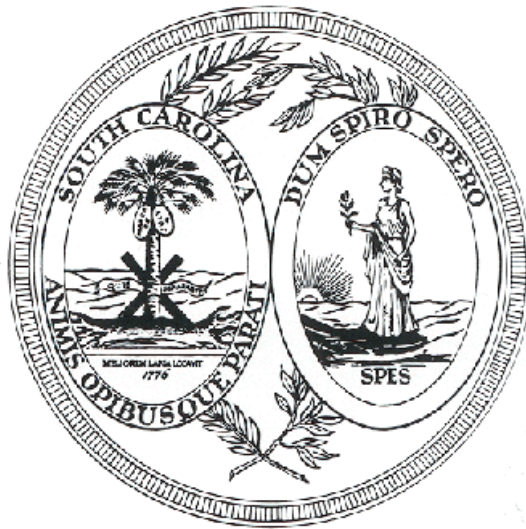


LAC

Report to the General Assembly

November 2001

**The Department of  
Education's Administration  
of the Comprehensive  
Health Education Act**



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Report to the General Assembly

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The Department of  
Education's Administration  
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# Contents

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## Synopsis

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## Chapter 1 Introduction and Background

Audit Objectives ..... 1  
Background — The Comprehensive Health Education Act ..... 1

---

## Chapter 2 Audit Results

Funding for Comprehensive Health Education ..... 5  
SDE’s Use of Federal Funds ..... 8  
Accountability Issues ..... 11  
Compliance With the Law ..... 15

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## Appendices

A Audit Scope and Methodology ..... 23  
B Comprehensive Health Education Act ..... 24  
C Agency Comments ..... 27

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**Contents**

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# Synopsis

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Members of the General Assembly requested that we review the State Department of Education's (SDE's) administration of the Comprehensive Health Education Act. Enacted by the General Assembly in 1988, this law governs the provision of health education in South Carolina's schools. We reviewed the sources and uses of funds for health education and the department's role in ensuring compliance with the law. Our findings are summarized below.

- ❑ Funding for comprehensive health education has been limited; SDE has relied primarily on federal funds to operate the state's healthy schools program. The department has received funds from the federal Centers for Disease Control and Prevention (CDC) annually since 1992 (see p. 5).
- ❑ While many school districts do not receive outside funding for health education, some districts do receive funds from other government sources, particularly federal abstinence education and pregnancy prevention funds (see p. 6).
- ❑ SDE has generally met the requirements for use of the CDC funds; however, the department has not met several of its program goals and has not always maintained appropriate documentation or measures of program results (see p. 8).
- ❑ SDE has not exercised adequate oversight in administration of its grants for the healthy schools program. Program staff have not sufficiently monitored grants awarded and have not maintained appropriate fiscal accountability. In addition, SDE has paid excessive indirect costs for grant administration (see p. 11).
- ❑ SDE has not adequately ensured that school districts comply with the Comprehensive Health Education Act. Many districts have not complied with various provisions of the law. Districts have not complied with provisions requiring advisory committees, parental opt-out procedures, and specified programs of instruction (see p. 15).
- ❑ There has been controversy as to whether some materials used by school districts comply with the law. Issues surrounding the compliance of instructional materials include differing interpretations of the law held by the Attorney General and SDE, and whether the materials cover all the required topics (see p. 18).

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**Synopsis**

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# Introduction and Background

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## Audit Objectives

Members of the General Assembly requested that we review the State Department of Education's (SDE's) role in administering the Comprehensive Health Education Act. The requesters asked us to identify the sources of funding for health education in the public schools and to determine what requirements govern the use of those funds. They also asked that we determine how the department monitors compliance with the Act. Our objectives were as follows.

- Review the background and history of the Comprehensive Health Education Act.
- Review the sources and uses of funds received for the provision of comprehensive health education in public schools in the state.
- Determine how the State Department of Education ensures that local school districts comply with the provisions of the Comprehensive Health Education Act.

The primary period of review was FY 99-00 and FY 00-01. For further information about the audit scope and methodology, see Appendix A.

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## Background— The Comprehensive Health Education Act

In 1988 the General Assembly enacted the Comprehensive Health Education Act (§59-32-5 *et seq.*). The purpose of this law was to maintain, reinforce, and enhance the health, health skills, and health attitudes of children and youth, and also to promote wellness, health maintenance, and disease prevention. It requires schools to provide age-appropriate, sequential instruction in health, either as part of existing courses or as a special course.

Local school districts are to implement programs that include specific topics for different grade levels (see Table 1.1).

**Table 1.1: Comprehensive Health Education Topics Required by Statute and Regulation**

<p style="text-align: center;"><b>ALL GRADES (K – 12)</b> Consumer Health, Community Health, Environmental Health, Growth &amp; Development, Nutritional Health, Personal Health, Prevention &amp; Control of Diseases &amp; Disorders, Safety &amp; Accident Prevention, Substance Use &amp; Abuse, Dental Health, Mental &amp; Emotional Health</p> <p style="text-align: center;"><b>GRADES K – 5</b> Exclude prevention and control of sexually transmitted diseases (STDs); may include reproductive health.</p> <p style="text-align: center;"><b>GRADES 6 – 8</b> Include prevention and control of STDs; include reproductive health; may include family life education and/or pregnancy prevention education.</p> <p style="text-align: center;"><b>GRADES 9 – 12</b> Include 750 minutes (12.5 hours) of instruction in reproductive health and pregnancy prevention.</p> <p style="text-align: center;">Source: S.C. Code §59-32-30 and State Regulation 43-238</p>
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In addition to requirements about the topics of instruction, the law provides detailed requirements and prohibitions concerning the reproductive health and pregnancy prevention components, as shown below. [See Appendix B for the full text of the law.]

**REQUIREMENTS**

- Emphasis on abstinence in reproductive health and pregnancy prevention.
- Instruction in the methods of contraception, risks and benefits, in the context of future family planning.
- Instruction in pregnancy prevention presented separately to males and females.
- Information about adoption as a positive alternative.

**PROHIBITIONS**

- No discussion of alternate sexual lifestyles, except in the context of STDs.
- No films, pictures, or diagrams may contain portrayals of actual or simulated sexual activities or sexual intercourse.
- No contraceptive device or contraceptive medication may be distributed.
- No programs on abortion counseling, information about services, or assistance in obtaining an abortion.

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## Instructional Materials

The State Board of Education is responsible for selecting or developing the curriculum for reproductive health, family life, pregnancy prevention, and sexually transmitted diseases. The board has adopted materials for these and other health education topics through its textbook adoption review process. A panel reviews texts that publishers submit and, after a 30-day period of public review, submits recommended titles to the State Board of Education for approval. The most recent state adoption of materials for comprehensive health education occurred in 1997. If school districts use textbooks or other materials from the department's approved list, the materials are made available at no cost to the districts.

Also, in 2000 the board published *South Carolina Health and Safety Education Curriculum Standards*. This publication provides learning standards that specify by grade level what students should know and be able to do in all areas of health and safety education. The standards establish the structure for the concepts and skills to be addressed in instructional programs and also provide guidelines for selecting appropriate materials for health and safety instruction.

The law gives responsibility for selecting health education materials to the local school districts. Each school board is required to appoint an advisory committee to assist in the selection of curriculum materials. S.C. Code §59-32-30 (B) states:

. . . each local school board shall appoint a thirteen-member local advisory committee consisting of two parents, three clergy, two health professionals, two teachers, two students, one being the president of the student body of a high school, and two other persons not employed by the local school district.

Local school boards are also required to notify parents of the content of materials dealing with reproductive health, family life, pregnancy prevention, and STDs, and allow parents to review the materials. Also, the school district must provide a means for parents to exempt their children from part or all of instruction in these topics.

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## Healthy Schools Program

The State Department of Education administers comprehensive health education through the South Carolina healthy schools program. This program is funded primarily through federal grants and has received no direct state appropriations. There are ten employees of the program, which is located in SDE's Office of Adult and Community Education in the Division of District and Community Services. Four of these employees are regional health coordinators who interact with school districts through a network of health coordinators designated by each school district.

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**Chapter 1**  
**Introduction and Background**

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# Audit Results

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## Funding for Comprehensive Health Education

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### Department of Education Funding

The audit requesters asked us to determine what funds are used to provide comprehensive health education in the public schools and to review requirements for use of those funds. Various sources of funding have been used for the healthy schools program in the State Department of Education (SDE) and in the public schools. We did not identify significant problems with the department meeting general requirements for the use of federal or other funds. However, SDE has not adequately measured the results of its expenditures or ensured proper fiscal accountability from grant recipients. These topics are discussed below

Although S.C. Code §59-32-30 requires that students receive comprehensive health education, there are no state funds appropriated to the State Department of Education (SDE) specifically for health education. SDE has received a variety of funds from other sources for the healthy schools program. The department has joined in cooperative agreements with the federal Centers for Disease Control (CDC) through which it receives federal funding for program expenses. The program has also received funding from the Palmetto Health Alliance (PHA) and the state Department of Health and Environmental Control (DHEC) for health education in public schools.

SDE has received funding from CDC for health education since 1992. The department currently receives funds from the CDC through four cooperative agreements.

- The “**Basic**” agreement is for the strengthening of comprehensive school health education to prevent behaviors that result in HIV infection, sexually transmitted diseases (STDs), and unintended pregnancy.
- The “**Expanded**” agreement is for the prevention of health risk behaviors and problems such as lack of physical activity, poor nutrition, and tobacco use.
- The “**Infrastructure**” agreement is to strengthen state-level infrastructure to support coordinated school health programs.
- The **oral health** (dental) agreement is to assist school-based programs that deal with oral disease prevention.

In addition, SDE has received funds from the Palmetto Health Alliance to provide health education sessions and support to parents and children in three elementary schools in Richland School District One. It also received funds from DHEC for support of a healthy schools program coordinator to oversee training, technical assistance, and implementation of tobacco-use-prevention strategies in the healthy schools program. Table 2.1 shows SDE's funding for school health programs for FY 99-00 and FY 00-01.

**Table 2.1: Funds Received by SDE for School Health Programs**

FUNDING SOURCE	FY 99-00*	FY 00-01*
CDC Comprehensive Health	\$596,338	\$682,030
CDC Oral Health	84,510	101,820
Palmetto Health Alliance	100,000	50,000
DHEC Tobacco Grant	34,946	60,000
<b>TOTAL</b>	<b>\$815,794</b>	<b>\$893,850</b>

\* Amounts shown were received in the fiscal year indicated. Some funds could be expended beyond the fiscal year and some of the grant years do not coincide with the state fiscal year.

Source: Department of Education

## Other Funds for Health Education

The audit requesters asked us to identify sources of funding for health education in the public schools. In addition to the funds received by SDE (see above), some school districts receive funds or health education services directly from other government sources, particularly federal abstinence education and pregnancy prevention funds, as discussed below. However, many districts do not receive outside funds for health education.

### Abstinence Funds

Federal abstinence funds are provided by Title V, Section 510 of the United States Code and are administered through DHEC. They must be used “. . . for educational and motivational programs which have as their exclusive purpose teaching abstinence of sexual activity until marriage.” These funds were first available in FY 98-99 when \$1.4 million was budgeted for the program. This amount included approximately \$800,000 federal and \$600,000 state funds. In S.C. the state matching funds have been provided by the Department of Social Services (DSS) and DHEC. According to federal law, the Governor has authority over these funds unless the legislature gives specific direction for the funds. In 1998, under the Governor’s authority, a request for proposal

(RFP) was issued and the contract to provide services with the abstinence funds was granted to Heritage Community Services, a non-profit organization.

Heritage uses the funds to provide abstinence-only education both in public schools and the community. Heritage Community Services has continued to receive these funds for each year through FY 01-02. For FY 01-02, the Governor's office planned to put the funds out to bid; however, the General Assembly enacted proviso 9.40 in the FY 01-02 Appropriations Act that continued the funding to Heritage Community Services. The Heritage contract has ranged from \$1.4 million to \$2.1 million annually. Heritage has spent between 17% and 79% of the funds budgeted, but has yet to spend all funds budgeted in one year. According to Heritage officials, schools in 14 counties currently use its materials.

### **Pregnancy Prevention Funds**

Four county school districts in S.C. receive some federal funds for pregnancy prevention initiatives. S.C. Code §44-122-20 establishes a County Grants Fund for Adolescent Pregnancy Prevention Initiatives (APPI). The funds are acquired through federal Temporary Assistance for Needy Families (TANF) dollars. S.C. Code §44-122-20 states, "The purpose of the fund is to support local efforts to prevent early sexual activity and to measurably reduce the rate of adolescent pregnancy in each county and in the State . . ." The funds are administered through the Department of Social Services (DSS) and are distributed to the counties in the state. Each county government receives the funds, which ". . . must be allocated for initiatives mainly focused on primary pregnancy prevention." Varying local agencies receive the funds. Heritage Community Services serves as the vendor in several counties.

In four counties (Fairfield, Jasper, Pickens, and Anderson) school districts have been granted a portion of the APPI funds. In Anderson county each of the five school districts receives approximately \$8,000 per year. The districts use the funds for a variety of activities including supporting and strengthening the comprehensive health education program, after school retreats, and community programs. According to a county representative, much of their funding is used for self-esteem classes and other similar programs. Program administrators stated that all in-school programs comply with the Comprehensive Health Education Act and noted that the act does not govern after-school and community activities.

### **DHEC Funds**

DHEC does not receive funds from the CDC or other federal programs for the provision of comprehensive health education in the public schools. However, in some of DHEC's 13 health districts, health educators may work with teachers or schools in the area of health education. DHEC officials stated that most of the work the health educators do is training with the teachers; however, if DHEC educators provide instruction in the schools, they are informed about the requirements of the Comprehensive Health Education Act. It is DHEC's policy that its educators must receive permission to enter the classroom from the school board and the district advisory committee if it exists (see p. 17).

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## **Recommendation**

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1. The General Assembly should consider allowing federal Title V abstinence funds to go through a bidding process to ensure that all funds available to the state are applied for and used.
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## **SDE's Use of Federal Funds**

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The CDC has imposed minimal requirements over the expenditure of funds granted through the cooperative agreements it has with SDE. These requirements include the following:

- SDE must maintain a staff position for each cooperative agreement.
- SDE staff must attend annual training conducted by the CDC.
- SDE must maintain a panel to review HIV education materials.
- SDE must submit reports on its goals and objectives for the program.

SDE develops its own goals and objectives for the program. We did not find that the CDC requires the use of any specific materials nor does it require specific instruction. According to the CDC program officer in Atlanta, South Carolina has done an excellent job in the area of comprehensive health education.



SDE has generally complied with the CDC agreement requirements; however, we identified some administrative problems.

- Although SDE has maintained the positions required by the agreement, frequent turnover has left the positions vacant for periods of time. For example, the HIV coordinator position, which was filled in April 2000, was vacant for 8 of the previous 14 months.
- SDE staff was unable to document that they had met the CDC training requirement because they did not retain complete records.
- The department has established an HIV review panel charged with reviewing materials for content and quality to make recommendations to schools. There is, however, no written policy governing the purpose or operations of the panel.

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## Program Accomplishments

The healthy schools program has used some of its resources for the following.

- To fund four regional health coordinators to serve as facilitators, coordinators, and community developers, and provide leadership in physical activity, nutrition, tobacco, and HIV/AIDS prevention.
- To purchase assessment materials that are being developed for the assessment of the school health curriculum standards.
- To contract with the USC School of Public Health to publish the *Youth Risk Behavior Survey* and *School Health Education Profile (SHEP)* which are conducted in alternating years.

The program has also been instrumental in having health and physical education added to the annual school report cards, although these items will not be assessed for the first two years. The healthy schools staff also worked on the *South Carolina Health and Safety Education Curriculum Standards*, which were approved by the State Board of Education in May 2000.

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## Unmet Goals

SDE has not met several of its objectives in the cooperative agreements with the CDC. SDE has reported on its goals and objectives yearly in the continuing application and progress report. A majority of program objectives for FY 99-00 were carried over to the next year with new completion dates of November 2001. The progress reports note that staff turnover and changing administrations were instrumental in the delay.

Objectives that were not met by the June and November 2000 completion dates included the following.

- Although SDE planned to use a cadre — a group of school district and community members recruited and trained to facilitate a statewide program — cadre members have not been recruited and trained.
- Although listed as a goal of the program, the program has not developed a statewide database and Listserv for interested organizations, school personnel, and members of the community. The department does have active e-mail lists.
- The healthy schools program does not have an active website as intended.
- The program objective to implement regional development councils to support local school and community collaboration was not fully achieved.

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## Training Issues

The healthy schools program has not evaluated the results of its training efforts for school district employees. Many of the program's objectives in the CDC cooperative agreements relate to training. The healthy schools program also maintains a staff position of coordinator of comprehensive health education training. In addition, the program identified a need for training in recent round table discussions and in the 2000 SHEP survey (see p. 16). The survey asked teachers what health education training they would like to have. In this survey, 63% of respondents indicated a desire to receive training on teaching human sexuality, and 72% wished to receive training on teaching HIV prevention. Despite these objectives and expressed need for training, the program has not kept information on the impact of training offered. The program has no basic data on individuals who attended training or the number of training sessions offered.

## Recommendations

2. The healthy schools program staff in the Department of Education should maintain complete documentation for all training attended by program staff.
3. The healthy schools program staff in the Department of Education should develop a policy outlining the purpose, membership, and operating procedures of the HIV review panel.
4. The healthy schools program should implement measures to evaluate the effectiveness of its training programs and maintain data on the level of participation.

## Accountability Issues

SDE has not exercised adequate oversight in administration of its grants for the healthy schools program. A majority of funds spent by the program have been used for contractual services (see Table 2.2). However, program staff has not sufficiently monitored or followed-up on grants awarded to determine program results and maintain fiscal accountability. Also SDE has paid excessive indirect costs for grant administration.

**Table 2.2: Health Schools Program Expenditures by Category for FY 99-00 and FY 00-01**

CATEGORY	FY 99-00	PERCENT OF TOTAL	FY 00-01	PERCENT OF TOTAL
Contractual Services to Other Entities	\$564,477	72.5%	\$435,453	64.6%
Payroll (SDE)	103,628	13.3%	160,657	23.9%
Employee Benefits	15,231	2.0%	40,026	5.9%
Employee Travel, Meals, Lodging	5,380	0.7%	14,363	2.1%
Non-State Employee Travel	3,570	0.5%	339	0.1%
Other Operating	85,900	11.0%	23,037	3.4%
<b>TOTAL</b>	<b>\$778,186</b>	<b>100.0%</b>	<b>\$673,875</b>	<b>100.0%</b>

Source: Department of Education.

Many of the program's expenditures for contractual services actually were for payroll, travel, and supplies for SDE grant employees. Prior to January 2001, SDE's regional health coordinators were not housed at or paid directly by the department. Because the department did not have office space available, they were paid through a contract with USC and worked from their homes. Therefore, a grant was made to the School of Public Health at USC ". . . to support healthy schools staff positions including the Program Director/Director of Training, the HIV/AIDS coordinator, and Regional School Health Coordinators."

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## Lack of Grant Monitoring

In addition to employee support, the healthy schools program awarded grants to several entities to assist in accomplishing program goals. However, these grants did not contain measurable objectives.

### Performance Measures

In many cases, SDE staff did not obtain information about the results of the grants. In addition, although the grants required the grantees to submit activity reports, SDE has generally not required these reports. We found only one case in which an activity report was submitted by a grantee.

For example, \$84,510 was issued to the South Carolina Alliance for Health, Physical Education, Recreation, and Dance (SCAHPERD) for oral health activities such as: creating a statewide children's oral health coalition, assessing current delivery systems, and advancing oral health curriculum development and implementation. Another \$15,000 was granted to the Alliance for South Carolina's Children for program promotion to include employing a consultant, creating presentation tools, and coordinating a speaker's bureau. These grant awards did not list what was to be provided or how performance would be measured. The department did not receive activity reports for the grants. Without activity reports or measurable results, SDE has no way of knowing if a consultant worked on health education or if travel was directly related to the program. This type of grant administration has the potential to result in the misuse of funds.

### **Fiscal Monitoring**

The CDC cooperative agreement provides partial funding for an employee whose responsibilities include monitoring grants. However, according to program officials, SDE staff has not monitored grant expenditures. In addition, in FY 99-00, in six cases SDE forwarded the entire amount of the award to the grantee upon receipt of the signed grant award. Also, grants issued by the healthy schools program did not stipulate that grantees would follow state procurement guidelines and employee travel reimbursement rules. These provisions are necessary to ensure cost-effective use of funds.

SDE's finance division has received expenditure reports from grantees. Prior to 00-01, these reports only contained the total amount of funds expended. Beginning with FY 00-01, grantees were required to provide expenditures by categories. SDE finance staff review this information to ensure that expenditures are within the appropriate category. However, these reports are not forwarded to the SDE program area; in addition, this information is not adequate to provide appropriate oversight for the grants. According to program officials, they have not monitored the grants but they plan to implement a monitoring system.

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### **Use of Fiscal Agents**

SDE has paid excessive fees to a non-profit organization to act as fiscal agent for healthy schools grants. Many of the grants awarded were for support of SDE staff in carrying out program goals and objectives. On several occasions this non-profit organization had the responsibility of reimbursing travel and expenses of SDE employees, a service for which it charged as much as 9.5% of the grant award. In contrast, SDE has an approved indirect cost rate of 3.5% when it serves as a fiscal agent. Agency staff stated they did not know why the negotiated rate was so high. Evidence indicates that the non-profit organization may have deducted its entire allotted indirect costs up front, whether or not the entire grant award was expended. In one closed grant the contractor received as much as \$155 to process each payment, an excessive cost. SDE officials could not explain why these payments could not have been processed by the department at a much lower rate.

The Palmetto Health Alliance grant given to the healthy schools program was also granted to the same non-profit organization for administration. SDE paid 9.5% for administering the grant. According to a program official, in the upcoming grant year they will not use this organization for administration of grants or for employee support. The department will provide this service.

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## Conclusion

The healthy schools program is responsible for determining the results of its program and monitoring contractual expenditures. Program staff should monitor the expenditures of grant awards and determine what the program is receiving for the funds. Indirect costs should be kept to a minimum and resources at SDE used whenever possible.

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## Recommendations

5. The Department of Education should require all grantees to submit activity reports to measure grant results and to ensure that funds are expended as agreed.
6. The Department of Education should issue grants with a clear set of deliverables by which the program staff can measure progress.
7. The Department of Education should not provide grant awards to any entity that does not submit activity reports for the previous period.
8. The Department of Education should refrain from entering into contracts for the administration of grants that could be administered by the department.
9. For payments that can be processed by the department, the Department of Education should not pay indirect costs to fiscal agents in excess of the department's approved rate.

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## Compliance With the Law

The State Department of Education has not adequately assured that school districts comply with the law. S.C. Code §59-32-60 requires that SDE ensure district compliance with the Comprehensive Health Education Act.

Requirements of the act include:

- Each local school board shall appoint a thirteen-member advisory committee to assist in selection of components and curriculum materials.
- At least one time during grades nine through twelve each student shall receive instruction in comprehensive health education to include 750 minutes of reproductive health and pregnancy prevention education.
- Public school principals shall develop a method of notifying parents of the content of instruction and their option to exempt their child from this instruction.
- The law has both requirements and prohibitions about the content of the instruction (see p. 2).

There is evidence that many districts have not complied with various provisions of the law. The department's efforts have often been limited to indirectly encouraging compliance.

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## Accreditation

SDE officials stated that the accreditation process is one way that the department can assure compliance. However, this process has not been effective in ensuring district compliance. The department's accreditation process includes one standard for comprehensive health education for all schools, regardless of grade level: "The school, pursuant to policies and guidelines of the local board of trustees, has implemented a Comprehensive Health Education Program."

The schools self-report their compliance with this standard. SDE has not conducted regular accreditation site visits. We did not find evidence that any school had been cited for non-compliance with this standard. According to officials, the department is considering revisiting all standards and making them more comprehensive for some areas. It also plans to begin making regular site visits. Changes in accreditation standards must be adopted by the State Board of Education and the General Assembly.

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## Regional Coordinators

Another way that the department has attempted to ensure compliance is through the use of regional health coordinators. Beginning in April 2000, four regional coordinators have offered technical assistance to the school districts. The coordinators inform the districts of the requirements of the law and encourage compliance. At the beginning of the 2000-01 school year, the department, through the regional coordinators, conducted a survey of the districts to assess the current status of comprehensive health education programs. In addition, in November 2000, the department conducted a resource training session for district health coordinators where staff provided information concerning the law and curriculum requirements.

The coordinators have used the information provided in the district surveys to address problems with compliance in districts. However, according to SDE officials, health education has not been a priority for districts, as it is not a tested subject and there is no current assessment of the programs. Further, schools focus their resources on areas directly related to accountability requirements such as the school report cards. Especially in districts with limited resources, there is little incentive to comply with the health education law. Some districts are not responsive to SDE requests, and others have not taken steps to comply with the law. According to officials, the law does not give the department adequate recourse for those districts that do not comply.

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## Evidence of Non-Compliance

There is evidence that many school districts do not comply with requirements of the comprehensive health act. As mentioned, the department conducted a survey of districts in 2000. This survey had a 95% response rate. The department also contracts with the USC school of public health to conduct the S.C. School Health Education Profile (SHEP) survey. This survey was last conducted in 2000. The SHEP survey was targeted towards health teachers and principals, and the SDE survey was addressed to district health coordinators. Since the information in both surveys was self-reported by the districts, it is likely that non-compliance could be higher than reported. The SHEP survey included two health questionnaires, one sent to principals and one to health education teachers at all public schools in grades 6 through 12. There was a 53% response rate from both the teachers and principals. Thus, the results only represent participating schools.



The results of these surveys indicate non-compliance in the school districts in several areas.

### **Health Advisory Committee**

According to responses on the SDE survey, 21% of the districts do not have an active school health advisory committee. In addition, only 58% of school principals responding to the SHEP survey responded that the school or school district had a health committee or advisory group.

### **Parental Option to Opt-Out**

In the SHEP survey 21% of principals responded that students could not be exempted or excused from any part of a required health education course by parental request. Also, only 64% of the teachers surveyed responded that the school had provided families with information on health education programs. To clarify their responses to the SDE survey, we contacted 13 district health coordinators about their district's opt-out policies; two of these coordinators (15%) stated they did not have a way for parents to opt out.

### **Required Instruction**

There is evidence to indicate that all schools may not offer the required curriculum. For example, in the SHEP survey 15% of principals and 25% of teachers did not indicate that health education is required for students in any of grades 6 through 12. State Regulation 43-238 describes various ways that high schools can offer the required curriculum for comprehensive health education. The regulation provides four options:

- A semester course.
- A series of three-week mini-courses.
- Modular units of instruction in each required topic that are integrated into existing required courses.
- A written plan approved by SDE showing how students receive the required instruction.

However, SDE does not require schools to report how they organize the curriculum; the 2000 SDE survey did not have any questions about this topic.

Department officials have stated that they will conduct another survey this school year to determine if there are any changes in the level of compliance. We found no evidence of plans to enforce compliance in districts that do not comply with the law.

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## Compliance of Instructional Materials

There has been controversy as to whether some materials used by school districts comply with the law. The State Board of Education has approved the use of materials that have gone through the textbook adoption process (see p. 3). However, school districts have the option of using other materials that have been recommended by the district advisory committees.

An Attorney General’s opinion of August 18, 2000, stated that one disease prevention curriculum that is on the state-adopted list, *Get Real About AIDS*, does not comply with the law. An SDE official stated that the department believes that this program does comply with the law. We identified two issues relating to the compliance of instructional materials.

- ❑ *Differing interpretations of the law* — Officials we spoke with agreed that the comprehensive health education law was a compromise between differing viewpoints, and the law is not totally clear. For example, there are differing opinions about whether the same rules about discussion of contraceptives apply when discussing disease prevention as when discussing pregnancy prevention. Also, there may be differing opinions about whether some materials emphasize abstinence. There is no definition of how “emphasis” should be determined (see Appendix B).
- ❑ *Compliance with topics of instruction* — The comprehensive health education law requires the discussion of specified topics at different age levels (see p. 2). Curriculum materials may not cover all of the required topics. For example, using federal abstinence funds, Heritage Community Services provides an abstinence-only curriculum to several schools. Heritage cannot provide instruction in contraceptives with these funds. However, instruction in the methods of contraception is required by state law. Schools using Heritage materials would need to use materials from other sources to ensure compliance with the law. Districts may often need to select and combine portions of different materials to ensure overall compliance.

One important safeguard the law provides for families that are concerned about the content of instruction is the “opt out” provision. However, it is not clear that all school districts have implemented adequate policies to ensure that parents are aware of this option (see p. 17).

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## Steps to Ensuring Compliance

Although the Comprehensive Health Education Act requires that the Department of Education ensure compliance with the act, it does not provide a specific method for doing so. Despite efforts to survey the status of health education in the districts, the department has not developed a policy for assuring compliance with the law. It is possible that continued monitoring and offering of assistance will lead to increased compliance; however, it is unlikely that these measures will be adequate, particularly if the department relies on self-reported information. The department must obtain documentation, such as board policies and membership lists of advisory committees, to have information sufficient to assess compliance.

In addition, the department may increase the level of health education compliance through the accreditation process. It could expand the standards relating to compliance with the law and monitor these areas with on-site visits to districts. Currently the accreditation office does not have the resources to conduct regular on-site visits at every school. This would hinder the effectiveness of further developing the accreditation standards.

Another option for ensuring compliance would require a change in the law. The threat that the department could withhold general funds from a district may increase the level of priority given to health education. An SDE official stated the law would need to be amended to list this as an option. For example, the Education Improvement Act (EIA) has provisions that allow SDE to withhold funds in some cases.

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## Recommendations

10. The Department of Education should increase monitoring of district compliance and require supporting documentation with any survey instruments.
11. The Department of Education should require districts to report how the high school curriculum is offered as a means to monitor compliance.
12. The Department of Education should revise and expand the accreditation standards relating to comprehensive health education and conduct site visits to verify compliance.

13. The General Assembly should consider amending the Comprehensive Health Education Act to allow the Department of Education to withhold funds from districts that do not comply with the act.
14. The General Assembly should consider revising the Comprehensive Health Education Act to clarify the intent of the law.

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# Appendices

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**Appendices**

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# Audit Scope and Methodology

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This audit focused on SDE's role in administering the Comprehensive Health Education Act. We also reviewed other funds that school districts receive for health education that do not go through SDE, and performed limited sampling of the operations of school districts' health education programs. Our primary criteria for review was the Comprehensive Health Education Act, enacted in 1988. We also reviewed SDE's management controls over the expenditure of funds. We did not review other programs of the department. The primary period of review was FY 99-00 and FY 00-01.

Our sources of evidence at the department included the following.

- Financial and accounting records.
- Textbook adoption records.
- Accreditation records.
- Healthy schools program records.
- Grants and contracts relating to the healthy schools program.
- Publications sponsored by the healthy schools program.

We also reviewed policies and records of local school districts as well as publications and other materials relating to health education obtained from other local and national organizations. We spoke with officials in other South Carolina state agencies and with other interested parties. While we used evidence from computer-generated sources that we did not verify, this information was not critical to the audit objectives. When all evidence is viewed in context, we believe the opinions, conclusions, and recommendations in this report are valid. This audit was conducted in compliance with generally accepted government auditing standards.

# Comprehensive Health Education Act

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**SECTION 59-32-5.** Short title.

This may be cited as the "Comprehensive Health Education Act".

**SECTION 59-32-10.** Definitions.

As used in this chapter:

(1) "Comprehensive health education" means health education in a school setting that is planned and carried out with the purpose of maintaining, reinforcing, or enhancing the health, health-related skills, and health attitudes and practices of children and youth that are conducive to their good health and that promote wellness, health maintenance, and disease prevention. It includes age-appropriate, sequential instruction in health either as part of existing courses or as a special course.

(2) "Reproductive health education" means instruction in human physiology, conception, prenatal care and development, childbirth, and postnatal care, but does not include instruction concerning sexual practices outside marriage or practices unrelated to reproduction except within the context of the risk of disease. Abstinence and the risks associated with sexual activity outside of marriage must be strongly emphasized.

(3) "Family life education" means instruction intended to:

(a) develop an understanding of the physical, mental, emotional, social, economic, and psychological aspects of close personal relationships and an understanding of the physiological, psychological, and cultural foundations of human development;

(b) provide instruction that will support the development of responsible personal values and behavior and aid in establishing a strong family life for themselves in the future and emphasize the responsibilities of marriage.

(c) provide instruction as to the laws of this State relating to the sexual conduct of minors, including criminal sexual conduct.

(4) "Pregnancy prevention education" means instruction intended to:

(a) stress the importance of abstaining from sexual activity until marriage;

(b) help students develop skills to enable them to resist peer pressure and abstain from sexual activity;

(c) explain methods of contraception and the risks and benefits of each method. Abortion must not be included as a method of birth control. Instruction explaining the methods of contraception must not be included in any education program for grades kindergarten through fifth. Contraceptive information must be given in the context of future family planning.

(5) "Local school board" means the governing board of public school districts as well as those of other state-supported institutions which provide educational services to students at the elementary and secondary school level. For purposes of this chapter, programs or services provided by the Department of Health and Environmental Control in educational settings must be approved by the local school board.

(6) "Board" means the State Board of Education.

(7) "Department" means the State Department of Education.

**SECTION 59-32-20.** Board to provide comprehensive health education instructional unit to local school districts.

Before August 1, 1988, the board, through the department, shall select or develop an instructional unit with separate components addressing the subjects of reproductive health education, family life education, pregnancy prevention education, and sexually



transmitted diseases and make the instructional unit available to local school districts. The board, through the department, also shall make available information about other programs developed by other states upon request of a local school district.

**SECTION 59-32-30.** Local school boards to implement comprehensive health education program; guidelines and restrictions.

(A) Pursuant to guidelines developed by the board, each local school board shall implement the following program of instruction:

(1) Beginning with the 1988-89 school year, for grades kindergarten through five, instruction in comprehensive health education must include the following subjects: community health, consumer health, environmental health, growth and development, nutritional health, personal health, prevention and control of diseases and disorders, safety and accident prevention, substance use and abuse, dental health, and mental and emotional health. Sexually transmitted diseases as defined in the annual Department of Health and Environmental Control List of Reportable Diseases are to be excluded from instruction on the prevention and control of diseases and disorders. At the discretion of the local board, age-appropriate instruction in reproductive health may be included.

(2) Beginning with the 1988-89 school year, for grades six through eight, instruction in comprehensive health must include the following subjects: community health, consumer health, environmental health, growth and development, nutritional health, personal health, prevention and control of diseases and disorders, safety and accident prevention, substance use and abuse, dental health, mental and emotional health, and reproductive health education. Sexually transmitted diseases are to be included as a part of instruction. At the discretion of the local board, instruction in family life education or pregnancy prevention education or both may be included, but instruction in these subjects may not include an explanation of the methods of contraception before the sixth grade.

(3) Beginning with the 1989-90 school year, at least one time during the four years of grades nine through twelve, each student shall receive instruction in comprehensive health education, including at least seven hundred fifty minutes of reproductive health education and pregnancy prevention education.

(4) The South Carolina Educational Television Commission shall work with the department in developing instructional programs and materials that may be available to the school districts. Films and other materials may be designed for the purpose of explaining bodily functions or the human reproductive process. These materials may not contain actual or simulated portrayals of sexual activities or sexual intercourse.

(5) The program of instruction provided for in this section may not include a discussion of alternate sexual lifestyles from heterosexual relationships including, but not limited to, homosexual relationships except in the context of instruction concerning sexually transmitted diseases.

(6) In grades nine through twelve, students must also be given appropriate instruction that adoption is a positive alternative.

(B) Local school boards may use the instructional unit made available by the board pursuant to Section 59-32-20, or local boards may develop or select their own instructional materials addressing the subjects of reproductive health education, family life education, and pregnancy prevention education. To assist in the selection of components and curriculum materials, each local school board shall appoint a thirteen-member local advisory committee consisting of two parents, three clergy, two health professionals, two teachers, two students, one being the president of the student body of a high school, and two other persons not employed by the local school district.

(C) The time required for health instruction for students in kindergarten through eighth grade must not be reduced below the level required during the 1986-87 school year. Health instruction for students in grades nine through twelve may be given either as part of an existing course or as a special course.

(D) No contraceptive device or contraceptive medication may be distributed in or on the school grounds of any public elementary or secondary school. No school district may contract with any contraceptive provider for their distribution in or on the school grounds. Except as to that instruction provided by this chapter relating to complications which may develop from all types of abortions, school

districts may not offer programs, instruction, or activities including abortion counseling, information about abortion services, or assist in obtaining abortion, and materials containing this information must not be distributed in schools. Nothing in this section prevents school authorities from referring students to a physician for medical reasons after making reasonable efforts to notify the student's parents or legal guardians or the appropriate court, if applicable.

(E) Any course or instruction in sexually transmitted diseases must be taught within the reproductive health, family life, or pregnancy prevention education components, or it must be presented as a separate component.

(F) Instruction in pregnancy prevention education must be presented separately to male and female students.

**SECTION 59-32-40.** Staff development.

As part of their program for staff development, the department and local school boards shall provide appropriate staff development activities for educational personnel participating in the comprehensive health education program. Local school boards are encouraged to coordinate the activities with the department and institutions of higher learning.

**SECTION 59-32-50.** Notice to parents; right to have child exempted from comprehensive health education program classes.

Pursuant to policies and guidelines adopted by the local school board, public school principals shall develop a method of notifying parents of students in the relevant grades of the content of the instructional materials concerning reproductive health, family life, pregnancy prevention, and of their option to exempt their child from this instruction, and sexually transmitted diseases if instruction in the diseases is presented as a separate component. Notice must be provided sufficiently in advance of a student's enrollment in courses using these instructional materials to allow parents and legal guardians the opportunity to preview the materials and exempt their children.

A public school principal, upon receipt of a statement signed by a student's parent or legal guardian stating that participation by the student in the health education program conflicts with the family's beliefs, shall exempt that student from any portion or all of the units on reproductive health, family life, and pregnancy prevention where any conflicts occur. No student must be penalized as a result of an exemption. School districts shall use procedures to ensure that students exempted from the program by their parents or guardians are not embarrassed by the exemption.

**SECTION 59-32-60.** Department to ensure compliance; annual district report.

The department shall assure district compliance with this chapter. Each local school board shall consider the programs addressed in this chapter in developing its annual district report.

**SECTION 59-32-70.** Applicability to private schools.

The provisions of this chapter do not apply to private schools.

**SECTION 59-32-80.** Penalty for teacher's violation of or refusal to comply with chapter.

Any teacher violating the provisions of this chapter or who refuses to comply with the curriculum prescribed by the school board as provided by this chapter is subject to dismissal.

**SECTION 59-32-90.** Restrictions on use of films, pictures or diagrams.

Films, pictures, or diagrams in any comprehensive health education program in public schools must be designed solely for the purpose of explaining bodily functions or the human reproduction process and may not include actual or simulated portrayals of sexual activities or sexual intercourse.

# Agency Comments

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**Appendix C**  
**Agency Comments**

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STATE OF SOUTH CAROLINA  
DEPARTMENT OF EDUCATION

INEZ MOORE TENENBAUM  
STATE SUPERINTENDENT OF EDUCATION

November 9, 2001

George Schroeder, Director  
Legislative Audit Council  
1331 Elmwood Avenue  
Suite 315  
Columbia, South Carolina 29201

Dear Mr. Schroeder:

Enclosed is the State Department of Education's response to the Legislative Audit Council's (LAC) Report, *The Department of Education's Administration of the Comprehensive Health Education Act*. The Department welcomes the findings of the LAC and views this as an opportunity to improve the oversight of the Comprehensive Health Education Act.

The Department will continue to provide assistance to districts regarding compliance with the Comprehensive Health Education Act. We are in agreement with many of the recommendations and have implemented many of the suggested changes.

Very truly yours,

A handwritten signature in cursive script that reads "Inez M. Tenenbaum".

Inez M. Tenenbaum  
State Superintendent of Education

IMT/wc  
Enclosure



STATE OF SOUTH CAROLINA  
DEPARTMENT OF EDUCATION

INEZ MOORE TENENBAUM  
STATE SUPERINTENDENT OF EDUCATION

## **South Carolina Department of Education's Response to the Legislative Audit Council's Report**

*The State Department of Education (SDE) appreciates the findings and recommendations of the Legislative Audit Council (LAC) report on the administration of South Carolina's Comprehensive Health Education Act (CHEA). The SDE agrees with many of the findings in the audit and, in fact, had already started implementing the recommendations.*

*The CHEA, passed by the General Assembly in 1988, requires K-12 instruction statewide on a variety of health-related topics, including nutrition, physical education, injury prevention, community health, personal and consumer health, tobacco and drug abuse education, and sex education. The last topic, however, is the major focus of the LAC audit. The SDE recognizes that sex education is an important and sometimes controversial component of the public school curriculum; however, the community-based decision-making aspect of the CHEA is one of its biggest strengths.*

*The CHEA broadly defines the topics required in South Carolina's comprehensive health education programs. It allows flexibility for local decisions about instructional materials and methods by giving local school districts the authority to choose the specific curricula and materials that will be used in their classrooms.*

*There is no mandated "state curriculum." Local school boards, with input from their local Comprehensive Health Act advisory committees, choose resources that are appropriate for the schools in their communities. In addition, parents can choose to have their children exempted from certain areas of health instruction.*

*The SDE is pleased that the LAC audit "did not identify significant problems with the department meeting general requirements for the use of federal or other funds." The LAC also refutes earlier allegations that South Carolina schools are required to use Centers for Disease Control (CDC) approved curricula because they accept CDC funding. As the SDE has consistently stated, this is not the case. "The CDC has imposed minimal requirements over the expenditure of funds granted through its cooperative agreements with the SDE," the audit says. "We did not find that the CDC requires the use of any specific materials, nor does it require specific instruction."*

*The LAC's fourteen recommendations can be grouped in two broad categories:*

- ***Grant administration and program evaluation*** – The LAC recommends that changes be made in how Healthy Schools program grants are administered and how program results are evaluated.
- ***Regulation of CHEA compliance*** – The LAC recommends that the SDE take a more active regulatory role in ensuring that local school districts comply with the CHEA.

### ***Grant administration and program evaluation***

*The SDE agrees that these recommendations have merit, and the specific actions being taken to implement them are detailed in the Accountability Section of this response. CHEA administration and related SDE offices were completely reorganized after Inez Tenenbaum became State Superintendent of Education in January 1999. CHEA programs at the SDE are now coordinated by professionals who were not working in this capacity at the agency two years ago.*

*Most of the LAC’s findings were identified by the SDE prior to the audit’s inception in the spring of 2001, and remedies were already being implemented. The SDE anticipates the findings of the annual review next year will show that strategies currently being implemented are properly addressing the audit’s findings.*

### ***Regulation of CHEA compliance***

*Although the SDE has conducted numerous training and communications sessions with local school districts since the CHEA became law in 1988, additional work is needed. It is imperative that local school districts comply with its provisions because a real strength of the CHEA, with regard to sex education, is its emphasis on local control and decision-making.*

*In August 2000, the SDE conducted a survey of all South Carolina school districts to determine the extent to which districts were complying with the CHEA. This SDE survey, which the LAC cites in its audit, found that 21 percent of the state’s school districts did not have an active CHEA advisory committee. Prompted by the survey, the SDE took a number of actions that will be detailed later in this response. The agency plans to take a more active role in monitoring and ensuring local school district compliance through a more specific state accreditation process.*

*Teen pregnancies and sexually transmitted diseases are serious problems in South Carolina. According to statistics from the Department of Health and Environmental Control, 29 adolescents become pregnant every day in our state. In addition, South Carolina has one of the highest rates of sexually transmitted diseases in the nation. In 1997, the state was Number 1 in cases of gonorrhea, Number 3 in cases of chlamydia, Number 4 in cases of syphilis, and Number 13 in cases of AIDS.*

*South Carolinians recognize this clear and present danger, which is why they overwhelmingly support sex education. A 1997 study by the University of South Carolina Schools of Public Health and Public Affairs found that 81 percent of South Carolinians want sex education taught in public schools, and 73 percent want to increase state funding for teen pregnancy prevention programs. Support for sex education is bipartisan. Of the survey’s 534 respondents, 36 percent identified themselves as Republicans, 33 percent as Democrats, and 29 percent as Independents. The remaining were affiliated with other parties.*

*The good news is that our state's common-sense, abstinence-emphasizing approach to sex education is working. The South Carolina Youth Risk Behavior Survey results for 1991, 1995, 1997, 1999, and 2001 show more teens are abstaining from sexual activity. Teenage pregnancy rates also are decreasing.*

*The State Department of Education believes the CHEA to be an invaluable resource and a key reason for South Carolina's progress in reducing the statewide rates of teenage pregnancy, sexual activity, and sexually transmitted diseases. We will work diligently to implement the recommendations of the LAC, and the specific details of our plans follow in an item-by-item format.*



## **Funding for Comprehensive Health Education (CHE)**

**Recommendation 1: The General Assembly should consider allowing Title V abstinence funds to go through a bidding process to ensure that all funds available to the state are applied for and used.**

*The SDE agrees. Although the SDE Healthy Schools program has no link to the Title V abstinence education funds that have been granted to Heritage Community Services, we support a competitive process that would ensure that more schools and communities would benefit from these funds. According to the LAC report, “For FY 01–02, the Governor’s office planned to put the funds out to bid; however, the General Assembly enacted proviso 9.40 in the FY 01–02 Appropriations Act that continued the funding to Heritage Community Services.” While the SDE is charged with oversight and monitoring of compliance with the CHEA, it does not receive state funds to accomplish this task. The Healthy Schools program is funded by a cooperative agreement with the Centers for Disease Control to provide support for enhanced health education and the development of coordinated school health programs in local districts.*

*This fiscal year, 2001–02, the Healthy Schools program received \$50,000 in state Education Improvement Act funds to develop, implement and report assessment for Health Education.*

### ***SDE Use of Federal Funds***

**Recommendation 2: The Healthy Schools program staff in the Department of Education should maintain complete documentation for all training attended by program staff.**

*The SDE agrees. Procedures have been put in place under the new Healthy Schools Director to document all training for the professional development of staff, including training required by the Centers for Disease Control. All travel requests, travel receipts, and agendas from trainings attended are kept as documentation.*

**Recommendation 3: The Healthy Schools program staff in the Department of Education should develop a policy outlining the purpose, membership, and operating procedures of the HIV review panel.**

*The SDE agrees. The Healthy Schools program, after assuming the HIV cooperative agreement duties from the SDE Office of Curriculum and Standards, decided to expand the existing six-member HIV review panel to have broader community representation, including educators, health professionals, and clergy. The Centers for Disease Control requires a review panel of no less than five members. Policy and operating procedures for the review panel have been developed that incorporate the requirements of both the CDC and the SDE.*

**Recommendation 4: The Healthy Schools program should implement measures to evaluate the effectiveness of its training programs and maintain data on the level of participation.**

*The SDE agrees. The Healthy Schools program contracted in 2000 with the University of South Carolina Prevention Research Center to develop evaluation instruments for training, to administer evaluation instruments, to collect data and to report the findings from the evaluation. The evaluation design for training offered by the Healthy Schools program utilizes both pre and post evaluation at the time of the training and a*

*follow-up evaluation to determine if knowledge or skills gained during the training are implemented by the participant. Registration lists and participant lists are maintained in the training file.*

## ***Accountability Issues***

**Recommendation 5:** *The Department of Education should require all grantees to submit activity reports to measure grant results and to ensure that funds are expended as agreed.*

*The SDE agrees. The Healthy Schools program has implemented a requirement that grantees submit quarterly program and financial reports to the Healthy Schools program director. This requirement has been added to the grant document under the Scope and Services section. Grantees are also required to sign the Department's new assurances document that states that the grantee will adhere to state regulations when using SDE funds for travel or purchases. The Healthy Schools program staff will also continue to work with the SDE Office of Finance to obtain periodic expenditure reports from grantees. The Office of Finance has implemented a more detailed invoicing system for grantees.*

**Recommendation 6:** *The Department of Education should issue grants with a clear set of deliverables by which the program staff can measure progress.*

*The SDE agrees. The Department has revised its grant form to better incorporate specific grant deliverables under the scope and services section of the document. The Healthy Schools program has incorporated the use of this document and will include specific grant deliverables that can be measured when making grants to districts or other organizations. This will benefit the Department, districts, and organizations receiving funds to clarify expectations for the grantor and the grantee.*

**Recommendation 7:** *The Department of Education should not provide grant awards to any entity that does not submit activity reports for the previous period.*

*The SDE agrees. The Healthy Schools program has implemented the requirement of quarterly program and financial reports from grantees. Grants will be denied to districts or organizations that do not submit program and financial reports as required. Grantees will be notified of their status and given an opportunity to submit appropriate documentation. When a grantee submits the required report, its status will be cleared to make that district or organization available for future funding.*

**Recommendation 8:** *The Department of Education should refrain from entering into contracts for the administration of grants that could be administered by the Department.*

*The SDE agrees. The Healthy Schools program currently has no contracts for the administration of grants that could be administered by the Department. All grants to the South Carolina Alliance for Health Physical Education Recreation and Dance (SCAHPERD) for the administration of the oral health program, HIV program, expanded CHE program, and the Palmetto Health Alliance have been terminated. All unexpended funds, including unearned indirect cost, have been returned to the SDE. These programs are being administered by the SDE. An oral health program coordinator was hired in May 2001 and is employed and housed at the SDE.*

**Recommendation 9:** *For payments that can be processed by the department, the Department of Education should not pay indirect cost to fiscal agents in excess of the department's approved rate.*

*The SDE agrees. The Healthy Schools program will utilize the Department's resources when possible to take advantage of the Department's federally approved indirect cost of 3.5%, thus maximizing the use of available funds. The Department has terminated grants that can be administered by the Department, including those made to the SCAHPERD. For part of the period that the LAC audit covered, SCAHPERD received an indirect cost of 9.5%.*

## **Compliance**

**Recommendation 10:** *The Department of Education should increase monitoring of district compliance and require supporting documentation with any survey instruments.*

*The SDE agrees. Since the enactment of the CHEA in 1988, Department staff has conducted numerous training programs and seminars, and developed and distributed videotapes and other materials to educate the districts and the public on the requirements of the CHEA.*

- *The Healthy Schools program conducted a survey of districts in August 2000 to determine compliance with the CHEA. Unfortunately, the survey results indicated that not all districts were meeting the CHEA requirement to have a Health Advisory Committee. The Department began to work closely with those districts to advise them of the law and follow-up on implementation.*
- *The SDE called a meeting of district CHE coordinators on November 29, 2000, at the State Museum in Columbia to discuss the CHEA and the need for districts to comply with the law. Participants were given a Comprehensive Health Education resource notebook to assist them in assuring compliance at the district level. Districts that did not have a Comprehensive Health Education advisory committee were also contacted by the Healthy Schools regional coordinator assigned to their area. They were provided the resource notebook and guidance for bringing their district into compliance with the CHEA.*
- *The regional coordinators established CHE round tables to provide information to the district personnel on the CHEA Law and the Health and Safety Standards. At least one roundtable has been held in each of the four regions since May 2001.*
- *A Comprehensive Health Education District Coordinators' Conference was held on Friday, November 9, 2001, in Columbia. The SDE gave district personnel information concerning compliance with the CHEA at the district level and tools to assist them in assuring compliance at the local school level. An assessment was administered to determine the level of district compliance to the CHEA.*
- *The Healthy Schools program is developing a compliance document. Details are explained in the response to Recommendation 11. This document will be used to assess the level of compliance of all districts. The information will be used to identify and offer assistance to districts that are not in compliance with the CHEA.*

**Recommendation 11:** *The Department of Education should require districts to report how the high school curriculum is offered as a means to monitor compliance.*

*The SDE agrees. As discussed under recommendation number ten, the Healthy Schools program is developing a compliance form that will require districts to list the advisory committee members, the schedule of meetings, the approved curricula for sexuality education, the method of parent and community review of materials, and*

*the method for opting a student out of sexuality education. The document will also require the district to document how the health curriculum is offered at the elementary, middle, and high school levels.*

**Recommendation 12:** *The Department of Education should revise and expand the accreditation standards relating to comprehensive health education and conduct site visits to verify compliance.*

*The SDE agrees. The SDE's Office of School Quality's accreditation program will improve the requirements for documentation by including the specific components of the CHEA required to be implemented by local school districts. Also, verification of compliance with the CHEA will be achieved through site visits where possible.*

**Recommendation 13:** *The General Assembly should consider amending the Comprehensive Health Education Act to allow the Department of Education to withhold funds from districts that do not comply with the Act.*

*Although this recommendation is directed to the General Assembly, the SDE believes that strengthening its own monitoring role through an expanded and more specific accreditation process will ensure compliance without the need for changes to the existing law. Although the CHEA could indeed be amended to withhold funds from non-complying school districts, continued deficiencies in the state accreditation process ultimately result in the same penalty.*

**Recommendation 14:** *The General Assembly should consider revising the Comprehensive Health Education Act to clarify the intent of the law.*

*This recommendation is directed to the General Assembly.*