

SCHOOL HEALTH ADVISORY BOARD (SHAB) ANNUAL REPORT FORM
2005-06 SCHOOL YEAR

I. IDENTIFYING INFORMATION

School Division: **Alexandria City Public Schools**

SHAB Chairperson: **Rose Berler**

Address: **5909 Kelly Court**
Alexandria, VA 22314

Telephone: **(703) 354-6340**

Fax: **none**

Person Completing this Report: **Robin Wallin, Nurse Coordinator** Date: **May 24, 2006**

Address: **Alexandria City Public Schools**
2000 N. Beauregard Street, Suite 203
Alexandria, VA 22311

Telephone: **(703) 824-6650**

Fax: **(703) 931-0187**

E-Mail Address: **rwallin@acps.k12.va.us**

II. STRUCTURE AND OPERATION OF YOUR SHAB

A. Membership

Please identify the composition of your SHAB by marking the appropriate boxes with the **number of SHAB members in each category**. Count members in all appropriate categories; e.g., a member may be a "PTA representative" and a "Medical professional" and state the total number of individual members.

Parent

Parent of a school aged child
 Parent of a medically fragile child
 PTA representative
 Resource center representative

Community Representative

Civic group
 Religious group
 Human services
 Youth services

Health Professional

Medical
 Dentistry
 Mental Health
 Public Health
 Other (specify) _____

Educator

School nurse
 Health Teacher
 Physical Education Teacher
 Other Teacher
 Administrator
 Program supervisor
 Counselor
 Food Services
 Other (specify) School Board Representative

Student

Miscellaneous

Business
 Government Official
 Law Enforcement
 Other (specify) _____

Total number of members (unduplicated count): 12

Does your School Health Advisory Board serve as the forum for leadership for multiple committees (e.g., part of PTA, Safe and Drug Free School Committee, etc.)? YES NO X

If yes, explain:

Are there other boards in your school division that work on issues that might be relevant to your SHAB?
YES X NO

If yes, list: **Substance Abuse Committee**
Wellness Taskforce

B. Meetings

How many general meetings did your SHAB hold this school year (excluding subcommittee meetings)?
8__ meetings

How many subcommittee meetings did your SHAB hold this school year? 2__ meetings
List subcommittees: **Food Allergy Work Group**

C. Reports

How many reports did your SHAB make during this school year to:

- | | | | | |
|-------------------------------|-----|-----------------|----|--------------|
| (1) Your local school board? | 1__ | Written reports | __ | Oral reports |
| (2) Central office personnel? | 4__ | Written reports | __ | Oral reports |
| (3) Other groups? | | | | |
| (name) | __ | Written reports | __ | Oral reports |
| (name) | __ | Written reports | __ | Oral reports |

D. Operating Procedures

Does your SHAB have operating procedures/bylaws?
YES X NO

Have you made any changes to your operating procedures/bylaws for your SHAB in the past year?
YES (please attach a copy if revised in the past year)

NO X

III. GOALS AND ACCOMPLISHMENTS

A. Goals

In the first column, check the goals that were identified by your SHAB for this school year. In the second column, check the goals that were accomplished.

	Identified Goals	Accomplished Goals
Health Services		
Increase school nursing staff	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve school health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Develop/improve student wellness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Review procedures for student health screening, record keeping, and referrals	<input type="checkbox"/>	<input type="checkbox"/>
Health Education/Instruction		
Review health education curriculum	<input type="checkbox"/>	<input type="checkbox"/>
Review health education assessment	<input type="checkbox"/>	<input type="checkbox"/>
Reduce teen pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Develop/revise Family Life Education Curriculum	<input type="checkbox"/>	<input type="checkbox"/>
Revise HIV Policy for School Attendance	<input type="checkbox"/>	<input type="checkbox"/>
Reduce drug, alcohol, and/or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Environment		
Review emergency/crisis medical situations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Review school health policies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Review school safety procedures	<input type="checkbox"/>	<input type="checkbox"/>
Physical Education		
Review physical education curriculum	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Review physical education assessment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Review availability of instructional resources	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Increase student's physical activity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nutrition Services		
Review school nutrition program procedures and offerings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Counseling		
Review psychological and social services for diagnosing special needs for students	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Review counseling services for helping students set education and social goals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Staff Wellness		
Review staff wellness initiatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parent/Community Involvement		
Improve parent communication/education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Develop/maintain community partnerships	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Identified Goals	Accomplished Goals
Other		
Conduct a needs assessment/data collection	X	X
Please list topic(s): <u>Food Allergies, Mumps vaccinations, Uninsured students</u>		
Improve operations of SHAB	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

B. Successes

Please describe your SHAB’s **two** greatest accomplishments this school year. What were your goals and what projects/activities were used to meet the identified goals? How many students did it impact? Who were your community partners? Add an additional sheet, if necessary.

Our School Health Advisory Committee reviewed the issue of food allergies this year and formed a task force which developed guidelines to address food allergies in school. The work group consisted of committee members, our school health physician consultant, school nurses and parents of children with life-threatening food allergies. We reviewed recommendations of the Food Allergy and Anaphylaxis Network and policies from other school systems in the state and elsewhere. We have 295 students with food allergies enrolled in our school system, all of whom will be directly impacted by these guidelines.

Our second major accomplishment was the implementation of the school nurse coordinator role. Having successfully advocated for this role last school year, this was the first year a school nurse coordinator has been employed by ACPS in many years. The nurse coordinator has been integral in raising our awareness of the need to develop policies related to issues including food allergies, scoliosis and animals in schools. She has also worked with the School Health Advisory Committee to revise our Bloodborne Pathogens Exposure Manual and to keep the committee up to date on health center activities and statistics. Having a full-time nurse coordinator has allowed for critical networking with city agencies regarding current health issues, especially preparedness for a potential pandemic flu outbreak. She is also chairing a school system task force working on pandemic flu preparedness.

Will you allow the Virginia Department of Education to post/share information about your successes on its Web site? YES X NO

IV. ADDITIONAL INFORMATION

Use this space to provide additional information about your SHAB that you feel is important to share.

Other activities that we accomplished this year included supporting the annual ACPS Student Health and Immunization Fair hosted by ACPS school nurses in collaboration with Inova’s Partnership for Healthier Kids and the Alexandria Health Department. This event facilitates the enrollment of new students in a timely manner by providing school health entry requirements for students who could not otherwise meet these mandates prior to first day of school. 70 children received health services at this event this school year. We also developed a Scoliosis Fact Sheet for Parents to become our district Scoliosis Program. This fact sheet was distributed to parents of students in grades 5-10. Additionally, we reviewed the mental health resources available to our students in our schools and community. Another important activity we accomplished was to review the meningococcal vaccine recommendations and make recommendations to the Superintendent based on our research. Finally, we also participated in the development of our district Wellness Policy.

Use this space to indicate whether you would like some assistance from the VDH or DOE and the nature of the assistance needed.

SCHOOL HEALTH ADVISORY BOARD

2006-2007 Point of Contact

Below, please provide the name of the individual you wish to serve as the point of contact for your local School Health Advisory Board (SHAB) during the 2005-2006 school year. (In many localities, the SHAB chair or a school contact person serves this role.) Any resources or information relevant to SHABs will be distributed to this person.

Date Submitted: May 31, 2006

School Division: Alexandria City Public Schools

Name of "Point of Contact": Robin Wallin

Position or Role on the SHAB: Nurse Coordinator

Mailing

Address: 2000 N. Beauregard Street, Suite 203
Alexandria, VA 22311

Telephone (703) 824-6650

Fax: (703) 931-0187

E-Mail: rwallin@acps.k12.va.us

Please return this form by July 1, 2006 (via fax, email or regular mail) to:

Caroline Fuller
Comprehensive School Health Specialist
Virginia Department of Education
P.O. Box 2120
Richmond, VA 23218
Phone: 804-225-2431
Fax: 804-371-8796
Email: Caroline.Fuller@doe.virginia.gov

Questions may be addressed to Caroline Fuller at the phone number or e-mail address above.

Local Wellness Policy Status Report

Section 204 of the 2004 Child Nutrition & WIC Reauthorization Act (Public Law 108-265) requires all school divisions develop a local wellness policy by July 1, 2006.

The local wellness policy for each school division must, at a minimum:

1. Include goals for nutrition education, physical activity, and other school-based activities to promote student wellness;
2. Include nutrition standards for all foods and beverages available during the school day, with the objective of promoting student health and reducing childhood obesity;
3. Provide assurance that local guidelines established shall not be less restrictive than USDA regulations and guidance, or existing Virginia regulations and guidance, as they apply to the school nutrition programs;
4. Establish a plan for measuring implementation of the local policy; and,
5. Involve parents, students, school nutrition program directors and/or managers, the school board, school administrators, and the public in development of the policy.

Please complete the following questions in order to report on the status of your school division's required local wellness policy.

1. Has the final policy been adopted by the school board?

- Yes **Date of Adoption** Scheduled 6/1/06
 No

2. Is the school division's established School Health Advisory Board (SHAB) serving as the committee responsible for the development and implementation of the local wellness policy?

- Yes
 No

3. If the SHAB is not the responsible committee, has another committee been established for this purpose?

- Yes **Name of Committee** Wellness Taskforce
 No

4. Which of the following people is serving on the local wellness policy development committee? Check all that apply.

- parents
 students
 school nutrition program director
 school board members
 school administrators
 public (local business owners, health professionals, Extension Agent, etc.)
 other, please explain Teachers, Counselors, School Nurse Coordinator, SHAB representative, Health and Physical Education Curriculum Specialist

5. Which of the following nutrition education goals is included in your local wellness policy? Check all that apply.

- Students in grades pre-K-12 receive nutrition education that is interactive and teaches the skills they need to adopt healthy eating behaviors.
 Nutrition education is offered in the school dining room as well as in the classroom, with coordination between the foodservice staff and teachers.

- X Students receive consistent nutrition messages throughout schools, classrooms, cafeterias, homes, community and media.
- X District health education curriculum standards and guidelines include nutrition education.
- X Nutrition is integrated into the health education and core curricula (e.g., math, science, language arts).
- Schools link nutrition education activities with the coordinated school health program.
- X Staff who provide nutrition education have appropriate training.
- Schools are enrolled as Team Nutrition Schools, and they conduct nutrition education activities and promotions that involve parents, students, and the community.
- Other, please explain

6. Which of the following physical activity goals is included in your local wellness policy? Check all that apply.

- X Students are given opportunities for physical activity during the school day through physical education (PE) classes, daily recess periods for elementary school students, and the integration of physical activity into the academic curriculum.
- Students are given opportunities for physical activity through a range of before- and/or after-school programs including, but not limited to, intramurals, interscholastic athletics, and physical activity clubs.
- Schools work with the community to create ways for students to walk, bike, rollerblade or skateboard safely to and from school.
- X Schools encourage parents and guardians to support their children's participation in physical activity, to be physically active role models, and to include physical activity in family events.
- Schools provide training to enable teachers, and other school staff to promote enjoyable, lifelong physical activity among students.
- Other, please explain

7. Guidelines for the nutritional value of foods and beverages sold or offered in the school environment, which include standards for the amount of fats and sugars, for moderate portion sizes, and for maximum nutritional value, are included in the local wellness policy.

Check all that apply.

- X The school district sets guidelines for foods and beverages sold a la carte in the food service program on school campuses.
- X The school district sets guidelines for foods and beverages sold in vending machines, snack bars, school stores, and concession stands on school campuses.
- X The school district sets guidelines for foods and beverages sold as part of school-sponsored fundraising activities.
- X The school district sets guidelines for refreshments served at parties, celebrations, and meetings, or offered as rewards, during the school day.
- Other, please explain

8. Which of the following school based activities to promote student wellness are included in your local wellness policy? Check all that apply.

- The school district provides a clean, safe, enjoyable meal environment for students.
- The school district provides enough space to ensure all students have access to school meals with minimum wait time.
- The school district makes drinking fountains available in all schools, so that students can get water at meals and throughout the day.
- The school district encourages all students to participate in school meal programs and protects the identity of students who are eligible for free and reduced price meals.
- The school district schedules lunch time as near the middle of the school day as possible.

- The school district schedules recess for elementary schools before lunch so that children will come to lunch less distracted and ready to eat.
- X The school district prohibits the use of food as a reward or punishment in schools.
- The school district does not deny student participation in recess or other physical activity as a form of discipline or for classroom make-up time.
- X The school district provides opportunities for on-going professional training and development for foodservice staff and teachers in the areas of nutrition and physical education.
- The school district makes efforts to keep school or district-owned physical activity facilities open for use by students outside school hours.
- The school district encourages and provides opportunities for students, teachers, and community volunteers to practice healthy eating and serve as role models in school dining areas.
- Other, please explain

9. Which of the following measurement and evaluation goals are incorporated into your local wellness policy? Check all that apply.

- Surveys of and/or interviews with students, staff, parents, and/or administrators
- Observation of practices, such as dietary and physical activity patterns
- Evaluation of progress using baseline data from the original assessment tools
- X Documentation of implementation of policy milestones
- X Implementation of all aspects of the policy in all schools in the division will be required. The policy development committee will report implementation status to the superintendent and / or school board.
- Other, please explain

Questions may be addressed to Lynne Fellin, acting director, or school nutrition programs staff at (804) 225-2074.

PLEASE SUBMIT A COPY OF THE COMPLETED LOCAL WELLNESS POLICY, if available, ALONG WITH THIS STATUS REPORT.

Thank you for your participation!