youth whose health problems would prohibit them from engaging in intensive physical exercise as determined by the program’s physical exercise curricula. Any youth with abnormal EKGs shall be automatically excluded;

(b) The comprehensive physical assessment and all required tests must be completed within 60 days prior to commencement of performed no earlier than 45 days prior to admission into the STAR program;

(c) A preadmission comprehensive evaluation with the psychological component conducted by a licensed mental health professional or a Master’s level mental health clinical staff person working under the direct supervision of a licensed mental health professional should be completed no more than six months prior to commencement of the STAR program. A mental health clinical staff person is a person providing mental health services in a DJJ facility or program who has received training in mental health assessment processes and procedures and mental health treatment strategies and techniques. A Master’s level mental health clinical staff person is a person who holds a Master’s degree from an accredited university or college with a major in psychology, social work, counseling or related human services field. Related human services field is one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group or family therapy. Licensed mental health professional means a board certified psychiatrist licensed pursuant to Chapter 458, F.S., a psychologist licensed pursuant to Chapter 490, a mental health counselor, clinical social worker or marriage and family therapist licensed pursuant to Chapter 491, or a psychiatric nurse as defined in Section 394.455(23), F.S. This evaluation must be completed prior to admission to screen out those youth whose mental status requires psychotropic medication interventions, who have a developmental disability as defined by an IQ less than ~~75~~ ~~80~~ or classification as “Educable Mentally Handicapped” or “Trainable Mentally Handicapped,” a need for intensive mental health treatment, ~~or~~ reveals suicidal risk histories, a DSM-IV-TR diagnosis of substance abuse, substance dependence, poly substance dependence, substance intoxication or substance withdrawal serious substance abuse histories, or indicates high-risk suicidal tendencies or history of self-injurious behavior.

(3) Within 24 hours of admission, a preadmission substance abuse screening test must be conducted or ordered by the department, with results of testing reviewed prior to admission to the STAR program.

Specific Authority 985.3091, 985.405 FS. Law Implemented 985.3091(2), (7)(a) FS. History–New_____.

63E-6.005 Program Orientation.

(1) The STAR program shall conduct orientation for youth admitted to the program.

(2) The program orientation shall include, but not be limited to the following:

(a) A program daily schedule;

(b) A written, easily understandable statement, and a verbal description of youth rights and grievance procedures, including how to report abuse shall be given to the youth at the time of admission;

(c) An introduction to the STAR program concept;

(d) Explanation of program rules, disciplinary procedures and consequences, which result from the violation of program rules;

(e) A review of dress code, hygiene and grooming requirements; and

(f) Explanation of sick call procedures and access to health care services, including health care in emergency situations.

(3) Program orientation and receipt of rules shall be documented with signatures of both the youth and staff.

(4) The signed copy of the orientation and rules receipt shall be placed in the youth's file and a copy given to the youth to be kept in his or her possession.

Specific Authority 985.3091, 985.405 FS. Law Implemented 985.3091(3) FS. History--New_____.

63E-6.006 Program Components.

(1) The STAR program shall contain the following program components or services:

(a) Participation in physical training exercises, which are designed to develop optimum physical conditioning of the youth. The physical conditioning may include the use of an obstacle course;

(b) Educational and vocational services, designed to meet youth abilities, specialized needs and interests;

(c) Community service or work assignments of a productive nature;

(d) Personal development counseling, which shall include training in good decision-making, development of social adjustment skills, and life and job skills education. Counseling services shall also be provided to replace criminal thinking, beliefs and values with pro-social thinking, beliefs and values;

(e) Mental health and substance abuse counseling and services shall be provided, including alcohol and other drug abuse awareness, education, treatment or referral to treatment for youth in need of such services; and

(f) Health care services, sick call and acute and chronic medical treatment provided by the Designated Health Authority a physician (M.D., D.O.) licensed under Chapter 458 or 459, F.S., an Advanced Registered Nurse Practitioner (ARNP) licensed and certified under Chapter 464, F.S., or a licensed Registered Nurse licensed under Chapter 464, F.S., at the level appropriate to their training within the scope of their training and practice.

(2) While the youth is in the program, assessment shall be made for conditional release, providing for the youth's transition back to his or her home community.

Specific Authority 985.3091, 985.405 FS. Law Implemented 985.3091(3), (4) FS. History--New_____.

63E-6.007 Behavior Management.

(1) The program's behavior management system shall be clear, emphasizing youth rights, encouraging pro-social behaviors and consequences for violations. The behavior management system shall provide a system of privileges and consequences to encourage youth to fulfill programmatic expectations.

(2) The behavior management system shall clearly state the consequences for violation of program rules. The youth shall have an opportunity to explain the questionable behavior for which behavioral consequences are being considered. Consequences shall have a direct correlation to the inappropriate behavior exhibited. It shall be clear to the youth that the corrective action taken is a logical consequence of his or her behavior. Behavior management consequences are limited to the following:

(a) Privilege suspension:

1. Privilege suspension includes denial of the use of the telephone, home visits, recreation or other special activities outside the program and in accordance with the program's written procedures. Withholding of telephone and visitation privileges shall not include depriving a youth access to his or her attorney, law enforcement, a representative of the clergy, the department's Central Communications Center, Department of Children and Families' Abuse Hotline or the Inspector General's Office.

2. Prior to any youth having a privilege suspended, the youth shall have the reason(s) for the suspension explained to him or her.

3. Privilege suspension shall not include the withholding of regular meals, clothing, sleep, health care services, mental health services, toileting facilities, hygiene necessities, school, exercise, correspondence privileges, or legal assistance.

4. All instances of privilege suspension shall be documented in the youth's individual record and in the program logbook, dated and signed by the staff implementing the discipline procedure, with the program logbook to be reviewed and signed by supervisory staff at least on a daily basis.

(b) Alternative training:

1. Alternative training measures shall be applied on a consistent basis as a behavior management tool, and shall be proportionate to the importance of the rule violation. Prior to alternative training the youth shall have the reasons for the imposition explained to him or her, and be given an opportunity to explain his or her behavior. The youth's rights shall be protected at all times during alternative training. Alternative training measures shall be documented in the program logbook, dated and signed by implementing staff and

subsequently reviewed by supervisory staff on at least a daily basis, and all instances must be documented in the youth's individual record.

2. Any staff member of the STAR program has the authority to implement the following alternative training measures to youth:

a. Extra duty assignments;

b. Extra physical exercise limited to no more than 30 minutes. Staff shall intervene anytime a youth indicates that he or she is in pain and unable to perform as instructed. Anytime a staff member determines that the health or physical safety of a youth has been compromised or is potentially compromised, the staff member shall remove the youth immediately from all physical activities without prior approval from supervisory or health care staff. If the health care staff cannot determine the cause of the pain or discomfort, the youth shall be immediately transported to the emergency room; and

c. Verbal counseling directed at changing the youth's inappropriate behavior.

(c) Program restriction:

1. Program restriction is the loss of the earned privilege of leaving the program grounds for the purpose of participating in community activities except as it would restrict exercise of client rights such as school, religious observance, health and exercise needs.

2. Prior to any youth being placed on program restriction, the youth shall have the reason(s) for the restriction explained to him. The youth shall also be given an opportunity to explain his or her behavior.

3. Program restriction shall not exceed 30 days.

4. All instances of program restriction shall be documented in the program logbook, dated and signed by the staff implementing the restriction, with the program logbook to be reviewed and signed by supervisory staff at least on a daily basis.

(d) Room restriction:

1. Room restriction is the restriction of a youth to his or her room or other area designated by the program director to protect the safety of the youth. Room restriction shall be used only when a youth is dangerous to self or others or there is substantial evidence to indicate the youth is about to escape. The use of room restriction shall serve only a "cooling off" purpose and shall not exceed two hours without authorization from licensed medical or mental health professionals. Room restriction shall not exceed a total of four hours at any given time.

2. Prior to a youth being placed on room restriction, the youth shall have the reason(s) for the restriction explained to him or her. The youth shall also be given an opportunity to explain his or her behavior.

3. Meals, clothing, sleep, health care, prescribed medications, mental health services, toileting facilities, hygiene necessities, religious needs, or staff assistance shall not be denied to a youth on room restriction.

4. The staff member placing the youth on room restriction shall document the justification for room restriction.

5. When a youth is placed on room restriction, the staff member shall talk with the youth at least every 30 minutes in order to evaluate the need for continued restriction.

6. Youth on room restriction shall be visually observed (in person) by a staff member at least every 10 minutes.

7. Youth who have been assessed to be at risk of suicide shall be provided with continual sight and sound supervision and shall be referred for a mental health evaluation immediately.

8. Staff observations and contacts with the youth shall be documented in the program logbook, dated, and signed by the staff imposing the restriction, and subsequently reviewed and signed by supervisory staff on at least a daily basis. All instances must be documented in the youth's individual record.

(3) The use of harmful psychological intimidation techniques is prohibited in the STAR program.

(a) For the purpose of this section, the term "harmful psychological intimidation techniques" ~~includes the following actions when intentionally used as a therapeutic or training technique or as a means to encourage compliance with program requirements:~~

1. The threat of physical force or violence;

2. An intentional effort to humiliate or embarrass a child youth;

3. An intentional effort to diminish a child's youth self-confidence or otherwise psychologically break a youth's will; or

4. Any action that would be considered child abuse or neglect under Chapters 39 or 827, F.S.

(b) The term "harmful psychological intimidation techniques" does not include the following actions:

1. Direct and forceful communication to a child youth of program requirements or legitimate performance expectations prior to or during participation in program activities, including positive, active encouragement of children youth engaged in physical training exercises.

2. Communication necessary to inform a child youth of noncompliance with program requirements or appropriate actions to remediate such noncompliance.

3. Communication necessary to inform a child youth of poor performance or appropriate actions to remediate such poor performance.

4. Communications or other actions necessary to maintain order or safety in a the program.

5. Any lawful and reasonable communications that are permissible for parents, other juvenile justice programs, school officials, or other adults who have custody of or supervisory responsibilities for youth.

Specific Authority 985.3091, 985.405 FS. Law Implemented 985.3091(3), (7) FS. History–New_____.

63E-6.008 Operational Inspections.

~~(1) Evaluations under Section 985.412(5), F.S., of each STAR program shall be conducted quarterly during the first year of the program’s operation. Thereafter, if the program met the minimum thresholds during its most recent evaluation, the program shall be evaluated at least once annually. If a sheriff’s training and respect program fails to meet the minimum thresholds, the department shall cancel the contract for the program. All STAR programs, whether operated by the department, county or municipal government, shall be inspected quarterly during the first year of operations by the department to determine operational compliance. Thereafter, if the program has met the minimum thresholds during the most recent evaluation, the program shall be evaluated at least once annually.~~

~~(2) If a STAR program fails to meet the minimum thresholds, the department shall cancel the contract for the program:~~

~~(a) 1. Immediately, if the program has a deficiency in a critical life safety aspect of its operations, or has failed to train its staff as required.~~

~~(b) 2. Within three months, if the program fails to achieve compliance with the minimum thresholds within three months, unless there are documented extenuating circumstances.~~

~~(2)(3) Upon cancellation of a STAR program contract under subsection (1), the provisions of this section, the program’s operations shall immediately cease and the department shall immediately discontinue any state payments to the program.~~

Specific Authority 985.3091, 985.405 FS. Law Implemented 985.3091(8) FS. History–New_____.

63E-6.009 Program Administration.

(1) The program’s administration shall include, but is not limited to:

(a) Rule and contract compliance:

1. The inspection shall include operational compliance with admission criteria and screening, behavior management sanctions and privileges.

2. A contractual STAR program will comply with the terms and conditions as identified in the contract.

(b) Safety and security:

1. The STAR program shall ensure the safety and security of staff and youth, conduct security inspections and checks, and provide preventive maintenance and control of safety and security equipment.

2. The program shall develop escape prevention and escape response plans.

3. Youth at the program shall be interviewed by regional program monitors at least quarterly regarding their safety and security at the program. The interviews shall address availability of services, abuse allegations, grievances, access to treatment services, and overall treatment.

4. Departmental staff shall meet with STAR program directors to review Protective Action Response reports for trends and conditions that would indicate staff are engaging in excessive or inappropriate use of force.

(c) Treatment:

1. The STAR program shall provide youth treatment and activities, youth work assignments, physical training, delivery of specialized treatment services, and youth case management.

2. The program shall provide for visitation and family involvement, correspondence and telephone communications for the youth in the program.

3. The program shall include academic and vocational activities, life and job skills, and appropriate decision making training for the youth.

(d) Behavior management:

1. The program shall implement a behavior management system, which includes consequences, sanctions and privileges for youth.

2. The behavior management system shall not deny a youth meals, clothing, sleep, education, exercise or physical and mental health services.

(e) Medical:

1. The program shall implement access to and the delivery of medical, substance abuse and mental health services and assessments.

2. The program shall have a written suicide prevention and suicide response plan.

3. The program shall have a Designated Health Authority, defined as the physician (M.D. or D.O. licensed pursuant to Chapter 458 or 459, F.S.) who comes on site weekly to perform administrative duties and healthcare services that are beyond the scope of the nurse’s training.

4. The program shall provide for medication storage, medical documentation, medication monitoring and distribution; sick call and medical appointments; “medical and mental health alerts”; management of health and mental health records and information; and control of infectious and communicable diseases.

5. Anytime the health care staff determines that the health or physical safety of a youth has been compromised or is potentially compromised, they shall remove the youth from all physical activities without prior approval from program staff. Staff shall intervene anytime a youth indicates that he or she is in pain and unable to perform as instructed. Anytime a staff member determines that the health or physical safety of a youth

has been compromised or is potentially compromised, the staff member shall remove the youth immediately from all physical activities without prior approval from supervisory or health care staff. If the health care staff cannot determine the cause of the pain or discomfort the youth should be immediately transported to the emergency room.

6. Health care services must be provided daily from 7:00 a.m. to 9:00 p.m. by a Registered Nurse licensed under Chapter 464, F.S. Around-the-clock, on-call access to the Designated Health Authority or Advanced Registered Nurse Practitioner a medical professional (Physician) (ARNP) must be available at all other times.

7. All STAR program staff shall be CPR and First Aid certified.

8. All STAR programs shall have Automated External Defibrillators (AEDs) on site within 12 months of opening and at least one staff person on every shift shall be AED certified.

(f) Administration:

1. The program shall have a written mission statement.

2. ~~Requirements for The program shall require~~ the prominent display of the telephone number of the statewide abuse registry hotline and ~~the department's Central Communication Center~~ and for immediate access by children youth in the program, upon request, to a telephone for the purpose of contacting the statewide abuse registry, the public defender's office, his or her attorney, or a law enforcement agency.

(2) All usage of PAR must be documented in accordance with Rule 63H-1.007, F.A.C.

(3) All alleged violations of PAR shall be reviewed by the department's Inspector General.

Specific Authority 985.3091, 985.405 FS. Law Implemented 985.3091(3)-(5), (7), (9) FS. History--New_____.

63E-6.010 Staff Training Requirements.

(1) All STAR program staff must complete, at a minimum, the following training requirements within 90 calendar days of that staff person's hiring date:

(a) Administrative staff must successfully complete 120 contact hours of department-approved training. A training plan must be approved by the department's Bureau of Staff Development and Training.

(b) Direct care staff who are Criminal Justice Standards and Training Commission (CJSTC) certified correctional, correctional probation or law enforcement officers under Chapter 943, F.S., will adhere to the requirements of Rule 63H-1.016, F.A.C.

(c) Direct care staff who are not certified correctional, correctional probation or law enforcement officers under Chapter 943, F.S., are to be certified in Protective Action Response and to successfully complete 200 contact hours of department approved training, which must include, but not be limited to:

1. State and federal laws relating to child abuse;
2. Adolescent behavior;
3. Behavior management;
4. Mental health issues;
5. Suicide prevention;
6. Health care;
7. Communication skills-interpersonal and verbal de-escalation skills;
8. Human diversity;
9. Cardiopulmonary resuscitation (CPR)/First Aid certification;
10. Safety;
11. Security; and
12. Emergency procedures.

(2) All department approved training courses must be taught by one or more persons who are certified as, or who have completed the necessary education and training to be, an instructor for the course being taught. A training course in counseling techniques must be taught by a person who has at least a bachelor's degree in social work, counseling, psychology or a related field.

(3) Prior to successful completion of these training requirements, a STAR program direct care staff must be directly supervised by a person who has successfully completed the training requirements in this section.

Specific Authority 985.3091, 985.405 FS. Law Implemented 985.3091(6), (9) FS. History--New_____.

DEPARTMENT OF JUVENILE JUSTICE

Staff Development and Training

RULE CHAPTER NO.:	RULE CHAPTER TITLE:
63H-1	Protective Action Response
RULE NOS.:	RULE TITLES:
63H-1.002	Definitions
63H-1.003	Authorized Levels of Response
63H-1.004	Authorized Techniques
63H-1.005	Authorized Mechanical Restraints
63H-1.006	Supervision of Youth in Mechanical Restraints
63H-1.007	Documentation and Retention of Records
63H-1.008	Medical Requirements for Training Certification
63H-1.009	Cross-Over Training
63H-1.010	Rehired Employee Training
63H-1.011	Annual Training Requirement
63H-1.012	Testing Requirements
63H-1.013	Training Instructor Qualifications

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule sections in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 32, No.

30, July 28, 2006, issue of the Florida Administrative Weekly. The changes are in response to comments received at a public hearing on August 21, 2006, and to those provided by the Joint Administrative Procedures Committee in an August 23 letter.

63H-1.002 Definitions.

(1) Active Resistance – Youth makes physically evasive movements to defeat an employee’s attempts to control; for example, bracing, or attempting to push or pull away from an employee.

(2) Actively Engaged – An employee is participating in the practical performance or application of any one of the approved physical intervention techniques or mechanical restraints.

(3) Administrator – One whose primary responsibility is overseeing the daily operations of a facility, program or probation circuit.

(4) Aggravated Resistance – Youth makes overt, hostile, attacking movements with or without a weapon with the apparent intent and apparent ability to cause death or great bodily harm to the employee, self, or others; for example, striking with a stick, banging head against the wall, or swinging a razor blade.

(5) CJSTC – Criminal Justice Standards and Training Commission.

(6) Combative Resistance – Youth makes overt, hostile, attacking movements that may cause injury; ~~for example, slapping, pushing, or charging.~~

(7) Control Techniques – Techniques used to control and/or move a youth from point A to point B with minimum effort by the employee in order to gain and retain control over the youth.

(8) Countermoves – Techniques that impede a youth’s movement toward an employee or others; for example, blocking, distracting, evading, redirecting, or avoiding.

(9) Designated Health Authority – A physician who holds an active license under Chapters 458 or 459, F.S. ~~This individual is responsible for the provision of necessary and appropriate health care to youth in the physical custody of a secure detention center or residential/correctional facility. An individual designated health authority shall be a physician (MD) or osteopathic physician (DO) who holds an active license pursuant to Chapter 458 or 459, F.S., respectively, and who meets all requirements to practice independently in the State of Florida.~~

(10) Dialogue – A two-way, controlled, non-emotional communication between the employee and the youth aimed at problem identification and/or resolution.

(11) Direct Care – Having direct contact with youth for the purpose of providing provision of care, supervision, custody, or control in a detention facility, delinquency program, or

commitment program within any restrictiveness level, operated by the department or by a provider under contract with the department.

(12) Facility – A contracted or state-operated ~~staff secure or physically~~ secure environment that provides custody, care, or confinement of youth alleged or found to have committed a violation of law. This includes, but is not limited to, secure detention, law enforcement operated facilities, and residential commitment programs.

(13) Facility Employee – Any employee who exercises direct care in a facility.

(14) Hard Mechanical Restraints – Restraint devices constructed from inflexible material; for example, metal handcuffs, leg cuffs, and waist chains.

(15) Individual Health Care Record – The compilation of all records related to a youth’s medical, dental and mental health.

(16) Master PAR Instructor – An advanced, qualified instructor who assists and monitors PAR instructors in maintaining quality delivery of PAR training and evaluation for PAR certification.

(17) Mechanical Restraints – This includes hard and soft mechanical restraints as defined in this rule.

(18) Mechanical Restraints Supervision Log – The form used to document ~~a~~ facility employee’s use of mechanical restraints as a result of a Level 3 response, as defined in subsection 63H-1.003(3), F.A.C. The Mechanical Restraints Supervision Log (revised 6/01/06) is incorporated by reference, and is available at the department’s website (http://www.djj.state.fl.us/forms/sd/mechanical_restraints_supervision_log.pdf).

(19) PAR Medical Release – The form signed and dated by a licensed physician that authorizes an employee to perform the physical intervention techniques that were checked on the Medical Status form. The PAR Medical Release (revised 8/15/03) is incorporated by reference, and is available at the department’s website (http://www.djj.state.fl.us/forms/sd/par_medical_release.pdf).

(20) PAR Medical Status – The form signed and dated by a licensed physician that identifies the physical intervention techniques listed on the applicable PAR Training Plan an employee cannot perform and why. The PAR Medical Status (revised 6/01/06) is incorporated by reference, and is available at the department’s website (http://www.djj.state.fl.us/forms/sd/par_medical_status.pdf).

(21) PAR Medical Review – The evaluation review deemed necessary as a result of the Post PAR Interview.

(22) Passive Resistance – The youth physically refuses to comply or respond. The youth does not attempt to physically defeat the actions of the employee but refuses to obey all verbal directives.

(23) Post PAR Interview – The interview conducted by the Administrator designated health authority or designee following a Level 2 or Level 3 response.

(24) Program – A contracted or state-operated non-residential environment providing supervision of youth who have been identified to receive services within the community. This includes, but is not limited to, probation, non-secure detention, home detention, juvenile assessment centers, Intensive Delinquency Diversion Services (IDDS) programs, conditional release programs, screening and intake units, and day treatment programs. This does not include prevention programs.

(25) Program Employee – Any employee who exercises direct care for a program.

(26) PAR – The department-approved verbal and physical intervention techniques and the application of mechanical restraints used in accordance with this rule, the Protective Action Response Escalation Matrix, and PAR training curricula.

(27) PAR Certification – This applies to an employee who has successfully completed PAR training as described in this rule. Only employees who are PAR trained are authorized to use PAR.

(28) PAR Escalation Matrix – The document that provides guidance as to the authorized level of response based upon the youth's level of resistance. This document articulates the five levels of resistance that may be displayed by a youth and the levels of response employees are authorized to use. The PAR Escalation Matrix (revised 6/01/06) is incorporated by reference, and is available at the department's website (http://www.djj.state.fl.us/forms/sd/par_escalation_matrix.pdf).

(29) PAR Incident Report – The form used to document the occurrence of an event where an employee has used one of the enumerated physical intervention techniques. The PAR Incident Report (revised 6/01/06) is incorporated by reference, and is available at the department's website (http://www.djj.state.fl.us/forms/sd/par_incident_report.pdf).

(30) PAR Performance Evaluation Forms – These forms are used to measure an employee's or PAR Instructor's ability to perform verbal and physical intervention techniques and apply mechanical restraints. The following forms are incorporated by reference and are available at the department's website listed below respectively:

(a) PAR Performance Evaluation – State operated facility/Contracted detention/ and Law Enforcement operated facility staff (revised 6/01/2006) (http://www.djj.state.fl.us/forms/sd/par_performance_evaluation_state_operated.pdf).

(b) PAR Performance Evaluation – Contracted facility staff (revised 6/01/2006) (http://www.djj.state.fl.us/forms/sd/par_performance_evaluation_contracted.pdf).

(c) PAR Performance Evaluation – Program staff (revised 8/15/2003) (http://www.djj.state.fl.us/forms/sd/par_performance_evaluation_program_staff.pdf).

(d) PAR Performance Evaluation – PAR Instructors (revised 6/01/2006) (http://www.djj.state.fl.us/forms/sd/par_performance_evaluation_instructor.pdf).

(31) PAR Training Plan forms – These forms identify the specific techniques that program and facility employees shall be trained to use. The identified techniques are the only techniques employees are authorized to use (except where provided in Rule 63H-1.003 and .004, F.A.C.). The PAR Training Plan – Contracted facility staff ~~The following~~ form is incorporated by reference and is available at the department's website (http://www.djj.state.fl.us/forms/sd/par_training_plan.pdf).

~~(a) PAR Training Plan – State operated facility/Contracted detention/ and Law Enforcement operated facility staff (revised 6/01/2006)~~

~~(b) PAR Training Plan – Contracted facility staff (revised 6/01/2006)~~

~~(c) PAR Training Plan – Program staff (revised 8/15/2003).~~

(32) Soft Mechanical Restraints – Restraint devices that are made with flexible materials; for example, Velcro, nylon flex cuffs (also known as zip cuffs), and leather.

(33) Takedowns – Techniques that redirect a youth to the ground in a controlled manner in order to limit the youth's physical resistance and to facilitate the application of a restraint device, if needed.

(34) Touch – Employee uses a familiar touch when directing, or a custodial touch prior to escalating to a higher response level.

(35) Verbal Directions – Employee tells or commands a youth to engage in, or refrain from, a specific action or non-action.

(36) Verbal Resistance – Youth verbally refuses to comply with an employee's verbal attempts to control the situation.

Specific Authority 985.4055, 985.405 FS. Law Implemented 985.4055 FS. History–New _____.

63H-1.003 Authorized Levels of Response.

(1) LEVEL 1 RESPONSE – This level of employee response consists of verbal intervention techniques and shall be utilized in response to all levels of resistance by the youth. Verbal intervention techniques shall be the initial response by an employee to resistance by a youth except where physical intervention techniques are necessary to prevent: physical harm to the youth, employee or another person; property damage; or the youth escaping or absconding from lawful supervision.

(2) LEVEL 2 RESPONSE – In this level of response, verbal attempts to diffuse a youth or situation have been exhausted, and the youth has initiated passive, active, combative, or aggravated resistance. Physical intervention

techniques may encompass the use of touch, countermoves, control techniques, or takedowns as described in Rule 63H-1.004, F.A.C.

(3) LEVEL 3 RESPONSE – This level of response involves the use of mechanical restraints. The use of mechanical restraints is authorized in situations where a youth has initiated active, combative, or aggravated resistance, and in situations where a youth poses a physical threat to self, employees, or others. Rules 63H-1.005-.007, F.A.C., explain the duties and responsibilities of employees when using mechanical restraints. Rule 63H-1.004, F.A.C., describes the authorized mechanical restraint techniques for facility employees.

(4) All responses shall be commensurate with the youth’s level of resistance according to the PAR Escalation Matrix and this rule.

(a) Additionally, responses shall only be used when reasonably necessary to control youth and only after all reasonable alternatives have been exhausted, including verbal persuasion, warnings, and verbal intervention techniques; or when the alternatives are considered inappropriate due to the rapid escalation of dangerous behavior.

(b) Prior authorization for the use of physical intervention techniques and mechanical restraints shall be obtained from the supervisor or acting supervisor unless doing so could result in physical harm to the youth, employee or another person, property damage, or the youth escaping or absconding from lawful supervision.

(c) PAR certified employees shall immediately report the following intervention actions to their immediate supervisor or acting supervisor, and these incidents shall be documented per Rule 63H-1.007, F.A.C.:

1. Level 2 responses including counter moves, control techniques, and takedowns.

2. Level 3 applications of soft or hard mechanical restraints.

(d) In the event a youth is armed with a weapon or firearm and there is imminent danger of bodily harm or death, facility and program employees shall, if possible, immediately request emergency assistance from local law enforcement, and if possible, isolate or contain the youth and request emergency assistance from law enforcement if application of the PAR Escalation Matrix is insufficient to control the youth. ~~Employees certified in CJSTC tactics shall use approved CJSTC tactics to control the youth, and then, if necessary, call for assistance from local law enforcement.~~

(e) If a youth is in the process of inflicting grave bodily harm, or possible death, upon others or self, facility and program employees shall immediately contact law enforcement. Employees are authorized to use reasonable and necessary means to stabilize the situation even if they fall beyond the scope of PAR. ~~Employees certified in CJSTC~~

~~tactics shall use approved CJSTC tactics to control the youth, and then if necessary, call for assistance from local law enforcement.~~

~~(5) This rule prohibits the use of:~~

~~(a) a Taser on a youth;~~

~~(b) aerosol or chemical agents, including but not limited to oleoresin capsicum spray; and~~

~~(c) ammonia capsules, unless required for medical treatment of the youth by a licensed medical professional.~~

Specific Authority 985.4055, 985.405 FS. Law Implemented 985.4055(2)(a) FS. History–New _____.

63H-1.004 Authorized Techniques.

(1) Protective Action Response, as authorized by the department, shall be the verbal and physical intervention program trained and utilized by direct care staff in state-operated and contracted facilities and programs.

(2) On or before August 31, 2006, existing contracted facilities shall submit a new PAR Training Plan to the Assistant Secretary of Staff Development and Training or designee through the department’s Regional Director or designee, and thereafter notice of any change to this plan shall be submitted as described above within 30 calendar days of the changes’ effective date. Newly contracted facilities, except contracted detention facilities, shall submit their PAR Training Plan as described above no less than 30 calendar days prior to becoming operational. The PAR Training Plan for contracted facility employees shall specify the following:

(a) All Stance and Body Movement techniques.

1. Reactionary Gap

2. Danger Zone

3. Interview Stance

4. Ready Stance

5. Approach

(b) All Countermoves.

1. High Block

2. Mid-range – Straight Arm Blows

3. Mid-range – Roundhouse Blows

4. X Block

5. Leg Raise

6. Evasive Sidestep (with and without redirection)

7. Wrist Releases

8. Front Choke Releases

9. Bear Hug Releases

10. Bite Escape

11. Headlock Escape

12. Full Nelson Escape

13. Double Arm Lock Escape

14. Hairpull Escapes

15. Ground Defense

(c) At a minimum, one (1) Touch technique.

1. Straight Arm Escort (Extended and Close)

2. Supportive Hold: Stage 1

(d) At a minimum, ~~four (4) three (3)~~ Control techniques, one of which must be Ground Control.

1. Ground Control

2. Basket Hold

3. Arm Bar

4. Arm Control

5. Wrap-around

6. Team Arm Control

7. Supportive Hold: Stages 2 & 3

(e) At a minimum, three (3) Takedown techniques.

1. Straight Arm to a Takedown

2. Basket Hold to a Takedown

3. Arm Bar to a Takedown

4. Wrap-around to a Single Person Takedown

5. Wrap-around to a Team Takedown

6. Supportive Hold to a Takedown: Stages 4 & 5

7. Immediate Team Takedown

(f) The following uses of Mechanical Restraints: standing front handcuffing and uncuffing, one (1) rear handcuffing technique (standing or prone), and one (1) leg cuffing and uncuffing technique (kneeling position or hands on wall). Other uses of mechanical restraints, if authorized under Rule 63H-1.005, F.A.C., may also be specified.

(g) Searches.

(h) The Wrap Around Control technique, and the Wrap Around to a Takedown technique will not be used on pregnant youth.

~~(3) Contracted Detention facilities shall comply with the PAR Training Plan for State-Operated/Contracted Detention Facility Employees.~~

~~(3)(4)~~ The PAR Training Plan for State-Operated facility employees, Law Enforcement Operated employees, and Contracted Detention employees shall specify the following:

(a) All Stance and Body Movement techniques.

(b) All Countermoves.

(c) Searches.

(d) The Straight Arm Escort – Extended and Close Positions.

(e) All Control techniques, except Supportive Hold Control.

(f) All Takedowns, except Wrap-Around to a Single Person Takedown, Wrap-Around to a Team Takedown, and Stages 4 and 5 of Supportive Hold to a Takedown.

(g) Handcuffs and Leg Cuffs.

(h) The Wrap Around Control technique will not be used on pregnant youth.

~~(4)(5)~~ Direct Care employees in law enforcement operated facilities having been dually certified in the PAR Escalation Matrix, and the CJSTC Response to Resistance Matrix ~~use of~~

~~force continuum~~ shall be authorized to use the approved CJSTC tactics as outlined on the Response to Resistance Matrix when reasonably necessary to control a youth after the youth exhibits combative ~~physical~~ resistance as defined in this rule or aggressive physical resistance ~~as~~ (defined in CJSTC standards as overt, hostile, attacking movements that may cause injury, but are not likely to cause death or great bodily harm), and after PAR Escalation Matrix techniques have been exhausted; or when the alternatives are considered inappropriate due to the rapid escalation of dangerous behavior. The CJSTC Response to Resistance Matrix (CJSTC Form 85, 2/7/02) is incorporated by reference, and is available from the Assistant Secretary for Staff Development at 2737 Centerview Drive, Alexander Building, Suite 1416, Tallahassee, Florida 32399. This rule does not authorize the use of, and specifically prohibits direct care employees, whether dually certified or PAR certified, from using:

(a) A Taser on a youth;

(b) Aerosol or chemical agents, including but not limited to oleoresin capsicum spray;

(c) Ammonia capsules, unless required for medical treatment of the youth by a licensed medical professional;

~~(5)(6)~~ The PAR Training Plan for Program employees shall specify:

(a) All Stance and Body Movement techniques; and

(b) All Countermoves.

~~(6)(7)~~ PAR certified facility and program employees shall only use the techniques that are specified on the applicable PAR Training Plan, and PAR certified facility employees shall only use the ~~and~~ mechanical restraints that are specified on the applicable PAR Training Plan.

Specific Authority 985.4055, 985.405 FS. Law Implemented 985.4055(2)(a) FS. History–New _____.

63H-1.005 Authorized Mechanical Restraints.

(1) The department authorizes the use of only those mechanical restraints addressed in this rule. All mechanical restraints shall be designed and manufactured for the specific purpose of secure transport or restraint.

~~(2)(a)~~ Authorized mechanical restraints to be used within a facility are as follows: handcuffs, leg restraints, restraint belt, soft restraints, and waist chains.

~~(a)1-~~ Handcuffs. The availability and versatility of handcuffs make their use practical in most restraint situations. Handcuffs are light, flexible, and easy to apply. Standard handcuffs, used by most law enforcement agencies, are approved for use.

~~(b)2-~~ Restraint Belt. A restraint belt may be used with handcuffs when added security is needed. The restraint belt is a leather or nylon belt that is secured behind the back of the youth with an independent lock, buckle, or Velcro fastener. The

belt is fashioned so that handcuffs secured to the front of the belt provide an alternative to restraining a youth's hands in the behind-the-back position.

~~(c)3-~~ Leg restraints. Leg restraints are similar to handcuffs, but usually have a 15-inch chain separating the restraints. Leg restraints are typically used in conjunction with handcuffs to restrict the movement of the feet and legs.

~~(d)4-~~ Soft restraints. Soft restraints, such as nylon flex cuffs (also known as zip cuffs), or Velcro or leather devices, are authorized for use as an alternative to hard restraints.

~~(e)5-~~ Waist chains. Waist chains are designed to limit arm movement and keep hands visible at all times by securing them at the youth's waist. Waist chains are typically used only for transportation. There are two basic types: a nickel plated chain, usually 60 inches long with a sturdy cuff clip to permit quick attachment of handcuffs; or a similar chain with handcuffs permanently attached.

~~(3)(b)~~ The use of mechanical restraints, and the circumstances surrounding their use, shall be carefully reviewed and regularly monitored by the regional office to ensure compliance with this rule (see paragraph 63H-1.007(2)(b), F.A.C.).

~~(4)(e)~~ Mechanical restraints are authorized for use while transporting youth.

~~(5)(d)~~ There are two authorized methods to use when handcuffing a youth: hands in front of the youth, and hands behind the youth's back.

~~(6)(e)~~ All facilities, except low and moderate risk facilities, shall use mechanical restraints to transport youth. Leg restraints and front handcuffing shall be used to transport. The use of handcuffs and leg restraints is not required when transporting youth residing in low and moderate-risk facilities except when a youth has demonstrated that he or she cannot be transported by less restrictive methods, and has been assessed as a security risk.

~~(7)(f)~~ Prohibited use of mechanical restraints includes the use of neck restraints, the restraint chair, and the securing of youth to a fixed object.

~~(8)(g)~~ No more than two youth may be chained or handcuffed together.

~~(9)(h)~~ A youth's legs and hands may be secured together in the front with the use of waist chains or a restraint belt, in which case the length of the chain securing the youth's legs and hands together shall not prohibit the youth from standing in a full upright position. Securing a youth's legs and hands together behind the youth's back is prohibited.

~~(10)(j)~~ If handcuffs are used on pregnant youth, they shall be cuffed in front. Leg restraints, waist chains, and the restraint belt shall not be used on pregnant youth.

~~(11)(k)~~ Except as provided herein, during transports all violent and escape risk youth shall be handcuffed with their hands in front with the use of a restraint belt or waist chains; or the hands shall be cuffed behind the back.

Specific Authority 985.4055, 985.405 FS. Law Implemented 985.4055(2)(a) FS. History–New _____.

63H-1.006 Supervision of Youth in Mechanical Restraints.

(1) Youth secured in mechanical restraints pursuant to Rule 63H-1.003, F.A.C., shall be supervised in accordance with this section.

(2) At no time will a youth be left without constant, full, and direct visual supervision by an employee. The youth shall not be placed in an upper bunk or in any position that does not permit constant, full, and direct visual supervision. Youth shall not be stripped of their clothing.

(3) Employees responsible for providing constant, full, and direct visual supervision shall have physical possession of the key to unlock the mechanical restraints.

(4) While a youth is placed in mechanical restraints, employees shall:

(a) Employ verbal intervention techniques designed to de-escalate the need for mechanical restraints.

(b) Continually monitor the youth's level of resistance, aggressiveness, and willingness to comply with instructions to determine whether removal of restraints is safe and advisable.

(c) Conduct breathing and circulation checks at ten-minute intervals. These ten- minute checks shall be documented on the Mechanical Restraints Supervision Log.

(5) If a restrained youth continues to exhibit negative, hostile, and/or aggressive behavior so that removal of mechanical restraints is unsafe, the supervisor or acting supervisor shall interview the youth and decide if it is safe to remove the mechanical restraints. This interview shall occur no more than 30 minutes after the youth is placed in restraints. If it is decided that it is unsafe to remove the restraints, the supervisor or acting supervisor shall document the decision on the Mechanical Restraints Supervision Log. If authorization is obtained from the Superintendent, Residential Program Director, or designee to continue the use of restraints, another interview shall occur no more than one (1) hour after the youth was placed in restraints ~~previous interview~~. Each time the decision is made that it is unsafe to remove the restraints, the decision shall be documented as described above.

(6) Authorization Requirements:

(a) A youth may remain in mechanical restraints up to 60 minutes with the supervisor's or acting supervisor's authorization.

(b) In order to keep the youth in mechanical restraints for 60 to 120 minutes, the supervisor or acting supervisor shall obtain authorization from the Superintendent, Residential Program Director, or designee who shall first consult with a licensed medical and/or mental health professional before authorizing additional time. This authorization shall be obtained within the initial 60-minute timeframe. This consultation and authorization shall be documented on the

Mechanical Restraints Supervision Log by specifying the name of the professional who was consulted, the time contacted, and the amount of time authorized.

(c) In order to keep the youth in mechanical restraints beyond 120 minutes, the same procedures apply as described in paragraph (b) above for each subsequent 60-minute timeframe.

(7) If at any point during the restraint it is determined that transportation to an appropriate treatment center is necessary, the supervisor or acting supervisor shall request verbal authorization from the Superintendent, Residential Program Director, or designee to initiate procedures to transport the youth. This verbal authorization and the time the authorization was received shall be documented on the Mechanical Restraints Supervision Log. The licensed medical or mental health professional may come to the facility or the youth may be transported to an appropriate treatment center.

(8) If a youth is being transported to a mental health facility, the facility shall be telephoned in advance that the youth is being transported.

Specific Authority 985.4055, 985.405 FS. Law Implemented 985.4055(2)(a) FS. History–New _____.

63H-1.007 Documentation and Retention of Records.

(1) Documentation:

(a) A PAR Report shall be completed after an incident involving the use of countermoves, control techniques, takedowns, or application of mechanical restraints.

(b) The employees who were engaged with the youth shall complete the PAR Report and shall complete it no later than the end of the employee's workday.

(c) When mechanical restraints are used as a result of a level 3 response, the Mechanical Restraints Supervision Log shall be completed.

(d) All reports of incidents in which employees are trained in the use of CJSTC techniques ~~that utilize PAR or CJSTC techniques~~ shall be completed according to the facility's reporting documentation procedures.

(2) Review and Retention of Records:

(a) The PAR Incident Report shall be reviewed by the administrator or designee within 72-hours of the incident, excluding weekends and holidays.

(b) A monthly summary of all PAR Incident Reports shall be submitted to the regional director or designee within two weeks of the end of each month.

~~(c)(b)~~ Post PAR Interview: The ~~designated health authority or administrator's~~ or designee shall interview the youth. The purpose of the interview is to determine if a youth has any physical complaints, any visible injuries, is unable to answer questions appropriately, is not fully alert, appears short of breath or distressed in any way, or demonstrates anything else of concern to the interviewer, then a PAR Medical Review is mandatory whether obvious injuries occurred, if the youth

~~complains of pain, or if the youth exhibits signs or symptoms that to a lay person indicate a PAR Medical Review is necessary.~~ This interview must be conducted as soon as possible, but no longer than thirty minutes after the incident. The findings of the interview shall be placed in the youth's individual health care record, and labeled "Post PAR Interview" and shall be dated, timed, and signed by the individual conducting the interview. This individual shall also sign and date the PAR Report.

~~(d)(e)~~ PAR Medical Review:

1. If the Post PAR Interview indicates the need for a PAR Medical Review the youth shall be referred to the licensed a certified medical health professional (Physician, Advanced Registered Nurse Practitioner, Registered Nurse, or Licensed Practical Nurse) on site. If a medical health professional is not on site, then the youth must be sent off site for this evaluation.

2. The purpose of the Medical Review is to determine, from a medical perspective, if injuries or complications occurred as a result of the physical intervention or application of mechanical restraints, and if the youth requires further medical treatment.

3. Descriptions of injuries or complications and medical treatment provided shall be filed in the youth's individual health care record.

4. If an onsite review is conducted, the documentation shall be labeled, "PAR Medical Review," ~~and it shall conform to professional standards.~~ If an offsite review is conducted, the youth's individual health care record and medication administration record shall accompany the youth to the review. Prior to placing the documentation in the individual health care record, the top of each page returned by the reviewer shall be dated and labeled, with "PAR Medical Review."

~~(e)(d)~~ The supervisor or designee shall review the PAR Incident Report, including the Post PAR Interview and the PAR Medical Review ~~shall occur after the supervisor or acting supervisor has reviewed the PAR Report and~~ prior to the report being submitted to the Administrator or designee.

~~(f)(e)~~ The Administrator shall establish and maintain a centralized file, which shall include:

1. PAR Incident Reports, and attachments to the PAR Incident Report.

2. Any other incident reports or investigative reports related to the application of physical intervention techniques and/or mechanical restraints.

3. A copy of the PAR Report shall be placed in the facility's or program's centralized file within 48 hours of being signed by the Administrator.

~~(g)(f)~~ Facilities/Programs shall retain a copy of the PAR Incident Report for three (3) years following the youth's release.

Specific Authority 985.4055, 985.405 FS. Law Implemented 985.4055(2)(a) FS. History–New _____.

63H-1.008 Medical Requirements for Training.

(1) The following provisions apply to the Medical Status form:

(a) If an employee ~~has~~ believes a medical condition exists that ~~they believe~~ will prohibit performance of one or more physical intervention techniques, the employee shall submit the Medical Status form attached to this rule to his or her licensed physician for completion. The physician shall specify the date by which he or she anticipates that the employee will be able to perform the techniques, or shall specify that the employee is permanently unable to perform the techniques. If the employee is permanently unable to perform the techniques, he or she will no longer be eligible to work in a direct care position.

(b) The employee's physician shall be provided with a description or a video of the techniques by the employee's facility, program or circuit office.

(c) Upon completion by the physician, the employee shall submit the Medical Status form to the Administrator. ~~The Administrator shall review the form on a case by case basis.~~ The Administrator shall have the authority to take necessary and appropriate personnel action based upon his or her review of the form or if the Medical Status form is not submitted within 45 calendar days.

~~(d) It shall be within the Administrator's discretion as to whether the employee is eligible to attend a PAR training course or sit for the PAR written examination. However, the employee shall not practice or be evaluated on the physical intervention techniques until a Medical Release form is obtained. If the employee is registered for a PAR training course, the sending facility/program shall notify the PAR Instructor that the employee is on Medical Status.~~

(2) Upon expiration of the date specified on the Medical Status form or when an employee is able to perform the specified physical intervention techniques, whichever is earlier, the employee shall submit the Medical Release form attached to this rule to his or her licensed physician for completion. Upon completion by the physician, the employee shall submit the Medical Release form within 10 working days. If a sending facility/program has an employee who previously attended a PAR training course and who was on Medical Status, the facility/program shall notify the PAR Instructor that the employee has been issued a Medical Release and is eligible to practice and be evaluated on the physical intervention techniques.

(3) Medical Status and Medical Release forms, or copies thereof, are confidential records and shall be maintained in accordance with state Personnel rules, or if a contracted facility or program, in accordance with the organization's applicable policy. The Medical Status and Medical Release forms shall not be submitted to the PAR Instructor.

Specific Authority 985.4055, 985.405 FS. Law Implemented 985.4055(2)(b) FS. History--New _____.

63H-1.009 Certification.

(1) Any employee not PAR Certified prior to 7/01/2006 shall be required to become PAR certified by 9/30/2006.

(2) Any employee hired on or after 7/01/2006, must become PAR certified within 90 calendar days following his or her date of hire.

(3) Any employee who exercises direct care prior to receiving PAR certification must be directly supervised by an employee who is PAR certified.

(4) Employees shall be PAR certified by successfully completing the PAR training designed for facility or program employees, whichever is applicable. Successful completion requires:

(a) Attendance and participation in the training hours specified in the employee's PAR curriculum (40 hours for Facility employees and 32 hours for Program employees). Employees shall participate in the performance of all physical intervention techniques and mechanical restraints being taught during the training session.

(b) A minimum score of seventy-five percent (75%) on the PAR written examination.

(c) One-hundred percent (100%) satisfactory performance of the techniques specified on the applicable PAR Performance Evaluation form.

(5) All PAR training must be conducted by a certified PAR Instructor (Rule 63H-1.014, F.A.C.).

~~(6)(5)~~ To ensure that all employees are properly observed, are able to receive constructive feedback, and are properly evaluated, the instructor to employee ratio, for employees who are actively engaged, shall be no more than 1:8 during the performance-based segment of a PAR training session. There is no required ratio during the non performance-based segment of a PAR training session.

Specific Authority 985.4055, 985.405 FS. Law Implemented 985.4055(2)(b), (e) FS. History--New _____.

63H-1.010 Cross-Over Training.

(1) A PAR certified employee who crosses over from a program position to a facility position, or vice versa, shall successfully complete all objectives of the PAR certification curriculum applicable to his or her new position which are not duplicative of the PAR certification objectives previously completed by the employee. Such completion must occur within 90 calendar days following the employee's cross-over date. ~~The department shall determine the training and testing required for each cross-over situation.~~

(2) When a state-operated or contracted facility hires a PAR certified facility employee who was trained under a different PAR Training Plan, a PAR Instructor shall train the employee, and evaluate the employee's performance on any techniques that the employee has not been trained to perform. The employee is not required to re-take the written PAR examination. The PAR Instructor shall use the PAR

Performance Evaluation for facility employees. If the employee is unable to perform the new techniques, ~~even~~ after reasonable remediation, the employee shall not be considered PAR certified for purpose of his or her employment in the new facility or program.

(3) When a PAR Performance Evaluation is completed for PAR certification or PAR Instructor certification, a copy shall be provided to the exam administrator at the written examination site. For PAR Train-the-Trainer courses, a copy of the PAR Instructor Skills Evaluation form shall also be provided to the exam administrator.

(a) If the PAR Performance Evaluation or PAR Instructor Skills Evaluation forms cannot be completed prior to the written examination, it shall be submitted to the Assistant Secretary of Staff Development and Training as soon as possible after completion.

(b) The PAR Performance Evaluation shall be submitted for everyone regardless of whether they passed or failed the evaluation or have a Medical Status form.

(4) Law enforcement operated facility employees certified as Law enforcement, Correctional, or Detention officers by CJSTC certified employees are governed by Rule 63H-1.016, F.A.C.

Specific Authority 985.4055, 985.405 FS. Law Implemented 985.4055(2)(b) FS. History–New _____.

63H-1.011 Rehired Employee Training.

(1) Employees who resign from their employment with the department or contracted facility or program and are subsequently re-hired shall have their PAR certification reinstated by successfully completing PAR training for facility or program employees, whichever is applicable. This paragraph is applicable only if the employee has failed to timely and successfully complete the annual in-service training requirement addressed in this section prior to terminating employment.

~~(2)(a)~~ If an employee is rehired within 12 calendar months of termination and has successfully completed the annual in-service requirements, the employee’s PAR Certification is current.

~~(3)(b)~~ If an employee is rehired after 12 calendar months of termination, the employee must satisfy the following requirements:

~~(a)1-~~ Attend a minimum of 8 hours of remedial training, and

~~(b)2-~~ Obtain 100% satisfactory performance of the techniques specified on the employee’s PAR Training Plan using the PAR Performance Evaluation.

Specific Authority 985.4055, 985.405 FS. Law Implemented 985.4055(2)(b) FS. History–New _____.

63H-1.012 Annual Training Requirement.

(1) ~~All Program~~ employees shall complete a minimum of ~~eight (8) four (4)~~ hours of annual in-service training. ~~Facility employees shall complete a minimum of eight (8) hours.~~

(2) The annual in-service training shall include, at a minimum, the following:

(a) A review of this rule, including revisions, and other facility or program PAR administrative procedures.

(b) Instructions on how and when to properly complete the PAR Report.

(c) Practice of all physical intervention techniques checked on the applicable PAR Training Plan and, at a minimum, practice in the use of all mechanical restraints authorized by the facility’s PAR Training Plan.

(3) Successful completion of the annual in-service training requires 100 percent attendance and participation in the training program. The training hours do not have to be consecutive. If a facility or program employee fails to successfully complete this annual in-service training within twelve (12) months of their last PAR Training, they will no longer be authorized to use Level 2 or Level 3 Responses, and must attend a minimum of 8 hours of remedial training, to include 100 percent satisfactory performance of the techniques specified on the employee’s PAR Training Plan using the PAR Performance Evaluation.

Specific Authority 985.4055, 985.405 FS. Law Implemented 985.4055(2)(b) FS. History–New _____.

63H-1.013 Testing Requirements.

(1) If a candidate fails the PAR written examination, they are only required to attend the remedial classroom training.

(2) PAR Instructors shall conduct a practical examination utilizing the applicable PAR Performance Evaluation to evaluate a facility or program employee’s ability to perform verbal intervention techniques and the physical intervention techniques and mechanical restraints that are specified on the PAR Training Plan.

(a) If a PAR Instructor candidate or facility or program employee fails the PAR Performance Evaluation, the PAR Instructor candidate or employee is considered to only have failed the performance evaluation, not the written evaluation. Therefore, when remedial training is provided, the PAR Instructor candidate or employee is only required to attend the performance-based segment of the training.

(b) Test candidates shall have no more than three (3) attempts to pass the written exam. Accommodations based upon the Americans with Disabilities Act will be made as necessary.

(c) Test candidates shall adhere to the following schedule for second and third attempts to pass the written exam:

1. The second attempt shall occur no less than 3 calendar days after and no more than 45 calendar days after the first attempt.

2. The third attempt shall occur no less than 21 calendar days after and no more than 45 calendar days after the second attempt.

(3) For annual in-service training, use of the PAR Performance Evaluation is not required.

(4) One PAR Performance Evaluation form shall be used for each attempt that a facility or program employee makes to pass the performance evaluation. The term, "attempt," is described below.

(a) ATTEMPT 1: If an employee fails one (1) to three (3) techniques, the PAR Instructor shall remediate and re-evaluate the employee on the failed techniques. Upon conclusion of the employee's performance of the remediated techniques, this shall be the employee's first attempt at passing the evaluation. If the employee fails to satisfactorily demonstrate the failed techniques after remediation, the employee shall attend remediation on a different date for Attempt 2 and at that time shall be evaluated on the failed techniques. An employee who fails four (4) or more techniques on Attempt 1 shall attend remediation on a different date for Attempt 2 and at that time shall be evaluated on the failed techniques.

(b) ATTEMPT 2: If an employee fails one (1) to three (3) techniques, the PAR Instructor shall remediate and re-evaluate the employees on the failed techniques. Upon conclusion of the employee's performance of the remediated techniques, this shall be the employee's second attempt at passing the evaluation. If the employee fails to satisfactorily demonstrate the failed techniques after remediation, the employee shall attend remediation on a different date for Attempt 3 and at that time shall be evaluated on the failed techniques. An employee who fails four (4) or more techniques on Attempt 2 shall attend remediation on a different date for Attempt 3 and at that time shall be evaluated on the failed techniques.

(c) ATTEMPT 3: If an employee fails one (1) to three (3) techniques, the PAR Instructor shall remediate and re-evaluate the employee on the failed techniques. Upon conclusion of the employee's performance of the remediated techniques, this shall be the employee's third attempt at passing the evaluation. If the employee fails to satisfactorily demonstrate the failed techniques after remediation, the employee is considered to have failed his or her third attempt. An employee who fails four (4) or more techniques on Attempt 3 shall not have an opportunity to receive remediation and is considered to have failed his or her third attempt.

(5) Program employees shall be evaluated, using the PAR Performance Evaluation for Program employees, on all physical intervention techniques that are specified in the PAR Training Plan for Program employees.

(6) State-Operated facility employees, Law Enforcement operated facility employees and contracted detention facility employees shall be evaluated, using the PAR Performance Evaluation for State-Operated facility employees/Law enforcement operated employees/Contracted Detention

Facility employees, on various physical intervention techniques specified on the PAR Training Plan for State-Operated facility employees/Contracted Detention Facility employees, using the following guidelines:

- (a) All Stance and Body Movement techniques;
- (b) All Countermoves;
- (c) The Straight Arm Escort – Extended and Close Positions;
- (d) Three (3) Control techniques, as selected by the employee;
- (e) Three (3) Takedown techniques, as selected by the employee;
- (f) Three Mechanical Restraint techniques, as selected by the employee. The techniques selected shall include front handcuffing and uncuffing, one (1) rear handcuffing and uncuffing technique (standing or prone), and one (1) leg cuffing and uncuffing technique (kneeling position or hands on wall); and
- (g) Searches.

(7) Contracted facility employees, shall be evaluated using the PAR Performance Evaluation for Contracted Facility employees, on various physical intervention techniques specified on the employee's PAR Training Plan for Contracted Facility employees, using the following guidelines:

- (a) All Stance and Body Movement techniques;
- (b) All Countermoves;
- (c) One (1) Touch technique, as selected by the employee;
- (d) Three (3) Control techniques, as selected by the employee;
- (e) Three (3) Takedown techniques, as selected by the employee;
- (f) Three Mechanical Restraint techniques, as selected by the employee. The techniques selected shall include one (1) front handcuffing and uncuffing technique, one (1) rear handcuffing and uncuffing technique (standing or prone), and one (1) leg cuffing and uncuffing technique (kneeling position or hands on wall); and
- (g) Searches.

Specific Authority 985.4055, 985.405 FS. Law Implemented 985.4055(2)(b) FS. History–New _____.

63H-1.014 Training Instructor Qualifications.

- (1) PAR Instructor Candidate requirements:
 - (a) One year of experience, working full time, in ~~the juvenile justice, criminal justice, or juvenile social services or related field;~~
 - (b) PAR certification;
 - (c) Successful completion of the Instructor Techniques Workshop 80-hour course Criminal Justice Standards & Training Commission Instructor Techniques Workshop (ITW) certified; and

(d) Successful completion of the PAR Train-the-Trainer 80-hour course conducted by a Master PAR Instructor. An instructor candidate shall be allowed to attend a PAR Train-the-Trainer course only if he or she has achieved the requirements in paragraphs (a), (b), and (c).

(e) PAR Instructor candidates shall demonstrate proficiency for all physical intervention techniques and mechanical restraints listed on the PAR Instructor Performance Evaluation form. In addition, the Instructor candidate must demonstrate the ability to verbally communicate how the techniques are to be performed. The demonstration shall be evaluated by one Master PAR Instructor and one PAR Instructor.

(f) Satisfactory demonstration of presentation skills using the PAR Instructor Skills Evaluation form. The PAR Instructor Skills Evaluation form (revised 6/01/06) is incorporated by reference, and is available at the department's website (http://www.djj.state.fl.us/forms/sd/par_performance_evaluation.pdf).

~~(2)(3)~~ A score of 85 percent or higher on the PAR written examination. The instructor candidate shall have two attempts to pass the examination.

~~(3)(4)~~ One PAR Performance Evaluation for PAR Instructors form shall be used for each attempt that the instructor candidate makes to pass the performance evaluation. The instructor candidate shall have two attempts to pass the evaluation.

(a) If remediation is required, the Master PAR Instructor shall have the discretion to determine whether remediation will be conducted on-site or at a future date. If remediation occurs at a future date, the instructor candidate shall be evaluated, at the second attempt, on all techniques initially evaluated.

(b) If the instructor candidate fails the second attempt, he or she shall not be certified as a PAR Instructor. However, this candidate is eligible to attend the PAR Train-the-Trainer course again, provided all other criteria for becoming a PAR Instructor remain current.

~~(4)(5)~~ Demonstrations of the physical intervention techniques and presentation skills shall be videotaped. The videotapes shall be submitted to the Assistant Secretary for Staff Development and Training within thirty (30) working days after completion of the evaluations.

Specific Authority 985.4055, 985.405 FS. Law Implemented 985.4055(2)(c) FS. History—New _____.

DEPARTMENT OF HEALTH

Board of Chiropractic

RULE NO.: 64B2-13.004 RULE TITLE: Continuing Education

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 32, No. 37, September 15, 2006 issue of the Florida Administrative Weekly.

The Notice of Proposed Rulemaking was incorrectly announced in the Notice of Change, was published in the September 15, 2006, Vol. 32, No. 37 issue of the Florida Administrative Weekly.

The correct date, volume, and number of the Notice of Proposed Rulemaking is: August 18, 2006, Vol. 32, No. 33

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Joe Baker, Jr., Executive Director, Board of Chiropractic Medicine/MQA, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3253

DEPARTMENT OF HEALTH

Board of Optometry

RULE NO.: 64B13-3.006 RULE TITLE: Licenses and Signs in Office

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 32, No. 15, April 14, 2006 issue of the Florida Administrative Weekly.

This change was made to address a concern expressed by the Joint Administrative Procedure Committee.

When changed, subsection (2) shall read as follows:

(2) A licensed practitioner who is not a certified optometrist shall display at every location at which he practices optometry a sign in at least Times New Roman 40 point font size or Courier New 44 point font size which states: "I am a Licensed Practitioner, not a Certified Optometrist, and I am not able to prescribe topical ocular pharmaceutical agents."

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Joe Baker, Jr., Executive Director, Board of Optometry, 4052 Bald Cypress Way, Bin C07, Tallahassee, Florida 32399-3257.

DEPARTMENT OF HEALTH

Board of Optometry

RULE NO.: 64B13-3.009 RULE TITLE: False, Fraudulent, Deceptive and Misleading Advertising Prohibited; Policy; Definitions; Affirmative Disclosure

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 32, No. 15, April 14, 2006 issue of the Florida Administrative Weekly.

This change was made to address a concern expressed by the Joint Administrative Procedure Committee.

When changed, subsection (8) shall read as follows:

(8) Any advertisement for free or discounted services must contain the disclaimer required by Section 456.062, F.S. in at least Times New Roman 40 point font size or Courier New 44 point font size.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Joe Baker, Jr., Executive Director, Board of Optometry, 4052 Bald Cypress Way, Bin C07, Tallahassee, Florida 32399-3257

DEPARTMENT OF HEALTH

Board of Podiatric Medicine

RULE NO.: 64B18-17.005
 RULE TITLE: Continuing Education Requirements After Initial Licensure

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 32, No. 30, July 28, 2006 issue of the Florida Administrative Weekly.

The rule shall read as “During the first biennium of initial licensure, practitioners are required to obtain 5 hours of continuing education in the subject area of risk management by attending one full day of a meeting of the Board of Podiatric Medicine at which disciplinary hearings are conducted The practitioner is then exempt from any other continuing education requirements for his or her first renewal except for hours mandated for prevention of medical errors and HIV/AIDS.”

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Joe Baker, Executive Director, Board of Podiatric Medicine/MQA, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399

DEPARTMENT OF HEALTH

Division of Disease Control

RULE NOS.: 64D-3.001, 64D-3.002, 64D-3.003, 64D-3.0031, 64D-3.004, 64D-3.005, 64D-3.006, 64D-3.007, 64D-3.0071
 RULE TITLES: Definitions, Notifiable Diseases or Conditions to Be Reported, Human Notification by Laboratories, Notification by Others, Notifiable Disease Case Report Content, Authority, DOH County Health Department Director or Administrator and State Health Officer, Reports, Medical Facilities and Freestanding Radiation Therapy Centers, Quarantine, Requirements Public Health Emergency

64D-3.008 Transportation and Removal of Quarantined Persons and Animals
 64D-3.009 Laboratory Examinations, Release From Quarantine
 64D-3.010 Quarantine Disinfection Procedures, Concurrent and Terminal
 64D-3.011 Control of Communicable Diseases, Public and Nonpublic Schools, Grades Preschool, and Kindergarten Through 12; Forms and Guidelines
 64D-3.012 Diseased Animals
 64D-3.013 Procedures for Control of Specific Communicable Diseases Sensitive Situations
 64D-3.014 Diseases Designated as Sexually Transmissible Diseases
 64D-3.015 Reporting Requirements for Practitioners for Sexually Transmissible Diseases (STDs), Including HIV and AIDS
 64D-3.016 Reporting Requirements for Laboratories
 64D-3.017 Partner Notification
 64D-3.018 Blood Testing of Pregnant Women
 64D-3.019 Enforcement and Penalties
 64D-3.020 Definitions
 64D-3.021 Reporting Requirements for Individuals
 64D-3.022 Reporting Requirements for Laboratories
 64D-3.023 Patient Treatment and Follow-up
 64D-3.024 Allocation Methodology for the Distribution of Funds Appropriated for Tuberculosis Control
 64D-3.025 Execution of Certificate for Involuntary Hold
 64D-3.026 Reporting of Congenital Anomalies
 64D-3.027 Definitions
 64D-3.028 Table of Notifiable Diseases or Conditions to Be Reported
 64D-3.029 Notification by Practitioners
 64D-3.030 Notification by Laboratories
 64D-3.031 Notification by Medical Facilities
 64D-3.032 Notification by Others
 64D-3.033 Cancer Reporting
 64D-3.034 Congenital Anomaly Reporting
 64D-3.035 Notifiable Disease Case Report Content is Confidential
 64D-3.036 Authority of the DOH County Health Department Director or Administrator and State Health Officer
 64D-3.037 Quarantine Orders and Requirements
 64D-3.038

- 64D-3.039 Diseased Animals
 - 64D-3.040 Procedures for Control of Specific Communicable Diseases
 - 64D-3.041 Epidemiological Investigations
 - 64D-3.042 STD Testing Related to Pregnancy
 - 64D-3.043 Tuberculosis Treatment and Follow-up
 - 64D-3.044 Allocation Methodology for the Distribution of Funds Appropriated for Tuberculosis Control
 - 64D-3.045 Execution of Certificate for Involuntary Hold for Tuberculosis
 - 64D-3.046 Immunization Requirements: Public and Nonpublic Schools, Grades Preschool, and Kindergarten through 12, and Adult Education Classes
 - 64D-3.047 Enforcement and Penalties
- NOTICE OF CHANGE**

Notice is hereby given that the following changes have been made to the purposed rules in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 32, No. 24, June 16, 2006, issue of the Florida Administrative Weekly.

(TEXT OF PROPOSED RULE CHANGES)

- 64D-3.001 Definitions. Repealed.
Editorial Note: See 64D-3.028
- 64D-3.002 Notifiable Diseases or Conditions to Be Reported, Human. Repealed.
Editorial Note: See 64D-3.029
- 64D-3.003 Notification by Laboratories. Repealed.
Editorial Note: See 64D-3.031
- 64D-3.0031 Notification by Others, Repealed.
Editorial Note: See 64D-3.033
- 64D-3.004 Notifiable Disease Case Report Content. Repealed.
Editorial Note: See 64D-3.036
- 64D-3.005 Authority, DOH County Health Department Director or Administrator and State Health Officer. Repealed.
Editorial Note: See 64D-3.037
- 64D-3.006 Reports, Medical Facilities and Freestanding Radiation Therapy Centers. Repealed.
Editorial Note: See 64D-3.032 & 64D-3.034
- 64D-3.007 Quarantine, Requirements. Repealed.
Editorial Note: See 64D-3.038

- 64D-3.0071 Public Health Emergency. Repealed.
Editorial Note: See 64D-3.038
- 64D-3.008 Transportation and Removal of Quarantined Persons and Animals. Repealed.
Editorial Note: See 64D-3.038
- 64D-3.009 Laboratory Examinations, Release From Quarantine. Repealed.
Editorial Note: See 64D-3.038
- 64D-3.010 Quarantine Disinfection Procedures, Concurrent and Terminal. Repealed.
Editorial Note: See 64D-3.038
- 64D-3.011 Control of Communicable Diseases, Public and Nonpublic Schools, Grades Preschool, and Kindergarten Through 12; Forms and Guidelines. Repealed.
Editorial Note: See 64D-3.046
- 64D-3.012 Diseased Animals. Repealed.
Editorial Note: See 64D-3.039
- 64D-3.013 Procedures for Control of Specific Communicable Diseases. Repealed.
Editorial Note: See 64D-3.040
- 64D-3.014 Sensitive Situations. Repealed.
Editorial Note: See 64D-3.038(4)(a)
- 64D-3.015 Diseases Designated as Sexually Transmissible Diseases. Repealed.
Editorial Note: See 64D-3.028(22)
- 64D-3.016 Reporting Requirements for Practitioners for Sexually Transmissible Diseases (STDs), Including HIV and AIDS. Repealed.
Editorial Note: See 64D-3.030
- 64D-3.017 Reporting Requirements for Laboratories. Repealed.
Editorial Note: See 64D-3.031
- 64D-3.018 Partner Notification. Repealed.
Editorial Note: See 64D-3.041
- 64D-3.019 Blood Testing of Pregnant Women. Repealed.
Editorial Note: See 64D-3.042
- 64D-3.020 Enforcement and Penalties. Repealed.
Editorial Note: See 64D-3.047

64D-3.021 Definitions. Repealed

Editorial Note: See 64D-3.028

64D-3.022 Reporting Requirements for Individuals. Repealed

Editorial Note: See 64D-3.030

64D-3.023 Reporting Requirements for Laboratories. Repealed

Editorial Note: See 64D-3.031

64D-3.024 Patient Treatment and Follow-up. Repealed

Editorial Note: See 64D-3.043

64D-3.025 Allocation Methodology for the Distribution of Funds Appropriated for Tuberculosis Control. Repealed

Editorial Note: See 64D-3.044

64D-3.026 Execution of Certificate for Involuntary Hold. Repealed

Editorial Note: See 64D-3.045

64D-3.027 Reporting of Congenital Anomalies. Repealed

Editorial Note: See 64D-3.035

64D-3.028 Definitions.

(18) “Human Immunodeficiency Virus (HIV) Exposed Newborn” – An infant 18 months of age or younger born to a HIV infected woman.

Editorial Note: Formerly 64D-3.001, 64D-3.014, 64D-3.015 & 64D-3.021.

64D-3.029 Diseases or Conditions to Be Reported.

(1) Diseases or conditions listed in subsection (3) below are of public health significance identified by the Department as of the date of these rules which must be reported by the practitioner, hospital, laboratory, or other individuals via telephone (with subsequent written report within 72 hours, see Rules 64D-3.030-.033, F.A.C.), facsimile, electronic data transfer, or other confidential means of communication to the County Health Department having jurisdiction for the area in which the office of the reporting practitioner, hospital, laboratory or patient’s residence is located consistent with the specific section and time frames in subsection (3) below

relevant to the practitioners, hospitals and laboratories, respectively. Reporters are not prohibited from reporting diseases and/or conditions not listed by rule.

(2) Definitions to be used with subsection (3) below:

(a) “Notifiable Diseases or Conditions” – The definitions of “case” and “suspected case” for reportable diseases or conditions are set forth in “Surveillance Case Definitions for Select Reportable Diseases in Florida,” incorporated by reference, available online at: www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm. For any disease or condition for which Florida surveillance case definitions do not exist, the CDC case definitions set forth in Nationally Notifiable Infectious Diseases, Definition of Terms Used in Case Classification, incorporated by reference, available online at: www.cdc.gov/epo/dphsi/casedef/definition_of_terms.htm should be used. Also see the footnotes to subsection (3).

(b) “Suspect Immediately” – A notifiable condition or urgent public health importance. Report without delay upon the occurrence of any of the following: Initial suspicion, receipt of a specimen with an accompanying request for an indicative or confirmatory test, findings indicative thereof, or suspected diagnosis. Reports that cannot timely be made during the County Health Department business day shall be made to the County Health Department after-hours duty official. If unable to do so, the reporter shall contact the Florida Department of Health after hours duty official at (850)245-4401.

(c) “Immediately” – A notifiable condition of urgent public health importance. Report without delay upon the occurrence of any of the following: An indicative or confirmatory test, findings indicative thereof, or diagnosis. Reports that cannot timely be made during the County Health Department business day shall be made to the County Health Department after-hours duty official. If unable to do so, the reporter shall contact the Florida Department of Health after hour’s duty official at (850)245-4401.

(d) “Next Business Day” – Report before the closure of the County Health Department’s next business day following suspicion or diagnosis.

(e) “Other” – Report consistent with the instruction in and footnotes to (3) below.

(3) “Table of Notifiable Diseases or Conditions to be Reported”

Practitioner Reporting				Laboratory Reporting						
Notifiable Diseases or Conditions	Timeframes			Other	Evidence of current or recent infection with etiological agents	Submit isolates or specimens for confirmation*1	Timeframes			Other
	Suspect Immediately	Immediately	Next Business Day				Suspect Immediately	Immediately	Next Business Day	
Any disease outbreak in a community, hospital or other institution or a foodborne or waterborne outbreak	X	X			Any grouping or clustering of patients having similar etiological agents that may indicate the presence of a disease outbreak		X	X		
Any grouping or clustering of patients having similar disease, symptoms or syndromes that may indicate the presence of a disease outbreak including those of biological agents associated with terrorism	X	X			Any grouping or clustering of patients having similar etiological agents that may indicate the presence of a disease outbreak including those of biological agents associated with terrorism.		X	X		
Acquired Immune Deficiency Syndrome (AIDS)				2 Weeks	Not Applicable					
Anthrax	X	X			Bacillus anthracis	X	X	X		
Botulism, foodborne	X	X			Clostridium botulinum or botulinum toxin	X	X	X		
Botulism, infant			X		Clostridium botulinum or botulinum toxin	X			X	
Botulism, other (includes wound and unspecified)	X	X			Clostridium botulinum or botulinum toxin	X	X	X		
Brucellosis	X	X			Brucella abortus, B. melitensis, B. suis, B. canis	X	X	X		
California serogroup virus neuroinvasive and non-neuroinvasive disease			X		California encephalitis virus, Jamestown Canyon, Keystone, Lacrosse, snowshoe hare, trivittatus				X	
Campylobacteriosis			X		Campylobacter species				X	
Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)*2				6 Months	Pathological or tissue diagnosis of cancer (except non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors)					6 Months
CD-4	Not Applicable				CD-4 absolute count and percentage of total lymphocytes*3					3 days
Chancroid			X		Haemophilus ducreyi				X	
Chlamydia			X		Chlamydia trachomatis				X	
Chlamydia in pregnant women and neonates			X		Chlamydia trachomatis				X	
Chlamydia in children ≤ 12 years of age*4			X		Chlamydia trachomatis				X	
Cholera	X	X			Vibrio cholerae	X	X	X		
Ciguatera fish poisoning (Ciguatera)			X		Not Applicable					
Clostridium perfringens, epsilon toxin (disease due to)			X		Clostridium perfringens, epsilon toxin				X	
Congenital Anomalies*5				6 Months	Not Applicable					
Conjunctivitis in neonates ≤ 14 days old			X		Not Applicable					
Creutzfeld-Jakob disease (CJD)*6			X		14-3-3 protein from CSF or any brain pathology suggestive of CJD*6				X	
Cryptosporidiosis			X		Cryptosporidium parvum				X	
Cyclosporiasis			X		Cyclospora cayetanensis	X			X	
Dengue			X		Dengue virus				X	
Diphtheria	X	X			Corynebacterium diphtheriae	X	X	X		
Eastern equine encephalitis virus neuroinvasive and non-neuroinvasive disease			X		Eastern equine encephalitis virus	X			X	
Ehrlichiosis, human granulocytic (HGE)			X		Ehrlichia phagocytophilia.				X	

Ehrlichiosis, human monocytic (HME)			X		Ehrlichia chaffeensis					X
Ehrlichiosis, human other or unspecified agent-			X		Ehrlichia species other					X
Encephalitis, other (non-arboviral)			X		Isolation from or demonstration in brain or central nervous system tissue or cerebrospinal fluid, of any pathogenic virus					X
Enteric disease due to Escherichia coli O157:H7		X			Escherichia coli O157:H7	X			X	
Enteric disease due to other pathogenic Escherichia coli*7		X			Escherichia coli*7				X	
Giardiasis (acute)			X		Giardia species					X
Glanders	X	X			Burkholderia mallei,	X	X		X	
Gonorrhea			X		Neisseria gonorrhoeae					X
Gonorrhea in children ≤ 12 years of age*4			X		Neisseria gonorrhoeae					X
Gonorrhea in pregnant women and neonates			X		Neisseria gonorrhoeae					X
Gonorrhea (Antibiotic Resistant)			X		Neisseria gonorrhoeae*8					X
Graunuloma Inguinale			X		Calymmatobacterium granulomatis					X
Haemophilus influenzae, meningitis and invasive disease	X	X			Haemophilus influenzae	X	X		X	
Hansen disease (Leprosy)			X		Mycobacterium leprae					X
Hantavirus infection		X			Hantavirus	X			X	
Hemolytic uremic syndrome		X			Not Applicable					
Hepatitis A*9		X			Hepatitis A*9				X	
Hepatitis B, C, D, E and G Virus*9			X		Hepatitis B, C, D, E and G Virus*9					X
Hepatitis B surface antigen (HBsAg)-positive in a pregnant woman or a child up to 24 months old			X		Hepatitis B surface antigen (HBsAg)					X
Herpes simplex virus (HSV) in infants up to six (6) months of age with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth*10			X		HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture*10					X
HSV – anogenital in children ≤ 12 years of age*4*10			X		HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture*10					X
Human immunodeficiency virus (HIV)				2 Weeks	Repeatedly reactive enzyme immunoassay, followed by a positive confirmatory tests, (e.g. Western Blot, IFA): Positive result on any HIV virologic test (e.g. p24 AG, Nucleic Acid Test (NAT/NAAT) or viral culture). All viral load (detectable and undetectable) test results.*11					3 days
Human immunodeficiency virus (HIV) Exposed Newborn – infant ≤ 18 months of age born to a HIV infected woman			X		Not Applicable					
Human papilloma virus (HPV) associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤6 years of age*4			X		HPV DNA					X
HPV – anogenital in children ≤12 years of age*4			X		HPV DNA					X
HPV cancer associated strains*12			X		DNA typing of HPV strains 16, 18, 31, 33, 35, 36, 45 Abnormal histologies consistent with Bethesda 2001 Terminology*13					X
Influenza due to novel or pandemic strains	X	X			Isolation of influenza virus from humans of a novel or pandemic strain	X	X		X	
Influenza-associated pediatric mortality in persons aged < 18 years		X			Influenza virus – associated pediatric mortality in persons aged <18 years (if known)	X			X	
Lead poisoning*14			X		All blood lead tests with detectable blood lead values*14					X

Legionellosis			X	<i>Legionella</i> species				X
Leptospirosis			X	<i>Leptospira interrogans</i>				X
Listeriosis		X		<i>Listeria monocytogenes</i>			X	
Lyme disease			X	<i>Borrelia burgdorferi</i>				X
Lymphogranuloma Venereum (LGV)			X	<i>Chlamydia trachomatis</i>				X
Malaria			X	<i>Plasmodium falciparum</i> , <i>P. vivax</i> , <i>P. ovale</i> , <i>P. malariae</i>	X			X
Measles (Rubeola)	X	X		Measles virus*15	X	X	X	
Melioidosis	X	X		<i>Burkholderia pseudomallei</i>	X	X	X	
Meningitis, bacterial, cryptococcal and mycotic (other than meningococcal or <i>H. influenzae</i> or pneumococcal)			X	Isolation or demonstration of any bacterial or fungal species in cerebrospinal fluid				X
Meningococcal Disease, includes meningitis and meningococemia	X	X		<i>Neisseria meningitidis</i> (serogroup needed)	X	X	X	
Mercury poisoning			X	Laboratory results as specified in the surveillance case definition for mercury poisoning				X
Mumps			X	Mumps virus				X
Neurotoxic shellfish poisoning		X		Laboratory results as specified in the surveillance case definition for Neurotoxic shellfish poisoning			X	
Pertussis		X		<i>Bordetella pertussis</i>			X	
Pesticide-related illness and injury			X	Laboratory results as specified in the surveillance case definition for pesticide related illness and injury				X
Plague	X	X		<i>Yersinia pestis</i>	X	X	X	
Poliomyelitis	X	X		Poliovirus	X	X	X	
Psittacosis (Ornithosis)			X	<i>Chlamydophila psittaci</i> (formerly known as <i>Chlamydia psittaci</i>)	X			X
Q Fever			X	<i>Coxiella burnetii</i>	X			X
Rabies, animal		X		Rabiesvirus		X	X	
Rabies, human		X		Rabiesvirus		X	X	
Rabies, possible exposure*16	X	X		Not Applicable				
Ricin toxicity	X	X		Ricin toxin (from <i>Ricinus communis</i> castor beans)	X	X	X	
Rocky Mountain spotted fever			X	<i>Rickettsia rickettsii</i>				X
Rubella, including congenital	X	X		Rubella virus*15	X	X	X	
St. Louis encephalitis (SLE) virus neuroinvasive and non-neuroinvasive disease			X	St. Louis encephalitis virus	X			X
Salmonellosis			X	<i>Salmonella</i> species by species serogroup and serotype				X
Saxitoxin poisoning including Paralytic shellfish poisoning (PSP)			X	Saxitoxin				X
Severe Acute Respiratory Syndrome-associated coronavirus (SARS-CoV) disease	X	X		SARS-associated coronavirus (SARS-CoV)	X	X	X	
Shigellosis			X	<i>Shigella</i> species by species serogroup				X
Smallpox	X	X		Variola virus (orthopox virus)	X	X	X	
<i>Staphylococcus aureus</i> with intermediate or full resistance to vancomycin (VISA, VRSA)		X		<i>Staphylococcus aureus</i> with intermediate or full resistance to vancomycin (VISA, VRSA); Laboratory results as specified in the surveillance case definition.	X		X	
Staphylococcus enterotoxin B		X		Staphylococcus enterotoxin B	X		X	
Streptococcal disease, invasive, Group A			X	<i>Streptococcus pyogenes</i> , Group A, isolated from a normally sterile site (does not include throat specimens)				X
<i>Streptococcus pneumoniae</i> , invasive disease	Not Applicable			<i>Streptococcus pneumoniae</i> isolated from a normally sterile site				X
<i>Streptococcus pneumoniae</i> , invasive disease in children < 5 years, drug sensitive and resistant			X	<i>Streptococcus pneumoniae</i> isolated from a normally sterile site				X
Syphilis			X	<i>Treponema pallidum</i>				X
Syphilis in pregnant women and neonates		X		<i>Treponema pallidum</i>			X	
Tetanus			X	<i>Clostridium tetani</i>				X
Toxoplasmosis, acute			X	<i>Toxoplasma gondii</i>				X
Trichinellosis (Trichinosis)			X	<i>Trichinella spiralis</i>				X
Tuberculosis (TB)*17			X	<i>Mycobacterium tuberculosis</i> complex*17				X
Tularemia	X	X		<i>Francisella tularensis</i>	X	X	X	
Typhoid fever		X		<i>Salmonella typhi</i>	X		X	

Typhus fever (epidemic)	X	X			Rickettsia prowazekii	X	X	X		
Typhus fever (endemic)			X		Rickettsia typhi, R. felis				X	
Vaccinia disease	X	X			Vaccinia virus	X	X	X		
Varicella (ChickenPox)*18			X		Varicella virus				X	
Varicella mortality			X		Varicella virus				X	
Venezuelan equine encephalitis virus neuroinvasive and non-neuroinvasive	X	X			Venezuelan equine encephalitis virus	X	X	X		
Vibriosis (Vibrio infections, other than Cholera)			X		All non-cholera <i>Vibrio</i> species including, <i>V. alginolyticus</i> , <i>V. damsela</i> , <i>V. fluvialis</i> , <i>V. furnissii</i> , <i>V. hollisae</i> , <i>V. mimicus</i> , <i>V. parahaemolyticus</i> , <i>V. vulnificus</i>	X			X	
Viral hemorrhagic fevers	X	X			Ebola, Marburg, Lassa, Machupo viruses	X	X	X		
West Nile virus neuroinvasive and non-neuroinvasive disease			X		West Nile virus	X			X	
Western equine encephalitis virus neuroinvasive and non-neuroinvasive disease			X		Western equine encephalitis virus	X			X	
Yellow fever	X	X			Yellow fever virus	X		X		

*9 – Special reporting requirements for Hepatitis:

a. Positive results should be accompanied by any hepatitis testing conducted; and

b. All serum aminotransferase levels.

*10 – A 4-fold titer rise in paired sera by various serological tests confirmatory of primary infection; presence of herpes-specific IgM suggestive but not conclusive evidence of primary infection.

*11 – Special requirements for STARHS (Serologic Testing Algorithm for Recent HIV Seroconversion):

a. Each laboratory that reports a confirmed positive HIV test in persons 13 years of age and older must also report a serologic testing algorithm for recent HIV seroconversion (STARHS) test result.

b. In lieu of producing this test result, each laboratory that reports a confirmed positive HIV test must submit a sample for additional testing using STARHS (Serologic Testing Algorithm for Recent HIV Seroconversion). The laboratory is permitted to send the remaining blood specimen or an aliquot of at least 0.5 ml to the Florida Department of Health, Bureau of Laboratories, 1217 Pearl Street, Jacksonville, Florida 32202-3926.

c. Laboratories electing to send a blood specimen will contact the Florida Department of Health, Bureau of Laboratories at (904)791-1500 to receive specimen maintenance and shipping instructions.

d. Nationally based laboratories with an existing contract to ship specimens directly to a STARHS laboratory designated by the National Centers for Disease Control and Prevention will not be required to send a specimen to the Florida Department of Health Laboratory.

*12 – Practitioners need only to report the presence of cancer associated strains, not abnormal cytologies to the Florida Department of Health, Bureau of STD Prevention and Control, 4052 Bald Cypress Way, Bin A-19, Tallahassee, Florida 32399-1712, (850)245-4303.

*13 – Special reporting requirements for abnormal histologies:

a. Report only classifications consistent with Bethesda 2001 Terminology of ASC-US, ASC-H, HSIL, LSIL, CIN 1, CIN 2, CIN 3 and AGC to the Florida Department of Health, Bureau of STD Prevention and Control, 4052 Bald Cypress Way, Bin A-19, Tallahassee, Florida 32399-1712, (850)245-4303.

b. All such reports must be received by the Department electronically in HL-7 format.

*14 – Special reporting requirements for reporting blood lead tests:

a. All blood lead tests are considered evidence of a suspected case and are to be reported to the Florida Department of Health, Bureau of Community Environmental Health, Childhood Lead Poisoning Prevention Program, 4052 Bald Cypress Way, Bin A08, Tallahassee, Florida 32399-1712, (850)245-4277.

b. All such reports must be received by the Department electronically.

*15 – IgM serum antibody or viral culture test orders for measles (rubeola) or rubella should be reported as suspect immediately, but not IgG results.

*16 – Includes a bite or other significant exposure to a human or domestic animal (including all pets and livestock) by an animal:

a. That results in rabies prophylaxis for the person exposed, rabies testing and/or quarantine of the animal causing the exposure; or

b. That is capable of transmitting herpes B viruses (includes exposures from nonhuman primates).

*17 – Special reporting requirements for Tuberculosis:

a. Test results must also be submitted by laboratories to the Department of Health, Bureau of Tuberculosis and Refugee Health, 4052 Bald Cypress Way, Bin A20, Tallahassee, Florida 32399-1717, (850)245-4350;

b. The 15-digit spoligotype (octal code) must be reported. If the spoligotyping is not available, the isolate must be submitted to the Department of Health, Bureau of Laboratories, 1217 Pearl Street, Jacksonville, Florida 32202-3926, (904)791-1500. The Department will provide the mailing materials and pay mailing costs.

*18 – Special reporting requirements for Varicella (chickenpox) – Besides the information required to be reported in subsection 64D-3.030(3), F.A.C., practitioners shall also provide date of vaccination.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.53(2), 392.66 FS. Law Implemented 381.0011(4), 381.003(1), 381.0031(1), (2), (6), 383.06, 384.23, 384.25, 385.202, 392.53 FS. History–New _____.

Editorial Note: Formerly 64D-3.002.

64D-3.030 Notification by Practitioners.

(3) Any report of a notifiable disease or condition required by this rule, except for cancer, congenital anomalies and HIV/AIDS, shall be reported on the Florida Department of Health Disease Report Form (DH Form 2136, 3/06), incorporated by reference, available at the Department of Health, Division of Disease Control, 4052 Bald Cypress Way, Bin A-09, Tallahassee, FL 32399-1714, or on a form supplied by the provider that includes the following:

(a) The patient's:

1. First and last name, including middle initial;
2. Address, including city, state and zip code;
3. Telephone number, including area code;
4. Date of birth;
5. Sex;
6. Race;
7. Ethnicity (specify if of Hispanic descent or not of Hispanic descent);
8. Pregnancy status if applicable;
9. Social Security number;
10. Date of onset of symptoms;
11. Diagnosis.

(5) Special reporting requirements for HIV and AIDS:

(a) All cases of HIV or AIDS, which meet the Centers for Disease Control and Prevention (CDC) case definitions set forth in CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome, published in Morbidity and Mortality Weekly Report (MMWR) Vol. 48 [RR-13, December 10, 1999], incorporated by reference, available online at: www.cdc.gov/mmwr/PDF/RR/RR4813.pdf, shall be reported on the Adult HIV/AIDS Confidential Case Report, CDC 50.42A Rev. 01/2003, incorporated by reference, or the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B Rev. 01/2003,

incorporated by reference, along with the Department of Health Addendum for Adult HIV/AIDS Confidential Case Report, DH Form 2134, incorporated by reference. All forms are available at county health departments or at the Department of Health, Bureau of HIV/AIDS, 4052 Bald Cypress Way, Bin A-09, Tallahassee, Florida 32399-1715.

(b) HIV exposed newborns shall be reported on the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B Rev. 01/2003, incorporated by reference in paragraph 64D-3.030(5)(b), F.A.C.

Editorial Note: Formerly 64D-3.016 and 64D-3.022.

64D-3.031 Notification by Laboratories.

(3) To allow follow-up of laboratory findings suggestive of or diagnostic of diseases or conditions in the Table of Notifiable Diseases or Conditions, the form upon which the information will be reported shall be furnished by the laboratory that includes the following information:

(a) The Patient's:

1. First and last name, including middle initial;
2. Address including street city, state and zip code;
3. Phone number, including area code;
4. Date of birth;
5. Sex;
6. Race;
7. Ethnicity (specify if of Hispanic descent or not of Hispanic descent);
8. Pregnancy status if applicable;
9. Social Security number;

(4) Laboratories located out of state, licensed under Part 1, Chapter 483, F.S., who collect specimens in Florida or who receive the initial order for testing from a practitioner, blood bank, plasmapheresis center or other health care provider located in Florida, shall report in the same way as if the findings had been made by a laboratory located in Florida.

(5) Upon the Department's implementation of its Electronic Laboratory Reporting System (ELR) for laboratory findings suggestive of or diagnostic of diseases or conditions, reports will be submitted electronically to the Department using Health Level Seven (HL7) version 2.3.1 format. A CDC Implementation Guide for Transmission of Laboratory-Based Reporting of Public Health Information using version 2.3.1 of the Health Level Seven (HL7) Standard Protocol, incorporated by reference, is available at the Department of Health, ELR Project, 4052 Bald Cypress Way, Bin A-12, Tallahassee, Florida 32399-1715.

(7) In order to study disease incidence, each laboratory licensed to perform tests for any notifiable disease or condition shall report the test volume for each related diagnostic test performed for the notifiable diseases listed in Rule 64D-3.029, F.A.C.

(a) Reports are to be filed annually on or before April 1 of each year to the Department electronically in a format agreed upon by the department and the laboratory with the following information:

Editorial Note: Formerly 64D3.003, 64D-3.017 & 64D-3.023.

64D-3.032 Notification by Medical Facilities.

(1) The chief administrative officer of each facility licensed under Chapter 395, F.S., or freestanding radiation therapy centers, as defined in Section 408.07(20), F.S., shall either personally or by appointing an individual from the staff, hereinafter referred to as "reporting individual," report all cases or suspect cases of diseases or positive laboratory finding indicating the presence of a disease or condition listed in Rule 64D-3.029, F.A.C., in all persons admitted to, attended to, or residing in the facility per this rule.

(2) The chief administrative officer of each Department of Defense or Veterans Administrative (VA) facility located in Florida are requested to appoint an individual from the staff, hereinafter referred to as "reporting individual," report all cases or suspect cases of diseases or positive laboratory finding indicating the presence of a disease or condition listed in Rule 64D-3.029, F.A.C., in all persons admitted to, attended to, or residing in the facility per this rule.

(3) Reporting of a case or suspected case of disease or condition or positive laboratory findings by a facility or center fulfills the requirements of the licensed practitioner and laboratory director to report. It remains the responsibility of the practitioner or laboratory director to ensure that the report is made as stipulated in Rule 64D-3.029, F.A.C.

(4) Each facility that reports a notifiable disease or condition or a positive laboratory finding indicating the presence of a notifiable disease shall make its records for such diseases or conditions available for on-site inspection by the Department or its authorized representatives.

Specific Authority 381.0011(13), 381.003(2), 381.0031(5), 381.0031(6), 383.06, 384.33, 385.202(5), 392.66 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25, 385.202, 392.53 FS. History–New

Editorial Note: Formerly 64D-3.006(1)(2).

64D-3.033 Notification by Others.

Editorial Note: Formerly 64D-3.0031.

64D-3.034 Cancer Reporting.

(1) Reporting Requirements:

(c) The data items, coding schemes, definitions, record layouts and reporting procedures are to follow the guidance provided in the Florida Cancer Data System Data Acquisition Manual (2005, or current year edition), incorporated by reference, available at: <http://fcds.med.miami.edu/inc/downloads.shtml>.

Editorial Note: Formerly 64D-3.006(3), (5).

64D-3.035 Congenital Anomaly Reporting.

Specific Authority 381.0011(13), 381.0031(6) FS. Law Implemented 381.0011(7), 381.0031 FS. History–New

Editorial Note: Formerly 64D-3.027.

64D-3.036 Notifiable Disease Case Report Content is Confidential.

Editorial Note: Formerly 64D-3.004.

64D-3.037 Authority of the DOH County Health Department Director or Administrator and State Health Officer.

Editorial Note: Formerly 10D-3.074, 64D-3.005

64D-3.038 Quarantine Orders and Requirements.

(6) For zoonosis control and prevention, any animal determined by the Department to be a significant threat to human health shall be humanely euthanized in accordance with the American Veterinary Medical Association's 2000 Report of the AVMA Panel on Euthanasia, incorporated by reference, available from the Florida Department of Health, Bureau of Epidemiology, 4052 Bald Cypress Way, Bin A-12, Tallahassee, Florida 32399-1720. Such an order shall be issued in writing.

Editorial Note: Formerly 64D-3.007, 64D-3.0071, 64D-3.008, 64D-3.009 and 64D-3.010.

64D-3.039 Diseased Animals.

Editorial Note: Formerly 64D-3.012.

64D-3.040 Procedures for Control of Specific Communicable Diseases.

(1) Psittacosis (Ornithosis).

(b) Birds suspected of being infected or having been associated with infected birds shall not be removed from any premises until the State Health Officer or the county health department director or administrator or their designee, has investigated the situation and issued orders which may include quarantine, laboratory examination or prescribed treatment according to recommendations of the National Association of State Public Health Veterinarians, Inc., published in the Compendium of Measures to Control *Chlamydophila psittaci* (formerly *Chlamydia psittaci*) Infection Among Humans (Psittacosis) and Pet Birds (Avian Chlamydiosis), 2006, incorporated by reference, available from the Department of Health, Division of Environmental Health, 4052 Bald Cypress Way, Bin A-08, Tallahassee, Florida 32399-1720.

(2) Rabies Control in Humans.

(b) Prevention in Humans – Persons bitten or otherwise exposed to suspect rabid animals shall be evaluated for post-exposure treatment by the county health department

director or medical director or their designee according to recommendations of Human Rabies Prevention- United States, 1999, Recommendations of the Advisory Committee on Immunization Practices (ACIP), published in the Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, Vol. 48, No. RR-1, January 8, 1999, incorporated by reference, available online at: www.cdc.gov/mmwr/PDF/rr/rr4801.pdf.

(3) Rabies Control in Animals.

(b) The county health department director or administrator or their designee shall cause to be captured, confined or seized suspected rabid animals and isolate and quarantine or humanely euthanize and provide for laboratory examination, as outlined in the guidebook, Rabies Prevention and Control in Florida 2006, incorporated by reference, available at: www.myfloridah.com/community/arboviral/Zoonoses/RabiesguideUpdated.pdf. This includes animals involved in human exposure (bite and non-bite) and animals exposed to rabid or suspected rabid animals. Other methods of controlling rabies in domestic or wild animals shall be administered by order of the county health department director or administrator or their designee according to recommendations of the Florida Rabies Advisory Committee.

(5) Enteric disease outbreaks in child care settings [for typhoid fever, see subsection 64D-3.040(6), F.A.C.]. In the event of an outbreak in a child care setting of one of these diseases, the county health department director or administrator or their designee shall implement control procedures as defined in "Guidelines for Control of Outbreaks of Enteric Disease in Child Care Settings," dated March 2000, incorporated by reference, available online at: www.doh.state.fl.us/disease%5Fctrl/epi/surv/enteric.pdf.

Editorial Note: Formerly 64D-3.013.

64D-3.041 Epidemiological Investigations.

Editorial Note: Formerly 64D-3.018.

64D-3.042 STD Testing Related to Pregnancy.

(4) Emergency Departments of hospitals licensed under chapter 395, F.S. may satisfy the testing requirements under this rule by referring any woman identified as not receiving prenatal care after the 12th week of gestation, to the county health department.

(a) The referral shall be in writing; and

(b) A copy shall be submitted to the county health department having jurisdiction over the area in which the emergency department is located.

Editorial Note: Formerly 64D3.019.

64D-3.043 Tuberculosis Treatment and Follow-up.

(1) An individualized treatment plan shall be prescribed by providers licensed under Chapters 458, 459, or 464 F.S., for each person in their care who has suspected or confirmed active Tuberculosis.

(b) The treatment plan must be documented on TB Medical Report and Treatment Plan, DH Form 1173, 02/98, incorporated by reference, available online at: www.doh.state.fl.us/disease%5Fctrl/tb/tbforms/dohpdfforms/1173/DH1173-TBTxPlan02-98.pdf.

(2) The county health department director, administrator or their designee shall document the case management approach as defined in Department guidelines "Tuberculosis (TB) Case Management/Team Approach," 4/98, incorporated by reference, available from the Department of Health, Bureau of TB and Refugee Health, 4052 Bald Cypress Way, Bin A-09, Tallahassee, Florida 32399-1720.

Editorial Note: Formerly 64D-3.024.

64D-3.044 Allocation Methodology for the Distribution of Funds Appropriated for Tuberculosis Control.

Editorial Note: Formerly 64D-3.025.

64D-3.045 Execution of Certificate for Involuntary Hold for Tuberculosis.

(2) The treating physician shall complete the form, "Certificate of Physician Pursuant to Section 392.565, F.S., Requesting an Order for Involuntary Hold and Petition for Emergency Hearing," DH Form 1201, 01/98, incorporated by reference, available at the local county health department or by contacting the A.G. Holley State Hospital, 1199 Lantana Road, Lantana, Florida 33462-1514, (561)582-5666. The certificate shall state that the person appears to meet the requirements specified in Section 392.565, F.S., as well as the following criteria:

(3) The treating physician shall send the completed "Certificate of Physician Pursuant to Section 392.565, F.S., Requesting an Order for Involuntary Hold and Petition for Emergency Hearing", incorporated by reference in subsection 64D-3.045(2), F.A.C., by facsimile to the Medical Executive Director of A.G. Holley State Hospital.

(4) If the Medical Executive Director agrees that the person meets the criteria for involuntary hold, the designee of the State Health Officer shall sign an "Order for Involuntary Hold," DH Form 1202, 01/98, incorporated by reference, available at A.G. Holley State Hospital, 1199 Lantana Road, Lantana, Florida 33462-1514, (561)582-5666.

Editorial Note: Formerly 64D-3.026.

64D-3.046 Immunization Requirements: Public and Nonpublic Schools, Grades Preschool, and Kindergarten through 12, and Adult Education Classes.

(1) Immunization and Documentation Requirements –

1. DH Form 680, Florida Certification of Immunization (July 2001), incorporated by reference, available from DOH county health departments (DOH CHDs) or physicians' offices.

3. For exemption from the rubeola immunization the practitioner must include with DH Form 680, Florida Certification of Immunization, incorporated by reference in subsection 64D-3.046(1), F.A.C., documentation on their own stationery of the physician's request for exemption, asserting that the student had an illness comprised of a generalized rash lasting three or more days, a fever of 101 degrees Fahrenheit or greater, a cough, and/or coryza, and/or conjunctivitis and, in the physician's opinion, has had the ten-day measles (rubeola) or serologic evidence of immunity to measles.

(c) Forms are to be fully executed by a practitioner licensed under Chapters 458, 459, 460, F.S., or their authorized representative (where permitted in the particular certification) per instructions for the appropriate school year as provided in DH Form 150-615, Immunization Guidelines- Florida Schools, Child Care Facilities and Family Day Care Homes (July 2002), incorporated by reference, available online at: www.doh.state.fl.us/disease_ctrl/immune/schoolguide.pdf.

(d) DH Form 681, Religious Exemptions for Immunizations (English/ Spanish/ Haitian-Creole) (February 2002), incorporated by reference, available at DOH CHDs, must be issued and signed by the local county health department medical director or designee.

(e) Otherwise required immunizations not performed must be accounted for under the Temporary or Permanent Medical Exemptions, DH Form 680, Florida Certification of Immunization, Parts B and C, incorporated by reference in subsection 64D-3.046(1), F.A.C.

(3) Documentation Requirements for Schools:

(c) Compliance Reporting

1. Each public and nonpublic school with a kindergarten and/or seventh grade shall submit an annual compliance report. The report shall be completed on DH Form 684, Immunization Annual Report of Compliance for Kindergarten and Seventh Grade (November 1996), incorporated by reference, available at DOH CHDs. The report shall include the immunization status of all children who were attending kindergarten and seventh grades at the beginning of the school year. The report shall be forwarded to the county health director/administrator no later than October 1 of each school year where the data will be compiled on DH Form 685, Kindergarten and Seventh Grade Annual Report of Compliance County Summary (November 2006), incorporated by reference, available at DOH CHDs; or electronically generated by the Department of Education.

(6) Florida SHOTS (State Health Online Tracking System) Opt Out Provision – Parents or guardians may elect to decline participation in the Florida immunization registry, Florida SHOTS, by submitting a completed Florida SHOTS Notification and Opt Out Form to the Department of Health. The form, either a DH Form 1478 (English) or DH Form 1478S (Spanish) or DH Form 1478H (Haitian-Creole), incorporated by reference, is available from the DOH Bureau of Immunization, 4052 Bald Cypress Way, Bin # A-11, Tallahassee, FL 32399-1719. The immunization records of children whose parents choose to opt-out will not be shared with other entities that are allowed by law to have access to the child's immunization record via authorized access to Florida SHOTS.

(7) Florida SHOTS Private Provider Participation – Any health care practitioner licensed in Florida under Chapters 458, 459 or 464, F.S., may request authorization to access Florida SHOTS by filling out a DH Form 1479, Authorized Private Provider User Agreement for Access to Florida SHOTS (Florida State Health Online Tracking System) (November 2000), incorporated by reference, available from the DOH Bureau of Immunization, 4052 Bald Cypress Way, Bin # A-11, Tallahassee, FL 32399-1719. The DH Form 1479 will be returned to the Department of Health for processing and authorization to access Florida SHOTS. Notification of access approval and instructions for accessing Florida SHOTS will be provided by the Department of Health. The authorized user and the applicable licensing authority or agency shall notify the Department of Health, Bureau of Immunization Florida SHOTS personnel when an authorized user's license or registration has expired or has been suspended or revoked.

(8) Florida SHOTS School and Licensed or Registered Child Care Facility Participation – Any public or nonpublic school, or licensed or registered child care facility may request authorization to access Florida SHOTS by completing a DH Form 2115, Authorized School and Licensed or Registered Child Care Facility User Agreement for Access to Florida SHOTS (November 2000), incorporated by reference, available from the DOH Bureau of Immunization, 4052 Bald Cypress Way, Bin # A-11, Tallahassee, FL 32399-1719. The DH Form 2115 will be returned to the Department of Health for processing and authorization to access Florida SHOTS. Notification of access approval and instructions for accessing Florida SHOTS will be provided by the Department of Health. The authorized user and the applicable licensing authority or agency shall notify the Department of Health, Bureau of Immunization Florida SHOTS personnel when an authorized user's license or registration has expired or has been suspended or revoked.

Editorial Note: Formerly 64D-3.011.

64D-3.047 Enforcement and Penalties.

Editorial Note: Formerly 64D-3.020.

64D-3.048 List of Documents Incorporated by Reference

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Section IV Emergency Rules

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

DEPARTMENT OF THE LOTTERY

RULE NO.: 53ER06-51
 RULE TITLE: Instant Game Number 661, CASH REWARD

SUMMARY OF THE RULE: This emergency rule describes Instant Game Number 661, "CASH REWARD," for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game; determination of prizewinners; estimated odds of winning, value and number of prizes in the game.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Faith L. Schneider, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER06-51 Instant Game Number 661, CASH REWARD.

(1) Name of Game. Instant Game Number 661, "CASH REWARD."

(2) Price. CASH REWARD lottery tickets sell for \$2.00 per ticket.

(3) CASH REWARD lottery tickets shall have a series of numbers in machine readable code (or bar code) on the back of the ticket, along with a validation number under the latex area on the ticket. To be a valid winning CASH REWARD lottery ticket, the ticket must meet the applicable requirements of Rule 53ER06-4, F.A.C.

(4) The "YOUR NUMBERS" play symbols and play symbol captions are as follows:

1 ONE	2 TWO	3 THREE	4 FOUR	5 FIVE	6 SIX
7 SEVEN	8 EIGHT	9 NINE	10 TEN	11 ELEVEN	12 TWELVE
13 THIRTEEN	14 FOURTEEN	15 FIFTEEN	16 SIXTEEN	17 SEVENTEEN	18 EIGHTEEN
19 NINETEEN	20 TWENTY				

(5) The "WINNING NUMBERS" play symbols and play symbol captions are as follows:

1 ONE	2 TWO	3 THREE	4 FOUR	5 FIVE	6 SIX
7 SEVEN	8 EIGHT	9 NINE	10 TEN	11 ELEVEN	12 TWELVE
13 THIRTEEN	14 FOURTEEN	15 FIFTEEN	16 SIXTEEN	17 SEVENTEEN	18 EIGHTEEN
19 NINETEEN	20 TWENTY				

(6) The "CASH REWARD NUMBER" play symbols and play symbol captions are as follows:

1 ONE	2 TWO	3 THREE	4 FOUR	5 FIVE	6 SIX
7 SEVEN	8 EIGHT	9 NINE	10 TEN	11 ELEVEN	12 TWELVE
13 THIRTEEN	14 FOURTEEN	15 FIFTEEN	16 SIXTEEN	17 SEVENTEEN	18 EIGHTEEN
19 NINETEEN	20 TWENTY				

(7) The prize symbols and prize symbol captions are as follows:

TICKET	\$1.00	\$2.00	\$5.00	\$10.00	\$20.00
TICKET	ONE	TWO	FIVE	TEN	TWENTY
\$25.00	\$50.00	\$100	\$1,000	\$10,000	
TWY FIVE	FIFTY	ONE HUN	ONE THD	TEN THD	

(8) The legends are as follows:

WINNING NUMBERS	CASH REWARD NUMBER	YOUR NUMBERS
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(9) Determination of Prizewinners.

(a) A ticket having a number in the "YOUR NUMBERS" play area that matches either number in the "WINNING NUMBERS" play area shall entitle the claimant to the corresponding prize shown for that number. A ticket having a number in the "YOUR NUMBERS" play area that matches the number in the "CASH REWARD NUMBER" play area shall entitle the claimant to all ten (10) prizes.

(b) The prizes are: TICKET, \$1.00, \$2.00, \$5.00, \$10.00, \$20.00, \$25.00, \$50.00, \$100, \$1,000 and \$10,000. A claimant who is entitled to a prize of a "TICKET" shall be entitled to a prize of a \$2.00 instant ticket or combination of instant tickets with a total value of \$2.00, except as follows. A person who submits by mail a CASH REWARD lottery ticket which