validate or identify social security numbers ~~(SSN)~~, verify the receipt of benefits from other sources, verify reported information, and obtain previously unreported information.

(a) The Department conducts d~~D~~ata exchanges ~~are conducted~~ with the Social Security Administration, Internal Revenue Service, Agency for Workforce Innovation ~~Department of Labor~~, federal and state personnel and retirement systems, other states' public assistance files~~,~~ and educational institutions.

(b) The Department compares i~~I~~nformation found through the data exchanges ~~process, is compared~~ with the information already on file. ~~The system determines which cases meet targeting criteria and alerts the case manager that the information needs to be reviewed. FLORIDA automatically schedules cases for reviews.~~ If the data exchange identifies new or different information than was previously available, the Department conducts a partial eligibility review ~~is conducted~~ to determine whether it must change benefit levels ~~must be changed~~.

(c) The Department considers b~~B~~eneficiary and~~,~~ SSI benefit ~~and earnings~~ data from the Social Security Administration~~,~~ ~~and~~ unemployment compensation benefit data and Department of Health, Office of Vital Statistics data ~~are considered~~ verified upon receipt and does not require third party verification. Other data requires third party verification before the Department takes adverse ~~case~~ actions on a case ~~are made~~.

(7) In accordance with Food Stamp Program waivers, food stamp applicants that have been interviewed, but failed to return the requested verification by the deadline, may be denied prior to the 30th day. Under approved federal Food Stamp Program waivers face-to-face interviews are not required.

(8)~~(7) The Notice of Case Action (denial) (automated notice), Request for Assistance Withdrawal (automated notice) and Appointment Letter (automated notice) used in the eligibility determination process are hereby incorporated by reference. Referral to the Family Safety Program for the caregiver home study as to adequacy and readiness of the caregiver to provide permanent care will be on the Relative Caregiver Program Request for Eligibility Consideration, CF-ES 2305, Apr 01 (incorporated by reference).~~ Copies of the~~se~~ CF-ES 2337, CF-ES 2930 and CF/PI 165-107 are available ~~forms may be obtained~~ from the ACCESS Florida Headquarters ~~Economic Self-Sufficiency Program~~ Office, 1317 Winewood Boulevard, ~~Building 3, Room 427,~~ Tallahassee, Florida 32399-0700 or on the Department's web site at http://www.dcf.state.fl.us/publications. The CF-ES 2353 is available on the Department's web site at http://www.myflorida.com/accessflorida/.

Specific Authority 409.919, 414.45 FS. Law Implemented 409.903, 409.904, 409.919, 410.033, 414.045, 414.095, 414.31 FS. History–New 4-9-92, Amended 11-22-93, 8-3-94, Formerly 10C-1.205, Amended 11-30-98, 9-27-00, 7-29-01, 9-12-04, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Nathan Lewis

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Jennifer Lange

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: May 5, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 18, 2008

Section III
Notices of Changes, Corrections and Withdrawals

DEPARTMENT OF STATE

Division of Elections

RULE NO.:	RULE TITLE:
1S-2.032	Uniform Primary and General Election Ballot

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 33, No. 45, November 9, 2007 issue of the Florida Administrative Weekly has been withdrawn.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Agricultural Environmental Services

RULE NO.:	RULE TITLE:
5E-14.142	Responsibilities and Duties – Records, Reports, Advertising, Applications

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 34, No. 6, February 8, 2008 issue of the Florida Administrative Weekly has been withdrawn.

DEPARTMENT OF REVENUE

Miscellaneous Tax

RULE NO.:	RULE TITLE:
12B-4.014	Conveyances Not Subject to Tax

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 34, No. 4, January 25, 2008 issue of the Florida Administrative Weekly has been withdrawn.

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."

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.:	RULE TITLE:
59A-9.034	Reports

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. 34, No. 14, April 4, 2008 issue of the Florida Administrative Weekly.

THE FULL TEXT OF THE PROPOSED RULE IS:

59A-9.034 Reports.

Pursuant to Section ~~Chapters 382 and~~ 390.0112, F.S., an abortion clinic must submit a report each month to the Agency, ~~Office of Vital Statistics of the Department of Health~~, regardless of the number of terminations of pregnancy. Monthly reports must be received by the Agency ~~department~~ within 30 days following the preceding month using the on-line reporting system that may be accessed at: http://ahca.myflorida.com/ITOP. Failure to submit this report so that it is timely received by the Agency will result in an administrative fine being imposed pursuant to subsection 390.0112(4), F.S. ~~"Monthly Report of Induced Terminations of Pregnancy", hereby incorporated by reference, Department of Health, Office of Vital Statistics, Public Health Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042, or by telephone request at (904)359-6900, extension 1049.~~

Specific Authority 390.012 FS. Law Implemented ~~20.42(2)(a), 382.002, 390.002,~~ 390.011, 390.0112, 390.012 FS. History–New 6-13-90, Formerly 10D-72.034, Amended 8-24-94, 9-25-06, _____.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Pari-Mutuel Wagering

RULE NO.:	RULE TITLE:
61D-12.001	Incorporated and Approved Forms

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 34, No. 11, March 14, 2008 issue of the Florida Administrative Weekly.

Subsection (1) is corrected as follows:

61D-12.001 Incorporated and Approved Forms.

The following is a list of all forms now incorporated which are to be used by the Division in its dealing with the cardroom operators and licensees who conduct cardroom gaming. A copy of these forms may be obtained at www.myflorida.com/dbpr/pmw or by contacting the Division of Pari-Mutuel Wagering at 1940 North Monroe Street, Tallahassee, Florida 32399-1035. The effective date of each of these forms is the promulgation date of this rule.

FORM NUMBER	SUBJECT	EFFECTIVE DATE
(1) DBPR PMW-3120	Individual Occupational License Application	____~~3-4-07~~

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 HEALTH

Division of Disease Control

RULE NOS.:	RULE TITLES:
64D-3.029	Diseases or Conditions to be Reported
64D-3.030	Notification by Practitioners
64D-3.040	Procedures for Control of Specific Communicable Diseases
64D-3.041	Epidemiological Investigations

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rules in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 34, No. 16, April 18, 2008 issue of the Florida Administrative Weekly.

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 hours 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 subsection (3) below.

"Table of Notifiable Diseases or Conditions to be Reported"

Practitioner Reporting					Laboratory Reporting					
Notifiable Diseases or Conditions	Timeframes				Evidence of current or recent infection with etiological agents	Submit isolates or specimens for confirmation*1	Timeframes			
	Suspect Immediately	Immediately	Next Business Day	Other			Suspect Immediately	Immediately	Next Business Day	Other
~~Any disease outbreak in a community, hospital or other institution or a foodborne or waterborne outbreak~~ Any case, cluster of cases or outbreak of a disease not otherwise listed in this Rule that is of urgent public health significance through person-to-person spread, or by indicating the presence of an environmental source of exposure. This includes but is not limited to cases or outbreaks in the community, in a defined setting such as a hospital, school or other institution, those that are food or waterborne, and those that result from a deliberate act of bioterrorism	X	X			~~Any grouping or clustering of patients having similar etiological agents that may indicate the presence of a disease outbreak~~ Detection in one or more persons of agents of a disease not otherwise listed in this Rule that is of urgent public health significance either through person-to-person spread, or by indicating the presence of an environmental source of exposure		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					
Amebic Encephalitis		X			Naegleria fowleri, Balamuthia mandrillaris, or Acanthamoeba spp.			X		
Anthrax	X	X			*Bacillus anthracis*	X	X	X		
Arsenic*2			X		Laboratory results as specified in the surveillance case definition for arsenic poisoning *2				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-neuroinva-sive disease			X		California encephalitis ~~virus~~, Jamestown Canyon, Keystone, Lacrosse, snowshoe hare, trivittatus viruses	X			X	
Campylobacteriosis			X		*Campylobacter* species				X	
Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)~~*2~~*3				6 Months	Pathological or tissue diagnosis of cancer (except non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors)					6 Months
Carbon monoxide poisoning			X		A volume fraction = 0.09 (9%) of carboxyhemoglobin in blood				X	
CD-4	Not Applicable				CD-4 absolute count and percentage of total lymphocytes *4 ~~*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 *5 ~~*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 *6 ~~*5~~				6 Months	Not Applicable					

Conjunctivitis in neonates < 14 days old			X		Not Applicable					
Creutzfeld-Jakob disease (CJD) *7 ~~*6~~			X		14-3-3 protein from CSF or any brain pathology suggestive of CJD *7 ~~*6~~				X	
Cryptosporidiosis			X		*Cryptosporidium parvum*				X	
Cyclosporiasis			X		*Cyclospora cayetanensis*	X			X	
Dengue			X		Dengue virus	X			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)~~ Ehrlichiosis/Anaplasmosis			X		~~*Ehrlichia phagocytophilia*~~. *Anaplasma phagocytophilum, Ehrlichia chaffeensis, or E. ewingii*	X			X	
~~Ehrlichiosis, human monocytic (HME)~~			~~X~~		~~Ehrlichia chaffeensis~~				~~X~~	
~~Ehrlichiosis, human other or unspecified agent~~ Ehrlichiosis/Anaplasmosis – undetermined or unspecified			X		*Ehrlichia or Anaplasma* species, other	X			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* *8 ~~*7~~		X			*Escherichia coli*b *8 ~~*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 *5 ~~*4~~			X		Neisseria gonorrhoeae				X	
Gonorrhea in pregnant women and neonates			X		Neisseria gonorrhoeae				X	
Gonorrhea (Antibotic Resistant)			X		*Neisseria gonorrhoeae* *9 ~~*8~~				X	
Granuloma 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 *10 ~~*9~~		X			Hepatitis A *10 ~~*9~~			X		
Hepatitis B, C, D, E and G Virus *10 ~~*9~~			X		Hepatitis B, C, D, E and G Virus *10 ~~*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~~ 60 days old with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth *11 ~~*10~~			X		HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture *11 ~~*10~~				X	
HSV – anogenital in children < 12 years of age *5*11 ~~*4*10~~			X		HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture *11 ~~*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. *12*13 ~~*11~~					3 days
Human immuno-deficiency virus (HIV) Exposed Newborn – infant < 18 months of age born to a HIV infected woman			X		All HIV test results (e.g., positive or negative immunoassay, positive or negative virologic tests) for those < 18 months of age					3 days

Human papilloma virus (HPV) associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years of age *5 ~~*4~~			X		HPV DNA				X	
HPV – anogenital in children <12 years of age *5 ~~*4~~			X		HPV DNA				X	
~~HPV cancer associated strains*12~~ Human papillomavirus ONLY physicians licensed as pathologists need report as directed under Laboratory Reporting*14			X		~~DNA typing of HPV strains 16, 18, 31, 33, 35, 36, 45~~ ~~Abnormal histologies consistent with Bethesda 2001 Terminology*13~~ 1) Positive test for any high risk human papillomavirus (HPV) type (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 59, 68, etc)*15 2) Abnormal cervical and anogenital cytologies consistent with "Bethesda 2001 Terminology"*15 3) Abnormal histologies including*15: a. cervical vaginal intraepithelial neoplasia (CIN 1, 2, or 3) b. vulvar intraepithelial neoplasia (VIN 1, 2, or 3) c. vaginal intraepithelial neoplasia (VAIN 1, 2, or 3) d. anal intraepithelial neoplasia (AIN 1, 2, or 3)				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 *16 ~~*14~~			X		All blood lead ~~tests with detectable blood lead values~~ test results*16 ~~*14~~				X	
Legionellosis			X		*Legionella* species				X	
Leptospirosis			X		Leptospira interrogans				X	
Listeriosis		X			Listeria monocytogenes			X		

Lyme disease			X		Borrelia burgdorferi				X	
Lymphogranuloma Venereum (LGV)			X		Chlamydia trachomatis				X	
Malaria			X		Plasmodium falciparum, P. vivax, P. ovale, P. malariae	X			X	
Measles (Rubeola)	X	X			Measles virus *17 ~~*15~~	X	X	X		
Melioidosis	X	X			Burkholderia pseudomallei	X	X	X		
Meningitis, bacterial, cryptococcal and mycotic (other than meningococcal or *H. influenzae* or pneumococcal)			X		Isolation or demonstration of any bacterial or fungal species in cerebrospinal fluid				X	
Meningococcal Disease, includes meningitis and meningococcemia	X	X			*Neisseria meningitidis* (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			Bordetella pertussis			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			*Yersinia pestis*	X	X	X		
Poliomyelitis, paralytic and non-paralytic	X	X			Poliovirus	X	X	X		
Psittacosis (Ornithosis)			X		*Chlamydophila psittaci* (formerly known as *Chlamydia psittaci*)	X			X	
Q Fever			X		*Coxiella burnetii*	X			X	
Rabies, animal		X			Rabiesvirus		X	X		
Rabies, human		X			Rabiesvirus		X	X		
Rabies, possible exposure *18 ~~*16~~	X	X			Not Applicable					
Ricin toxicity	X	X			Ricin toxin (from *Ricinus communis* castor beans)	X	X	X		
Rocky Mountain spotted fever			X		Rickettsia rickettsii	X			X	
Rubella, including congenital	X	X			Rubella virus *17 ~~*15~~	X	X	X		

St. Louis encephalitis (SLE) virus neuroinvasive and non-neuroinvasive disease			X		St. Louis encephalitis virus	X			X	
Salmonellosis			X-		*Salmonella* 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		*Shigella* species by species serogroup				X	
Smallpox	X	X			Variola virus (orthopox virus)	X	X	X		
Staphylococcus aureus - community associated mortality *19			X		*Staphylococcus aureus* community associated mortality*20	X				
Not Applicable					*Staphylococcus aureus* isolated from a normally sterile site *21				X	
Staphylococcus aureus with intermediate or full resistance to vancomycin (VISA,VRSA)		X			*Staphylococcus aureus* with intermediate or full resistance to vancomycin (VISA, VRSA); Laboratory results as specified in the surveillance case definition.*22	X		X		
Staphylococcus enterotoxin B		X			Staphylococcus enterotoxin B	X		X		
Streptococcal disease, invasive, Group A			X		*Streptococcus pyogenes*, Group A, isolated from a normally sterile site (does not include throat specimens)				X	
Streptococcus pneumoniae, invasive disease	Not Applicable				*Streptococcus pneumoniae* isolated from a normally sterile site *23				X	
Streptococcus pneumoniae, invasive disease in children < 5 years, drug sensitive and resistant			X		*Streptococcus pneumoniae* isolated from a normally sterile site *23				X	
Syphilis			X		Treponema pallidum				X	
Syphilis in pregnant women and neonates		X			Treponema pallidum			X		
Tetanus			X		Clostridium tetani				X	

Toxoplasmosis, acute			X		Toxoplasma gondii				X	
Trichinellosis (Trichinosis)			X		Trichinella spiralis				X	
Tuberculosis (TB) *23 ~~*17~~			X		*Mycobacterium tuberculosis* complex *24 ~~*17~~				X	
Tularemia	X	X			Francisella tularensis	X	X	X		
Typhoid fever		X			Salmonella typhi	X		X		
Typhus fever (epidemic)	X	X			Rickettsia prowazekii	X	X	X		
Typhus fever (endemic)			X		Rickettsia typhi, R. felis	X			X	
Vaccinia disease	X	X			Vaccinia virus	X	X	X		
Varicella (ChickenPox) *25 ~~*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 *Vibrio* species including, *V. alginolyticus, V. damsela, V. fluvialis, V. furnissii, V. hollisae, V. mimicus, V. parahaemolyticus, V. vulnificus*	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		

*1 – Submission of isolates or specimens for confirmation:

a. Each laboratory that obtains a human isolate or a specimen from a patient shall send specimens (such as isolates, sera, ~~serums,~~ slides or diagnostic preparations) to the Florida Department of Health, Bureau of Laboratories for confirmation and/or additional characterization of the organism. ~~Contact 1(866)352-5227 for the address of your regional laboratory, which will maintain a record indicating the date that these specimens were submitted to the laboratory.~~

b. Persons submitting specimens for reportable laboratory tests to the Florida Department of Health, Bureau of Laboratories, pursuant to subsection 64D-3.003(4), F.A.C., are required to supply the laboratories with sufficient information to comply with the provisions of this section.

c. For the address of your closest regional Florida Department of Health laboratory location, contact 1(866)352-5227. This location will receive isolates or specimens and maintain a record to indicate the date that these specimens were submitted to the laboratory.

d. Laboratories shall submitt isolates or specimens to the Florida Department of Health, Bureau of Laboratories for confirmation and/or additional characterization of the organism for any notifiable disease as requested by the county health department director or administrator or their designee. Some additional information regarding such requests can be found in the document “Surveillance Case Definitions for Select Reportable Diseases in Florida”.

e. Laboratories are not prohibited from submitting isolates or specimens from a patient for a disease or condition that is not designate in the Table of Notifiable Diseases or Conditions to be Reported in this Rule.

*2 – Special reporting requirements for Arsenic: Test results should only be reported if the test occurred 72 hours after the patient's consumption of seafood.

*3 ~~*2~~ – Notification within six months of diagnosis and within six months of each treatment. Exceptions are located in Rule 64D-3.007, F.A.C.

*4 ~~*3~~ – All CD4s, with or without confirmed HIV infection.

*5 ~~*4~~ – Child abuse should be considered by a practitioner upon collection of a specimen for laboratory testing in any person 12 years of age or under, excluding neonates. Reporting of a STD case to a county health department does not relieve the practitioner of their mandatory reporting responsibilities regarding child abuse pursuit to Section 39.201, F.S.

*6 ~~*5~~ – Exceptions are located in Rule 64D-3.035, F.A.C.

*7 ~~*6~~ – Practitioners should contact the Department of Health, Bureau of Epidemiology at (850)

245-4401 to arrange appropriate autopsy and specimen collection.

*8 ~~*7~~ – Non-O:157:H7, including enterotoxigenic, enteroinvasive, enteropathogenic, enterohemorrhagic, enteroaggregative strains and shiga toxin positive strains.

*9 ~~*8~~ – Special reporting requirements for Antibotic Resistant *Neisseria gonorrhoeae*:

a. Report susceptibility test results (zone sizes for disk diffusion; MICs for E-test or agar dilution) for the following antibiotics: Azithromycin, Cefixime, Ceftriaxone, Ciprofloxacin, Erythromycin, Ofloxacin, Penicillin, Spectinomycin, and Tetracycline.

*10 ~~*9~~ – Special reporting requirements for Hepatitis:

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

b. All serum aminotransferase levels.

~~*10~~*11 – 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.

*12 ~~*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 – If a genotype is performed, the fasta files containing the nucleotide sequence data, including the protease and reverse transcriptase regions must be reported. ~~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 – Practitioners need not report, unless licensed as a pathologist.

*15 – Special reporting requirements for laboratories and pathologists:

a. Report to the Florida Department of Health, Bureau of STD Prevention and Control, 4052 Bald Cypress Way, Bin A-19, Tallahassee, Florida 32399-1716, (850)245-4303.

b. Paper reports are not required. In accordance with paragraph 64D-3.031(5)(b), F.A.C., once Electronic Laboratory Reporting is initiated with the Department, all reports should be made electronically.

*16 ~~*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. This reporting requirement pertains to: 1) laboratories and, 2) practitioners that conduct on site blood lead analysis (i.e., practitioners that use portable lead care analyzers or other devices to perform blood lead analysis).

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

*17 ~~*15~~ – IgM serum antibody or viral culture test orders for measles (rubeola) or rubella should be reported as suspect immediately, but not IgG results.

*18 ~~*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.

*19 – As specified in the surveillance case definition for mortality in a person infected with community associated *Staphylococcus aureus*. For *S. aureus* mortality cases, a *S. aureus* culture shall be sent to the Florida Department of Health, Bureau of Laboratories, 1217 Pearle Street, Jacksonville, Florida 32202-3926, (904)791-1500. When pneumonia was present, a suitable respiratory specimen for viral testing should be submitted if available.

*20 – Laboratories that have an isolate from a patient known to have died from community associated *Staphylococcus aureus* must submit isolates to Florida Department of Health, Bureau of Laboratories, 1217 Pearle Street, Jacksonville, Florida 32202-3926, (904)791-1500.

*21 – Special reporting requirements for *Staphylococcus aureus*:

a. Antibiotic sensitivities must be included.

b. Paper reports are not required. In accordance with paragraph 64D-3.031(5)(b), F.A.C., once Electronic Laboratory Reporting is initiated with the Department, all reports should be made electronically.

*22 – Special reporting requirements for *Staphylococcus aureus* with intermediate or full resistance to vancomycin (VISA, VRSA):

a. Antibiotic sensitivities must be included.

*23 – Special reporting requirements for *Streptococcus pneumoniae:*

a. Antibiotic sensitivities must be included.

*24 ~~*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 Pearle Street, Jacksonville, Florida 32202-3926, (904)791-1500. The Department will provide the mailing materials and pay mailing costs.

*25 ~~*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: History–Formerly 10D-3.62, 10D-3.062, and 64D-3.002.

64D-3.030 Notification by Practitioners.

(1) Each practitioner licensed under Chapters 458, 459, 460, 462, 464, 467 and 474, F.S., and medical examiner appointed pursuant to Chapter 406, F.S., who diagnoses, treats or suspects a case, or who suspects an occurrence of a disease or condition listed in the Table of Notifiable Diseases or Conditions, Rule 64D-3.029, F.A.C., including in persons who at the time of death were so affected, shall report or cause to be reported all such diagnoses or suspicions per this rule. Reporting of specimen results by a laboratory to a county health department director, administrator or designee does not nullify the practitioner's obligation to report said disease or condition.

(2) Any request for laboratory test identification shall be considered a suspicion of disease. However, practitioners need only to report suspected cases if indicated in the "suspect immediately" column under practitioners in the Table of Notifiable Diseases or Conditions, Rule 64D-3.029, F.A.C.

(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.

(b) Type of diagnostic tests (for example culture, IgM, serology, Mantoux TB skin test, nucleic acid amplification test or Western Blot);

(c) Type of specimen (for example stool, urine, blood, mucus, etc.);

(d) Date of specimen collection;

(e) Site (for example cervix, eye, etc., if applicable);

(f) Diagnostic test results including but not limited to: reference range, titer when quantitative procedures are performed, and all available results concerning additional characterization of the organism as appropriate;

(g) For Tuberculosis, the 15-digit spoligotype (octal code) must be reported;

(h) Treatment given;

(i) Name, address and telephone number of the attending practitioner;

(j) Other necessary epidemiological information requested by the county health department director or administrator or their designee, including requests made by the Department for additional specimen collection or laboratory testing for suspected or confirmed cases of any notifiable disease.

(4) The practitioner who first authorizes, orders, requests or submits a specimen to a licensed laboratory for testing for any agent listed in Rule 64D-3.029, F.A.C., is responsible for obtaining and providing the information required by sub-subparagraphs 64D-3.031(3)(a)1.-10., F.A.C., at the time the specimen is sent to or received by the laboratory.

(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, (850)245-4300.

(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.

(7) Each practitioner who makes a diagnosis of or treats any notifiable disease or condition shall make their patient medical 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, 384.25(1), 384.33, 392.53(1), 392.66 FS. Law Implemented 381.0011(4), 381.003(1), 381.0031(1), (2), (6), 384.23, 384.25, 385.202, 392.53 FS. History–New _____.

Editorial Note: History–Formerly 10D-3.097, 64D-3.016 and 64D-3.022.

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

(1) Psittacosis (Ornithosis).

(a) All cases and suspected cases of psittacosis in people or birds shall be reported to the county health department director or administrator or their designee.

(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), 2008 ~~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.

(a) Reporting of Suspected Human Exposure to Rabies – Any person having knowledge of an incident in which a person is bitten by or otherwise exposed to any known or suspected rabid animal shall notify the county health department director or administrator or their designee where the bite occurred immediately by telephone, facsimile, electronic data transfer or other confidential means.

(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.

(a) The county health department director or administrator or their designee shall promptly investigate reported bites or exposures by suspected rabid 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 2008 ~~2006~~, incorporated by reference, available at: www.myfloridaeh.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.

(c) Upon official request from the health agency of another state or country, the appropriate county health department designee shall provide assistance in locating and placing in quarantine the suspect animal as required for proper completion of investigation of a potential rabies exposure incident.

(d) Epizootic Rabies. The State Health Officer, or the county health department director or administrator or their designee shall declare an area wide quarantine when prevalence of rabies so indicates. The conditions of the quarantine shall control the movement, sale, impoundment or required euthanasia of animals in the quarantine area as specified by departmental policy and procedure guidelines as defined in paragraph 64D-3.040(3)(b), F.A.C.

(4) *Shigella* and *salmonella* infections other than enteric disease outbreaks in child care settings, for which see subsection 64D-3.040(5), F.A.C., and Typhoid Fever, for which see subsection 64D-3.040(6), F.A.C.

(a) Sensitive Situations.

1. Persons with laboratory-confirmed or probable cases of Shigella and Salmonella infections (excluding typhoid fever) shall be prohibited from being present in sensitive situations until they are determined by the county health department director or administrator or their designee no longer to be a public health hazard. Release as no longer a public health hazard may be obtained by order of the director/administrator as provided for in subsections 64D-3.040(3),(4), F.A.C., for Salmonella, or by the infected person's submitting a minimum of two (2) stool specimens in satisfactory condition to one of the Department's laboratories or other clinical laboratory acceptable to the Department and meeting the following conditions:

a. The specimens are negative for these organisms.

b. The first specimen shall not be obtained sooner than forty-eight (48) hours after the cessation of any antibiotic therapy for those cases receiving antibiotics.

c. The second and subsequent specimen shall not be obtained sooner than at 24-hour intervals.

2. Persons who are contacts to probable or confirmed cases of shigella and salmonella infections (excluding typhoid fever);

a. Who have symptoms of an enteric illness or who have had such symptoms during the past two (2) weeks shall be presumed to be infected and shall be managed as a case as outlined in subparagraph 64D-3.040(4)(a)1., F.A.C.; or

b. Persons who are contacts to probable or confirmed cases of Shigella and Salmonella infections (excluding typhoid fever) and who do not have symptoms of an enteric illness or who have not had those symptoms during the past two (2) weeks may be permitted to continue in their sensitive situation at the discretion of the county health department director or administrator or their designee.

3. Persons infected with Salmonella (excluding typhoid fever) without symptoms may attend schools or child care settings at the discretion of the county health department director or administrator or their designee, provided adequate sanitary facilities and hygienic practices exist.

(b) Non-sensitive Situations.

Cases, Contacts, and Carriers of Salmonella or Shigella who are not in non-sensitive situations should be counseled regarding disease transmission, food preparation and hand washing practices. Follow-up or release based on stool culture results is not required.

(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.

(6) Typhoid Fever.

(a) Cases: Enteric isolation procedures are required for all cases during the acute stages of illness. The patient shall be under the supervision of the county health department director or administrator or their designee until bacteriologic cultures are obtained from feces and are negative in no less than three consecutive specimens taken at least 24 hours apart and not earlier than 1 month after onset of illness, provided the patient has been off antibiotic therapy for a period of 1 week. If any one specimen of this series yields typhoid organisms, then at least an additional three negative consecutive specimens of feces taken at least 24 hours apart are required for release of the case.

(b) Household contacts of a typhoid case who may be excreting *S. typhi* as determined by the county health department director or administrator or their designee and who are involved in food processing, food preparation or food service for public consumption or in any occupation bringing them in contact with children, ill persons, or the elderly or are present in other sensitive situations, as defined in subsection 64D-3.028(21), F.A.C., are prohibited from returning to such occupation or situation until no less than three specimens of

feces taken at least 24 hours apart are negative for typhoid organisms. In addition, other appropriate tests may be required at the discretion of the county health department director or administrator or their designee.

(7) Perinatal Hepatitis B.

(a) Infants born to HBsAg-positive mothers ~~The following infants~~ shall receive hepatitis B immune globulin and hepatitis B vaccine once they are physiologically stable, preferably within 12 hours of birth, and shall complete the hepatitis B vaccine series according to the recommended vaccine schedule. Testing infants for HBsAg and antibody to hepatitis B surface antigen (anti-HBs) six (6) months after the completion of the hepatitis B vaccine series is recommended to monitor the success or failure of therapy.

~~1. Infants born to HBsAg-positive mothers;~~

~~2. All infants of mothers born in areas of high endemicity for hepatitis B infection. These areas include China, Southeast Asia, Africa, Middle East, Pacific Islands and the Amazon Basin.~~

~~3. Alaskan Native infants.~~

(b) Household members, sexual and needle-sharing partners of HBsAg-positive prenatal/postpartum hepatitis B women should be tested to determine susceptibility to the hepatitis B virus, and, if susceptible should receive the hepatitis B vaccine series.

(8) Vibrio Infections. All food service establishments serving raw oysters shall display, either on menus or on table placards, the following notice: "Consumer Information: There is risk associated with consuming raw oysters. If you have chronic illness of the liver, stomach or blood or have immune disorders, you are at greater risk of serious illness from raw oysters, and should eat oysters fully cooked. If unsure of your risk, consult a physician."

Specific Authority 381.0011(6), (13), 381.003(2), 381.006(16), 384.25(2), 384.33 FS. Law Implemented 381.0011(4), (6), (8), 381.003(1), 381.0031, 384.25, 384.27 FS. History–New _____.

Editorial Note: History–Formerly 10D-3.91, 10D-3.091 and 64D-3.013.

64D-3.041 Epidemiological Investigations.

(1) The Department and its authorized representatives, when deemed necessary to protect the public's health, may conduct epidemiological investigations and follow-up to confirm the diagnosis, treatment and causes of any disease or condition to determine appropriate methods of outbreak ~~epidemic~~ and communicable disease control. Such investigations shall be considered official duties of the Department and may include, but are not limited to:

(a) Review of pertinent, relevant medical records by authorized representatives of the Department, if necessary to confirm the diagnosis; to investigate causes; to identify other related cases in an area, community, or workplace; to determine if a person with a reportable notifiable disease or condition has received adequate treatment to render themselves non-infectious or if exposed has received prophylaxis, if appropriate. Such review of records may occur without patient consent and shall be conducted at reasonable times and with such notice as is deemed reasonable under the circumstances.

(b) Perform interviews with an infected person or persons knowledgeable about the case to collect pertinent and relevant information about the cause(s) of or risk factors for the notifiable disease or condition.

(c) Conduct notification services by authorized Department representatives to inform persons who may have been in such association with an infected person or animal or a contaminated environment and who have had opportunity to acquire the infection. These will include, but are not limited to: household contacts, sexual partners, correctional facilities inmates and employees, patrons, employees and/or owners of business establishments, preschool staff and students, school staff and students, and other individuals who may have been in an infected persons' social, business or environmental network.

(d) Medical examination and/or testing of persons exposed to or at risk of the notifiable disease or condition.

(e) Obtain from public or private businesses or institutions the identities and locating information of persons, travelers, passengers or transportation crews with a similar or common potential exposure to the infectious agent as a reported case (such exposure may be current or have occurred in the past).

(f) Interview or administer questionnaires confidentially to any resident of a community or any agent, owner, operator, employer, employee or client of a public or private business or institution, that is either epidemiologically associated with an outbreak, or with the reported case or has had similar exposure as the reportable case.

(g) Collect environmental samples of substances or measurements of physical agents that may be related to the cause of an outbreak or notifiable disease or condition.

(h) Enter a place of employment for the purpose of conducting epidemiological investigations of those processes, conditions, structures, machines, apparatus, devices, equipment, records and materials within the place of employment which are relevant, pertinent and necessary to the investigation of an outbreak of notifiable diseases or conditions during regular working hours or at other reasonable times with such notice as is reasonable under the circumstances.

(2) All information gathered in the course of an epidemiological investigation and follow-up shall be confidential consistent with ~~and subject to~~ the provisions of Sections 119.0712, 381.0031(4), 384.29 and 392.65, F.S.

Specific Authority 381.0011(7), 381.0011(13), 381.003(2), 381.0031(6), 384.25(2), 384.33 FS. Law Implemented 381.0011(4), 381.003(1) (c), 384.26, 392.54 FS. History–New _____.

Editorial Note: History–Formerly 10D-3.100 and 64D-3.018.

DEPARTMENT OF HEALTH

Division of Disease Control

RULE NO.:	RULE TITLE:
64D-3.046	Immunization Requirements: Public and Nonpublic Schools, Grades Preschool, and Kindergarten Through 12, and Adult Education Classes

NOTICE OF PUBLIC HEARING

A corrected hearing regarding the above proposed rule, as noticed in Vol. 34, No. 18, May 2, 2008 Florida Administrative Weekly.

DATE AND TIME: June 9, 2008, 10:00 a.m. (EDT)

PLACE: 2585 Merchants Row Blvd., Tallahassee, FL 32399-1719

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Bureau of Immunization proposes an amendment to update forms and guidelines that are incorporated by reference.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Susan Lincicome, Senior Management Analyst Supervisor, Department of Health, Bureau of Immunization, 2585 Merchants Row Blvd., Room 210N, Tallahassee, FL 32399-1719. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Mental Health Program

RULE NOS.:	RULE TITLES:
65E-9.001	Applicability
65E-9.002	Definitions
65E-9.003	Licensure
65E-9.004	Administrative Enforcement
65E-9.005	Operating Standards
65E-9.006	Program Standards
65E-9.007	Staffing
65E-9.008	Admission
65E-9.009	Treatment Planning
65E-9.010	Length of Stay
65E-9.011	Discharge and Discharge Planning
65E-9.012	Rights of Children
65E-9.013	Restraint, Seclusion, and Time Out
65E-9.014	Medication Administration and Use of Psychotropic Medication

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. 34, No. 19, May 9, 2008 issue of the Florida Administrative Weekly.

THE PRELIMINARY TEXT OF THE PROPOSED RULE IS:

65E-9.001 Applicability.

These rules shall apply to all residential treatment centers, including therapeutic group homes under contract with the department or the agency to provide treatment services to children with an emotional disturbance or serious emotional disturbance who are admitted to services pursuant to Chapter 39 or Chapter 394, F.S. These rules shall also apply to providers that serve children through age 20 who are committed under Chapter 985.19~~22~~3, F.S.

Specific Authority 39.407, 394.875(8)~~(10)~~ FS. Law Implemented 394.875 FS. History–New 7-25-06, Amended _____.

65E-9.002 Definitions.

(1) through (21) No change.

(22) "Multidisciplinary team" means the group of individuals brought together to plan and coordinate mental health and related services to meet the needs of the child and their family in the most appropriate, least restrictive setting. Members of the team should include the child, unless clinically contraindicated, the child's parent or legal guardian and other caregiver, such as the foster parent: the child welfare service worker; the child's therapist, behavioral analyst, the child's Individual Education Plan surrogate and others who have information or services to offer for the child's treatment plan.

(22) through (27) renumbered (23) through (27) No change.

~~(28) "Residential treatment center" means a 24-hour residential program, including a therapeutic group home which provides mental health treatment and services to children as defined in Section 394.492(2) or (6), F.S., and which is a private for-profit or not-for-profit corporation, under contract with the department or the agency. This rule does not change the Chapter 419, F.S., designation of a program as a "community residential home."~~

(29) through (38) renumbered (28) through (40) No change

Specific Authority 39.407, 394.875(8)~~(10)~~ FS. Law Implemented 394.875 FS. History–New 7-25-06, Amended _____.

65E-9.003 Licensure.

(1) through (3) No change.

(4) Initial license – New construction, new operation, or change of licensed operator. Applicants for an initial license shall submit the most current ~~a completed~~ AHCA Form 3180-5004, ~~June 2004~~, "Residential Treatment Centers for Children and Adolescents," which is incorporated by reference and may be obtained from the agency. The application must be submitted to the agency at least 60 days prior to the date the facility would be available for inspection. The applicant shall provide all the information required by Sections 394.875 and 394.876, F.S., and any other information determined to be

needed by the agency. The application shall be under oath and must be accompanied by the appropriate license fee in order to be accepted and considered timely. The following information shall be submitted with the application.

(4)(a) through (4)(g)8. No change.

~~9. A copy of the current signed contract with the department.~~

9.~~10. For~~ F~~f~~acilities that would be considered a community residential home under Chapter 419, F.S., who are being licensed for the first time or existing facilities that have changed location or ownership shall provide a completed Community Residential Home Affidavit of Compliance Form. ~~DCF Form 1786, "Community Residential Home Sponsor Form~~," which is incorporated by reference and may be obtained from the department. For all other residential treatment centers, being licensed for the first time or who have changed location or ownership shall provide a report or letter from the zoning authority dated within the last six months indicating the street location is zoned appropriately for its use.

10.~~11~~. A copy of the center's occupational license.

(5) through (7)(a) No change.

(b) All applicants shall submit an application on the most current version of AHCA Form 3180-5004, ~~June 2004~~, "Residential Treatment Centers for Children and Adolescents Application", which is incorporated by reference, which is provided by ~~the~~ AHCA. The application is available on the agency's web site at http://www.ahca.~~acha.~~myflorida.com/MCHQ/Health_Facility_Regulation/Hospital_Outpatient/ index.shtml. The application shall include: all information required by Sections 394.875 and 394.876, F.S., and any other information determined to be needed by the agency; and

(c) through (18) No change.

Specific Authority 39.407, 394.875(8)~~(10)~~ FS. Law Implemented 394.875 FS. History–New 7-25-06, Amended _____.

65E-9.004 Administrative Enforcement.

(1) through (3) No change.

Specific Authority 39.407, 394.875(8)~~(10)~~ FS. Law Implemented 394.875 FS. History–New 7-25-06, Amended _____.

65E-9.005 Operating Standards.

(1) through (3)(d) No change.

(e) Fees. A ~~For children placed by the department and funded in full or in part by state, Medicaid, or local matching funds, a~~ sliding fee schedule shall be developed consistent with the provisions Section 394.674(4), F.S. If fees are charged, the provider shall have a written policy describing the relationships between fees and services provided and the conditions under which fees are charged or waived. This policy shall be available to any person upon request.

(f) through (9) No change.

(10) Disaster and emergency preparedness.

(a) EMERGENCY PLAN COMPONENTS. Each facility shall prepare a written comprehensive emergency management plan in accordance with CF-MH 1065, "Emergency Management Planning Criteria for Residential Treatment Facilities," dated 08/2007, which is incorporated by reference. This document is available on the Department's website at http://www.dcf.state.fl.us/publications/eforms/mh1065. The comprehensive emergency management plan must, at a minimum address the following: ~~The provider shall develop and implement on an ongoing basis procedures for fire and other emergencies including bomb threats, weather emergencies such as tornadoes and hurricanes. Disaster preparedness and evacuation procedures, that address where and how children are transported during disasters, staffing, notification of families and the department, and how the provider shall obtain and provide general and specialized medical, surgical, psychiatric, nursing, pharmaceutical, and dental services, shall be reviewed and approved by the county emergency management agency where the facility is located.~~

1. Provision for all hazards.

2. Provision for the care of residents remaining in the facility during an emergency including pre-disaster or emergency preparation; protecting the facility; supplies; emergency power; food and water; staffing; and emergency equipment.

3. Provision for the care of residents who must be evacuated from the facility during an emergency including identification of such residents and transfer of resident records; evacuation transportation; sheltering arrangements; supplies; staffing; emergency equipment; and medications.

4. Provision for the care of additional residents who may be evacuated to the facility during an emergency including the identification of such residents, staffing, and supplies.

5. Identification of residents with mobility limitations who may need specialized assistance either at the facility or in case of evacuation.

6. Identification of and coordination with the local emergency management agency.

7. Arrangement for post-disaster activities including responding to family inquiries, obtaining medical intervention for residents; transportation; and reporting to the county office of emergency management the number of residents who have been relocated and the place of relocation.

8. The identification of staff responsible for implementing each part of the plan.

(b) Evacuation routes shall be posted in conspicuous places and reviewed with staff and children on a semi-annual basis. Evidence of these periodic reviews shall be maintained in the facility's files and available upon request.

(c) EMERGENCY PLAN APPROVAL. The plan shall be submitted for review and approval to the county emergency management agency.

1. Any revisions must be made and the plan resubmitted to the county office of emergency management within 30 days of receiving notification from the county agency that the plan must be revised.

2. Newly-licensed facility and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license.

3. The facility shall review its emergency management plan on an annual basis. Any substantive changes must be submitted to the county emergency agency for review and approval.

a. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule.

b. Changes in the identification of specific staff must be submitted to the county emergency management agency annually as a signed and dated addendum that is not subject to review and approval.

4. Any plan approved by the county emergency management agency shall be considered to have met all the criteria and conditions established in this rule.

(d) PLAN IMPLEMENTATION. In the event of an internal or external disaster the facility shall implement the facility's emergency management plan in accordance with Section 252.36, F.S.

1. All staff must be trained in their duties and are responsible for implementing the emergency management plan.

2. If telephone service is not available during an emergency, the facility shall request assistance from local law enforcement or emergency management personnel in maintaining communication.

(e) FACILITY EVACUATION. The facility must evacuate the premises during or after an emergency if so directed by the local emergency management agency.

1. The facility shall report the evacuation to the local office of emergency management or designee and to the area Department of Children Mental Health Program Office within six hours of the evacuation order and when the evacuation is complete if the evacuation is not completed within the six hour period.

2. The facility shall not be re-occupied until the area is cleared for reentry by the local emergency management agency or its designee and the facility can meet the immediate needs of the residents.

3. A facility with significant structural damage must relocate residents until the facility can be safely re-occupied.

4. The facility is responsible for knowing the location of all residents until the resident has been relocated from the facility.

5. The facility shall provide the agency with the name of a contact person who shall be available by telephone 24-hours a day, seven days a week, until the facility is re-occupied.

6. The facility shall assist in the relocation of residents and shall cooperate with outreach teams established by the Department of Health or emergency management agency to assist in relocation efforts. Resident needs and preferences shall be considered to the extent possible in any relocation decision.

(11) No change.

Specific Authority 39.407, 394.875(8)~~(10)~~ FS. Law Implemented 394.875 FS. History–New 7-25-06, Amended _____.

65E-9.006 Program Standards.

(1) through (2)(c) No change.

(3) Treatment and services.

(a) Treatment shall be individualized, child and family centered, culturally competent, and based on the child's assessed strengths, needs, and presenting problems that precipitated admission to the program.

(b) Treatment services shall be provided as part of an individualized written treatment ~~services~~ plan that complies with Rule 65E-9.009, F.A.C., of this rule.

(3)(c) through (4)(g) No change.

(5) Education. The provider shall arrange for or provide an educational program for children, that complies with the State Board of Education, Rule 6A-6.0361, F.A.C. ~~Chapter 65A-15, F.A.C~~

(6) through (12) No change.

Specific Authority 39.407, 394.875(8)~~(10)~~ FS. Law Implemented 394.875 FS. History–New 7-25-06, Amended _____.

65E-9.007 Staffing.

(1) through (2) No change.

(3) Staff Composition. The provider shall have the following staffing, any of which may be part-time, if the required equivalent full-time coverage is provide, except for those positions with a required specified staffing ratio:

(a) Psychiatrist.

1. For residential treatment centers, the provider shall have on staff or under contract a psychiatrist, licensed under Chapter 458, F.S., who is board certified or board eligible in child and adolescent psychiatry to serve as medical director for the program and such position shall oversee the development and revision of the treatment plan and the provision of mental health services provided to children. A similarly qualified psychiatrist who consults with the board certified psychiatrist may provide back-up coverage. A psychiatrist shall be on call 24 "hours a day", seven "days-a-week", and shall participate in staffings. For children committed under Section 985.19~~.223~~, F.S., a psychologist as defined in paragraph 65E-9.007(3)(d), F.A.C., may be used in lieu of the medical director to oversee the development and revision of the treatment plan and the provision of mental health services provided to children.

(3)(a)2. through (b) No change.

(c) Registered nurse.

1. A registered nurse shall supervise the nursing staff. ~~For residential treatment centers that use seclusion or restraint in their program, a registered nurse shall supervise the nursing staff. At a minimum, a licensed practical nurse shall be on duty 24 hours a day, 7 days a week.~~ During the times that the children are present in the facility and normally awake, the nursing staff to child ratio shall be no less than 1:30, and during normal sleeping hours, the nursing staff to child ratio shall be no less than 1:40.

2. For therapeutic group homes ~~residential treatment centers~~ that do not use restraint or seclusion in their program, the provider is not required to have a registered nurse or other nursing staff on duty, but shall have definitive written agreements for obtaining necessary nursing services.

(d) through (e)4. No change.

5. While transporting residents of residential treatment centers other than group homes, the driver shall not be counted as the direct care staff providing care, assistance or supervision of the child. For therapeutic group home residents, prior to a single staff person transporting one or more children in a motor vehicle, children must be assessed to ensure the safety of the children and staff.

(f) If the provider's program includes behavior analysis services, a certified behavior analyst, a master's level practitioner, or professionals licensed under Chapter 490 or 491, F.S., with documented training and experience in behavior management program design and implementation shall be employed on staff or under contract, either full or part time, to provide ongoing staff training and quality assurance in the use of the behavior management techniques, which may include, but are not limited to those listed in paragraph 65E-9.007(5)4.c.~~(c)~~, F.A.C.

(g) through (6) No change.

Specific Authority 39.407, 394.875(8) ~~(10)~~ FS. Law Implemented 394.875 FS. History–New 7-25-06, Amended _____.

65E-9.008 Admission.

(1) Admission procedures subsections (3) through (6) do not apply to children placed in accordance with Section 985.19 F.S. ~~The following admission procedures do not apply to children placed in accordance with Chapter 985, F.S.~~

(2) No change.

(3) Acceptance of a child for residential treatment in a residential treatment center, including therapeutic group home, ~~(excluding children placed under Chapter 985, F.S.)~~ shall be based on the assessed needs of the child, family, or guardian recommendations, and the determination that the child requires treatment of a comprehensive and intensive nature and the provider's ability to meet those needs.

(4) Children placed by the department ~~(excluding children placed under Chapter 985, F.S.)~~ and funded in full or in part by state, Medicaid, or local matching funds shall be admitted only after they have on recommendation of the appropriate multidisciplinary team, been personally examined and assessed for suitability for residential treatment. For children in departmental custody, the assessment must be by a qualified evaluator as defined in Section 39.407,(6),(b), F.S. Children in parental custody must be assessed by a clinical psychologist or by a psychiatrist licensed to practice in the State of Florida, with experience or training in children's disorders. ~~by a licensed psychologist or psychiatrist who has at least three years of experience in the diagnosis and treatment of serious emotional disturbances in children and adolescents and who has no actual or perceived conflict of interest with any inpatient facility or residential treatment center,~~ For children currently in residential placement, recommendations of the facility treatment team may serve as authorization for placement in therapeutic group homes. The assessment must result in a report whose written findings are that:

(a) The child has an emotional disturbance as defined in Section 394.492(5), F.S., or a serious emotional disturbance as defined in Section 394.492(6), F.S.;

(b) The emotional disturbance or serious emotional disturbance requires treatment in a residential treatment center;

(c) All available treatment that is less restrictive than residential treatment has been considered or is unavailable;

(d) The treatment provided in the residential treatment center is reasonably likely to resolve the child's presenting problems as identified by the qualified evaluator;

(e) The provider is qualified by staff, program and equipment to give the care and treatment required by the child's condition, age and cognitive ability;

(f) The child is under the age of 18; and

(g) The nature, purpose and expected length of the treatment have been explained to the child and the child's parent or guardian and guardian ad litem.

(5) through (7)(m) No change.

1. If a physical examination was not performed within the 90 days prior to admission and documentation of such examination was not provided, a physical examination shall be initiated within 24 hours of admission by a medical professional ~~licensed physician~~. This medical professional may be a registered nurse, physician's assistant, Advanced Registered Nurse Practitioner or medical doctor who has authority to perform physical examinations of a medical nature ~~shall be initiated within 24 hours of admission~~.

(7)(m)2. through (8)(e) No change.

(f) Provisions for treatment ~~service~~ plan reviews;

(8)(g) through (9)(c) No change.

Specific Authority 39.407, 394.875(8)~~(10)~~ FS. Law Implemented 394.875 FS. History–New 7-25-06, Amended _____.

65E-9.009 Treatment Planning.

(1) through (6) No change.

Specific Authority 39.407, 394.875(8)~~(10)~~ FS. Law Implemented 394.875 FS. History–New 7-25-06, Amended _____.

65E-9.0010 Length of Stay.

(1) through (3) No change.

Specific Authority 39.407, 394.875(8)~~(10)~~ FS. Law Implemented 394.875 FS. History–New 7-25-06, Amended _____.

65E-9.011 Discharge and Discharge Planning.

(1) through (11) No change.

(12) Notwithstanding subsections 1-11 of Rule 65E-9-001, F.A.C., Providers who serve children committed under Section 985.19~~.223,~~ F.S., shall abide by the following standards with regard to discharge planning:

(a) The provider shall finalize the discharge summary and have it approved and signed by the treatment team. At least 30 days before the proposed discharge, a copy of the discharge summary shall be sent to the child's home district. The provider and district shall coordinate with each other to assist the district in the development of the discharge plan based on the provider's recommendations for services after discharge.

(b) Once noticed by the court of a pending hearing related to child's competency to proceed, the discharge summary shall be copied to the parties identified in Section 985.19~~.223~~, F.S.

(12)(c) through (13) No change.

Specific Authority 39.407, 394.875(8)~~(10)~~ FS. Law Implemented 394.875 FS. History–New 7-25-06, Amended _____.

65E-9.012 Rights of Children.

(1) through (3)(b) No change.

(c) The provider shall establish and implement a written procedure for the immediate protection of the alleged victim or any other potential victim and prevention of a recurrence of the alleged incident pending investigation by the department or law enforcement.

(d) through (3) No change.

(4) Confidentiality related to HIV-infected children. The provider shall protect the confidentiality of HIV-infected children as specified in Section 381.004. ~~381.400~~, F.S. The provider shall also ensure that:

(a) through (d) No change.

Specific Authority 39.407, 394.875(8)~~(10)~~ FS. Law Implemented 394.875 FS. History–New 7-25-06, Amended _____.

65E-9.013 Restraint, Seclusion, and Time-Out.

(1) through (2) No change.

(3) Authorization of restraint or seclusion.

(a) Restraint or seclusion shall be used and continued only pursuant to an order by a board certified or board eligible psychiatrist licensed under Chapter 458 ~~409~~, F.S., or licensed physician with specialized training and experience in diagnosing and treating mental disorders and who is the child's treatment team physician. If the child's treatment team physician is unavailable, the physician covering for the treatment team physician may meet these qualifications. Physicians allowed to order seclusion and restraint, pursuant to this rule, must be trained in the use of emergency safety interventions prior to ordering them.

(3)(b) through (3)(j)2. No change.

3. The emergency safety intervention ordered, including the length of time for which the physician authorized its use, which length of time shall not exceed the time limits set forth in subsection 65E-9.013(3) (f) 1.-3. ~~(4),~~ F.A.C.

(4) through (11) No change.

Specific Authority 39.407, 394.875(8)~~(10)~~ FS. Law Implemented 394.875 FS. History–New 7-25-06, Amended _____.

65E-9.014 Medication Administration and Use of Psychotropic Medications

(1) through (14) No change.

Specific Authority 39.407, 394.875(8)~~(10)~~ FS. Law Implemented 394.875 FS. History–New 7-25-06, Amended _____.

DEPARTMENT OF FINANCIAL SERVICES

Division of Insurance Agents and Agency Services

RULE NO.:	RULE TITLE:
69B-240.001	Military Sales Practices

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. 30, No. 39, September 28, 2007, of the Florida Administrative Weekly. These changes are being made to address concerns expressed by the Joint Administrative Procedures Committee.

69B-240.001 Military Sales Practices.

(1) through (2) No change.

(3)(a) through (c) No change.

(d) Contracts offered by Servicemembers' Group Life Insurance (SGLI) or Veterans' Group Life Insurance (VGLI), as authorized by 38 U.S.C. Section 1965-1980A, which are hereby incorporated by reference;

(e) through (g) No change.

(4) No change.

(5) The following acts or practices when committed on a military installation by an insurance producer with respect to the in-person, face-to-face solicitation of life insurance are declared to be unfair or deceptive acts or practices by Sections 626.9541(1)(a)9. and (d), F.S.:

(a) through (j) No change.

(6) The following acts or practices by an insurance producer constitute corrupt practices, improper influences or inducements and are declared to be unfair or deceptive acts or practices prohibited by Sections 626.9541(1)(a)1.,6. and 9. or 626.9551(1)(a), F.S., regardless of the location where committed:

(a) No change.

(b) Receiving funds from a service member for the payment of premium from a depository institution with which the service member has no formal banking relationship. For purposes of this section, a formal banking relationship is established when the depository institution:

1. Provides the service member a deposit agreement and periodic statements and makes the disclosures required by the Truth in Savings Act, 12 U.S.C. § 4304, which are hereby incorporated by reference; and

2. No change.

(c) through (r) No change.

(s) Failing to make, at the time of sale or offer to an individual known to be a service member, the written disclosures required by the "Military Personnel Financial Services Protection Act," Pub. L. No. 109-290, which are hereby incorporated by reference.

(t) through (y) No change.

(7) No change.

The remainder of the rules reads as previously published.

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.:	RULE TITLE:
53ER08-26	Indiana Jones™ Second Chance Drawing

SUMMARY: The Department of the Lottery will conduct an Indiana Jones Second Chance Drawing between May 6, 2008 and July 25, 2008, in which special prizes will be awarded.

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

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER08-26 *Indiana Jones*™ Second Chance Drawing.

(1) Beginning May 6, 2008, players can enter their non-winning *Indiana Jones*™ ticket(s) in the *Indiana Jones* Second Chance Drawing on the Florida Lottery website to win authentic *Indiana Jones* merchandise prize packs.

(2) To enter a non-winning *Indiana Jones* ticket into the *Indiana Jones* Second Chance Drawing, players must visit the Florida Lottery's website at www.flalottery.com, click on the *Indiana Jones* Second Chance Drawing icon and follow the directions to input their non-winning ticket number(s). The ticket number is a 22-digit number printed across the bottom on the front of an *Indiana Jones* ticket. The odds of winning are dependent upon the number of entries received. Players may enter as many times as they wish during the contest period. However, each valid ticket number may only be used one time for one entry into the drawings. Winning *Indiana Jones* tickets cannot be used for entry into a Second Chance drawing.

(3) Computerized drawings will be held on Friday, May 16 and 30, June 13 and 27, July 11 and 25, 2008, and the second Wednesday after the last day of sales of *Indiana Jones* scratch-off game #756. Entries received before 12:00 midnight ET on the night before the first drawing will be included in the first drawing. Thereafter, entries received between the entry cutoff time for one drawing and 12:00 midnight ET on the night before the next subsequent drawing will be included in the subsequent drawing. A total of 300 entries will be drawn during each *Indiana Jones* Second Chance Drawing. The merchandise prize pack, valued at $583, includes one (1) each of the following: *Indiana Jones* 100% wool brown fedora hat, genuine cowhide leather jacket, long-sleeve Explorer shirt, leather satchel and *Indiana Jones* t-shirt.

The 300 prizewinners in each Second Chance Drawing will be posted on the Lottery's website, www.flalottery.com, by 3:00 p.m. on the day of the draw. Winners will have 180 days from the draw date to claim their prize. The Florida Lottery will attempt to notify prizewinners using contact information submitted on the player registration; however, the responsibility of claiming a prize remains with the player. *Indiana Jones* merchandise prize packs will be shipped to the winner's address within approximately 15 business days after the winning ticket has been received by the Lottery. Unclaimed prizes, if any, will be used for future Florida Lottery promotional prizes.

(4) All entries are subject to validation by the Florida Lottery and may be disqualified if eligibility requirements are not met. To claim an *Indiana Jones* Second Chance Drawing prize, the player must submit to the Lottery the original valid non-winning ticket bearing the entry number selected in the drawing. Without such ticket, the player will forfeit his or her right to claim a prize. Winners must submit the valid entry ticket along with a completed Winner Claim Form and Acceptance and Release form to the Florida Lottery. Winners who cannot produce a valid entry ticket and/or do not return their Winner Claim Form as set forth above will forfeit their right to claim the prize. The Winner Claim Form DOL 173-2, revised 12/07, and the Spanish Winner Claim Form DOL 173-2S, revised 12/07, are incorporated herein by reference