

# GUIDELINES FOR A COORDINATED APPROACH TO SCHOOL HEALTH

Addressing the Physical, Social and Emotional Health Needs of the School Community



Connecticut State Department of Education  
Bureau of Health/Nutrition, Family Services and Adult Education

2007

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Health Needs of the School Community



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# CONTENTS

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<b>Executive Summary</b> .....	<b>vi</b>
<b>Introduction</b> .....	<b>1</b>
Health and the Impact on Learning.....	1
Link to Other Schoolwide Initiatives .....	2
How to Use This Guide .....	3
References.....	4
<b>Chapter 1 Overview of the Coordinated Approach to School Health</b> .....	<b>5</b>
References.....	9
Resources .....	9
<b>Chapter 2 Fostering Collaboration and Establishing Local Practices</b> .....	<b>11</b>
Step 1 :Ensuring Leadership .....	12
Step 2: Organizing School Health Teams.....	13
Step 3: Conducting an Assessment .....	15
Step 4: Creating an Action Plan .....	17
Developing Priorities.....	17
Designing a Plan .....	17
Involving Community Members .....	18
Developing Outcome Measures and Evaluating Outcomes.....	19
Ensuring Sustainability .....	20
Obtaining Funding .....	20
Step 5: Developing a Communication Plan.....	22
References.....	23
Resources .....	23
<b>Chapter 3 Eight Components of a Coordinated Approach to School Health</b> .....	<b>25</b>
<b>Section 1 Comprehensive School Health Education</b> .....	<b>27</b>
Definition .....	27
Rationale .....	27
Policy Recommendations.....	30
Policy Rationale and Implementation Strategies.....	31
Legislation Pertaining to Comprehensive School Health Education.....	40
References .....	42
Resources.....	43
<b>Section 2 School Health Services</b> .....	<b>45</b>
Definition .....	45
Rationale .....	45
Policy Recommendations.....	46
Policy Rationale and Implementation Strategies.....	47
Legislation Pertaining to School Health Services.....	54
References .....	57
Resources.....	58
<b>Section 3 Physical Education</b> .....	<b>59</b>
Definition .....	59
Rationale .....	59
Policy Recommendations.....	62
Policy Rationale and Implementation Strategies.....	63
Legislation Pertaining to Physical Education and Physical Activity .....	75
References .....	77
Resources.....	78

# CONTENTS

---

<b>Section 4 School Nutrition Services .....</b>	<b>81</b>
Definition .....	81
Rationale .....	81
An Overview of the School Nutrition Services Section .....	82
Component 1: Nutrition Education and Promotion.....	83
Policy Recommendations.....	83
Policy Rationale and Implementation Strategies.....	84
Component 2: School Foods and Beverages .....	90
Policy Recommendations.....	90
School Meals .....	90
Policy Rationale and Implementation Strategies for School Meals.....	91
Other School Foods and Beverages .....	94
Policy Rationale and Implementation Strategies for Other School Foods and Beverages .....	95
Component 3: An Environment to Promote Healthy Eating .....	101
Policy Recommendations.....	101
Policy Rationale and Implementation Strategies.....	102
Legislation Pertaining to School Nutrition Services .....	109
Federal Legislation .....	109
State Legislation.....	110
References .....	114
Resources.....	115
<b>Section 5 School Behavioral Health Services.....</b>	<b>117</b>
Definition .....	117
Rationale .....	117
Policy Recommendations.....	119
Policy Rationale and Implementation Strategies.....	120
Legislation Pertaining to School Behavioral Health Services.....	128
References .....	133
Resources.....	134
<b>Section 6 Staff Wellness .....</b>	<b>135</b>
Definition .....	135
Rationale .....	135
Policy Recommendations.....	136
Policy Rationale and Implementation Strategies.....	137
Legislation Pertaining to Staff Wellness .....	143
References .....	144
Resources.....	145

# CONTENTS

---

<b>Section 7 Healthy School Environment .....</b>	<b>147</b>
Definition .....	147
Component 1: Social Emotional School Environment .....	148
Definition .....	148
Rationale.....	148
Policy Recommendations .....	150
Policy Rationale and Implementation Strategies .....	151
Legislation Pertaining to School Social Emotional Environment.....	160
References.....	161
Resources .....	162
Component 2: Physical School Environment.....	163
Definition.....	163
Rationale.....	163
Policy Recommendations .....	164
Policy Rationale and Implementation Strategies .....	165
Legislation Pertaining to Physical School Environment .....	169
References.....	170
Resources .....	170
<b>Section 8 School-Family-Community Partnerships .....</b>	<b>171</b>
Definition .....	171
Rationale .....	171
Introduction to Guiding Principles.....	172
Policy Recommendations.....	174
Policy Rationale and Implementation Strategies .....	175
Legislation Pertaining to School-Family-Community Partnerships.....	180
Federal Legislation .....	180
State Legislation.....	184
References .....	185
Resources.....	186



# EXECUTIVE SUMMARY

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This document offers guidance to local education agencies in response to Section 10-203a of the Connecticut General Statutes, *Guidelines Regarding Physical Health Needs of Students, Optional Adoption of Plans by Local and Regional Boards of Education*. This statute directs the Connecticut State Department of Education to develop guidelines in a comprehensive manner that coordinate services, including those services provided by municipal parks and recreation departments. In addition, the statute recommends that each local and regional board of education establish a comprehensive and coordinated plan to address the physical health needs of students based on these guidelines. These guidelines are intended to assist local and regional boards of education with developing plans to:

- ✧ engage students in physical activities;
- ✧ formulate strategies to coordinate health education, programs and services; and
- ✧ establish procedures for assessing the need for related community-based services.

This document provides background that confirms and validates that physical and mental health affects school readiness and academic achievement. Numerous conditions can interfere with students' well-being and ability to reach the education standards set for them. Examples include chronically undernourished children, increased numbers of overweight children and children with asthma, mental illness, and alcohol and other drug use among young people. The guidelines address issues of connectedness to school, absenteeism, school climate, school health services and staff wellness, as well as curriculum for comprehensive school health education, physical education and nutrition education.

**Addressing the physical health needs of students by applying the coordinated approach to school health must not be viewed as a new, separate, standalone initiative but rather as an essential strategy that supports existing schoolwide endeavors addressing the health and well-being of students and staff.** Recognizing that most schools and districts already have many recommended actions in place, this information is designed to help local communities *develop and strengthen* practices, activities and curriculum that promote the health of students and reduce the negative impact of health problems on academic performance.

The guide contains recommendations and, when appropriate, requirements for local policies, using language that models best practice for the development of school health policies. School districts may choose to use the policy recommendations as written or adapt them to address local needs and reflect community priorities, by considering their unique circumstances, challenges, opportunities and available resources.



# INTRODUCTION

This publication offers guidelines to assist local education agencies in response to Section 10-203a of the Connecticut General Statutes, *Guidelines Regarding Physical Health Needs of Students, Optional Adoption of Plans by Local and Regional Boards of Education* (see “Connecticut General Statutes Section 10-203a” on Page 55). This statute directs the Connecticut State Department of Education to develop guidelines for addressing the physical health needs of students in a comprehensive manner that coordinates services, including services provided by municipal parks and recreation departments. In addition, the statute recommends that each local and regional board of education establish a comprehensive and coordinated plan to address the physical health needs of students based on the guidelines. These guidelines are intended to assist local and regional boards of education with developing plans to (1) engage students in physical activities; (2) formulate strategies to coordinate health education, programs, and services; and (3) establish procedures for assessing the need for related community-based services. Most schools and districts already have many recommended actions in place. This information is designed to help local communities strengthen practices, activities and curriculum that promote the health of students and reduce the negative impact of health problems on academic performance.

### *Health and the Impact on Learning*

Research confirms what common sense tells us. Physical and mental health affects school readiness and academic achievement. Numerous conditions can interfere with students’ well-being and ability to reach the education standards set for them. Examples include the following:

- ✧ Chronically undernourished children, including children with inadequate protein in their diets, are likely to score lower on standardized achievement tests (American School Food Service Association, 1989; Brown & Pollitt, 1996). Nutritional deficiencies can also affect classroom management, including behavioral and emotional problems (Kleinman et al., 1998).
- ✧ The number of young people who are overweight has increased at an alarming rate—more than doubling among elementary-age children and more than tripling among adolescents in the past 20 years—putting them at risk for conditions such as Type 2 diabetes, sleep apnea, and bone and joint problems (Centers for Disease Control and Prevention, 2006).
- ✧ More than 5 million school-age children in the United States have asthma and miss nearly 15 million days of school each year. This compromises not only their academic performance but also limits their participation in sports and other school activities (Kiley, Collins, Frumkin, & Price, 2006).
- ✧ According to a report from the Surgeon General’s 2000 Conference on Children’s Mental Health, 1 child in 10 suffers mental illness severe enough to cause some level of impairment (U.S. Public Health Service, 2000). Suicide is the third leading cause of death for young people ages 15-24 (Anderson & Smith, 2003).
- ✧ In 2005, 43 percent of high school students reported drinking alcohol within the past 30 days; 25 percent reported heavy or binge drinking during that period. Twenty-three percent reported recent cigarette smoking, 38 percent reported using marijuana, and more than 12 percent reported using inhalants (Division of Adolescent and School Health, 2006).

## Introduction

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- ✧ Students who do not feel connected to school are more likely to use alcohol and illegal drugs, engage in violent or deviant behavior, become pregnant, experience emotional distress, and be less successful academically (Blum, McNeely, & Rinehart, 2002).
- ✧ About 750,000 teenage women in the U.S. become pregnant each year. While the rate of teen pregnancy has decreased over the past decade, it still remains the highest among industrialized nations (The Guttmacher Institute, 2006). About 1 in 4 sexually active young adults (ages 15-24) contracts a sexually transmitted disease each year. The Centers for Disease Control and Prevention estimates that 35 percent of 13- to 19-year-olds are infected with human papilloma virus (HPV) (Kaiser Family Foundation, 2006).
- ✧ More than half of students with chronic health conditions routinely miss school and 1 in 10 of those students misses more than 25 percent (Lynch, Lewis, and Murphy, 1992; Sexson & Madan-Swain, 1993).

The coordinated school health approach can reduce the negative impact of acute and chronic health conditions on student attendance and performance.

- ✧ Schools with comprehensive physical activity programs observed that students involved in organized physical activities did better in their academic studies, despite devoting some curricular class time to such activities (Shepard, 1996). Students in schools with physical activity programs have experienced improved mathematics, reading and writing scores, and reduced disruptive behaviors (Dwyer et al., 2001; Sallis et al., 1999).
- ✧ A school district that instituted an asthma intervention program in five of its schools saw a 17 percent decrease in the need for rescue treatments (Lwebuga-Mukasa & Dunn-Georgiou, 2002).
- ✧ At least one school has reported that regularly scheduled hand washing four times a day resulted in a 50 percent reduction in gastrointestinal and other illnesses. (Master, Long, & Dickson, 1997).

Additional documentation of the growing body of evidence linking health status, health behavior and academic achievement is found in *Making the Connection: Health and Student Achievement*, a PowerPoint presentation developed by the Association of State and Territorial Health Officials (ASTHO) and the Society of State Directors of Health, Physical Education and Recreation (SSDHPER) available at: <http://www.thesociety.org/pdf/makingtheconnection.ppt>. This resource makes a compelling case for the coordinated approach to school health that is the foundation of the guidelines contained in this document (see Chapter 1, Overview of the Coordinated Approach to School Health).

### **Link to Other Schoolwide Initiatives**

Addressing the physical, social and emotional health needs of students by applying this coordinated approach to school health must not be viewed as a new, separate, standalone initiative but rather as an essential strategy that supports existing schoolwide endeavors that address the health and well-being of students and staff. Some of these endeavors may include wellness initiatives to enhance physical activity and nutrition in the schools, Healthy People 2010 efforts, programs aiming to educate the whole child, family involvement initiatives, and school improvement initiatives directed at closing the achievement gap. The premise of the coordinated approach is that a model that involves all aspects of health programming and is integrated into education goals will eliminate program gaps and duplications, provide more effective use of resources, and improve a school's ability to enhance the health and

## Introduction

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achievement of students. With this in mind, districts and schools need to consider existing school teams that can serve as the lead for coordinated school health programs, such as the school wellness team, the indoor air quality team, or the preventive team. (For more information about school teams, see Chapter 2, Fostering Collaboration and Establishing Local Practices.)

### ***How to Use This Guide***

The *Guidelines for a Coordinated Approach to School Health* is designed to help communities develop and strengthen practices, activities and curriculum that promote the health of students and reduce the negative impact of health problems on academic performance. This guide is organized into the following sections:

- ✧ Introduction
- ✧ Chapter 1: Overview of the Coordinated Approach to School Health
- ✧ Chapter 2: Fostering Collaboration and Establishing Local Practices
- ✧ Chapter 3: Eight Components of the Coordinated Approach to School Health
  - Section 1: Comprehensive School Health Education
  - Section 2: School Health Services
  - Section 3: Physical Education
  - Section 4: School Nutrition Services
  - Section 5: School Behavioral Health Services
  - Section 6: Staff Wellness
  - Section 7: Healthy School Environment
  - Section 8: School-Family-Community Partnerships

The introduction and Chapter 1, Overview of the Coordinated Approach to School Health, will assist districts in understanding the background of the components of coordinated school health. They also provide a brief rationale for each component and for taking a coordinated approach to providing these programs and services to students. Chapter 2, Fostering Collaboration and Establishing Local Practices, provides guidance and steps to follow in developing policies and coordinating programs and services. This includes how to work with existing teams, addressing sustainability and identifying funding sources.

Chapter 3, Sections 1-8, provides in-depth definitions, rationale, policy recommendations and implementation strategies for each component, as well as resources and relevant federal and state legislation. These sections do not need to be read all at once or in sequential order. After identifying and prioritizing local needs, the coordinated school health committee or team can coordinate the components to address the identified priority needs of the district.

Each component section contains recommendations and, when appropriate, requirements, for local policies. This language models best practice for the development of school health policies. School districts may choose to use the policy recommendations as written or adapt them to address local needs and reflect community priorities. When developing policies, districts will need to consider their unique circumstances, challenges, opportunities, and available resources. These considerations include the health concerns, preferences, and practices of the diverse ethnic and cultural populations in every community.

## Introduction

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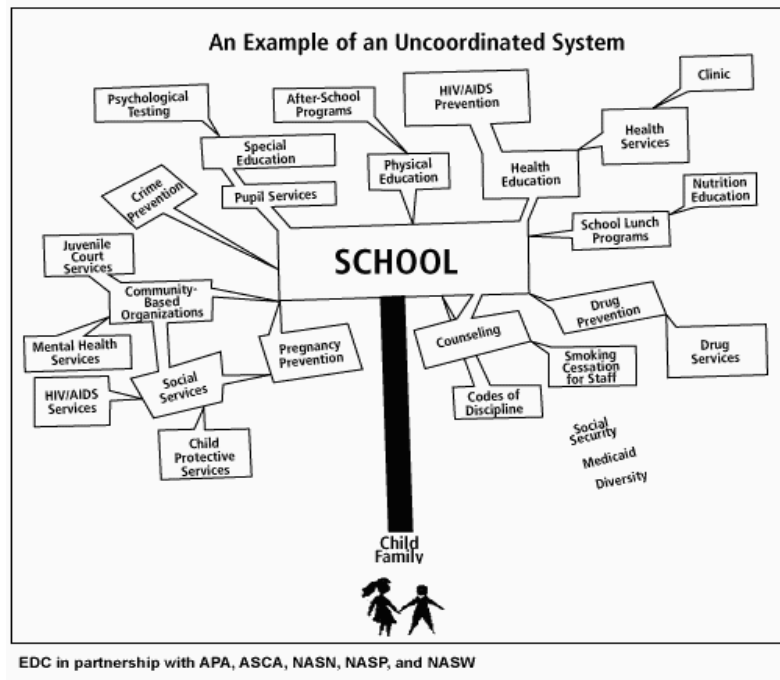
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## OVERVIEW OF THE COORDINATED APPROACH TO SCHOOL HEALTH

All students should have the opportunity to be fit, healthy, and ready to learn. Healthy children make better students, and better students make healthy communities. Education must address the needs of the whole child. Students' physical, social and emotional development requires the same level of ongoing assessment and support as their academic development.

Schools alone cannot be responsible for addressing the nation's most serious health and social problems. Schools and communities must work collaboratively to help children become healthy, productive citizens. All stakeholders in the health and well-being of the nation's youth—families, health care providers, the media, faith-based and community organizations, and young people themselves—must be fully committed and involved. Schools can provide the hub and the structure within which agencies and community members can work together to improve and maintain young people's health. Recreation and community centers allow for intergenerational learning and sharing that supports the appreciation and transmission of culture and that transcends age barriers.

For more than a decade, the Centers for Disease Control and Prevention (CDC) has sought to improve the integration and impact of education and health activities by supporting the development of organizational structures and processes, such as coordinated school health programs (CDC, 2003). Most schools already have some programs and services in place to address student health, but few have integrated or coordinated these typically discrete elements into an intentionally cohesive and coherent whole. More often, their efforts look similar to the diagram at right.



The coordinated approach to school health provides a system designed to address the needs of the whole child by effectively connecting health with education. This coordinated approach provides the framework for families, communities, and schools to work together to improve students' health and capacity to learn. Each component of the coordinated school health approach makes a unique contribution while complementing the other components, ultimately creating a whole that is greater than the sum of its parts.

Currently, 23 states are funded by the CDC to implement the coordinated approach to school health. For more information, visit: [http://www.cdc.gov/HealthyYouth/about/map\\_description.htm](http://www.cdc.gov/HealthyYouth/about/map_description.htm)

## Chapter 1: Overview of the Coordinated Approach to School Health

The coordinated approach to school health described in this document closely emulates the national coordinated school health program model for quality school health programs and services. The national coordinated school health program model consists of the eight interrelated components defined below (Allensworth & Kolbe, 1987; Marx, Wooley & Northrop, 1998). Some component terminology commonly used in Connecticut differs slightly from that employed in the national model. These differences are indicated in the following descriptors.

- ✧ **Comprehensive school health education:** Classroom instruction that addresses the physical, mental, emotional and social dimensions of health; promotes knowledge, attitudes and skills; and is tailored to each age/developmental level. Designed to motivate and assist students in maintaining and improving their health and to reduce their risk behaviors.
- ✧ **School health services:** Preventive services, education, emergency care, referral and management of acute and chronic health conditions. Designed to promote the health of students, identify and prevent health problems and injuries, and ensure appropriate care for students.
- ✧ **Physical education:** Planned, sequential instruction that promotes lifelong physical activity. Designed to develop basic movement skills, sports skills, and physical fitness as well as to enhance mental, social and emotional abilities.
- ✧ **School nutrition services:** Integration of nutritious, affordable and appealing meals and other foods and beverages available at school; nutrition education; and an environment that promotes healthy eating habits for all children. Designed to maximize each child's education and health potential for a lifetime.
- ✧ **Counseling, psychological and social services:** Activities that focus on cognitive, emotional, behavioral and social needs of individuals, groups and families. Designed to prevent and address problems, facilitate positive learning and healthy behavior, and enhance healthy development. The term *School Behavioral Health Services* is most commonly used in Connecticut to define this range of programs and services and will be used in this guide.
- ✧ **Health promotion for school personnel:** Assessment, education and fitness activities for school faculty and staff. Designed to maintain and improve the health and well-being of school staff who serve as role models for the students. *Staff Wellness* is also a term frequently used to describe this component and will be used in this guide.
- ✧ **Healthy school environment:** The physical, emotional and social climate of the school. Designed to provide both a safe physical plant and a healthy and supportive environment that fosters learning.
- ✧ **Family and community involvement in school health:** Partnerships among schools, families, community groups and agencies, and individuals. Designed to maximize resources and expertise in addressing the healthy development of children, youth and their families. The term *School-Family-Community Partnerships* is most commonly used in Connecticut to define this range of programs and services and will be used in this guide.

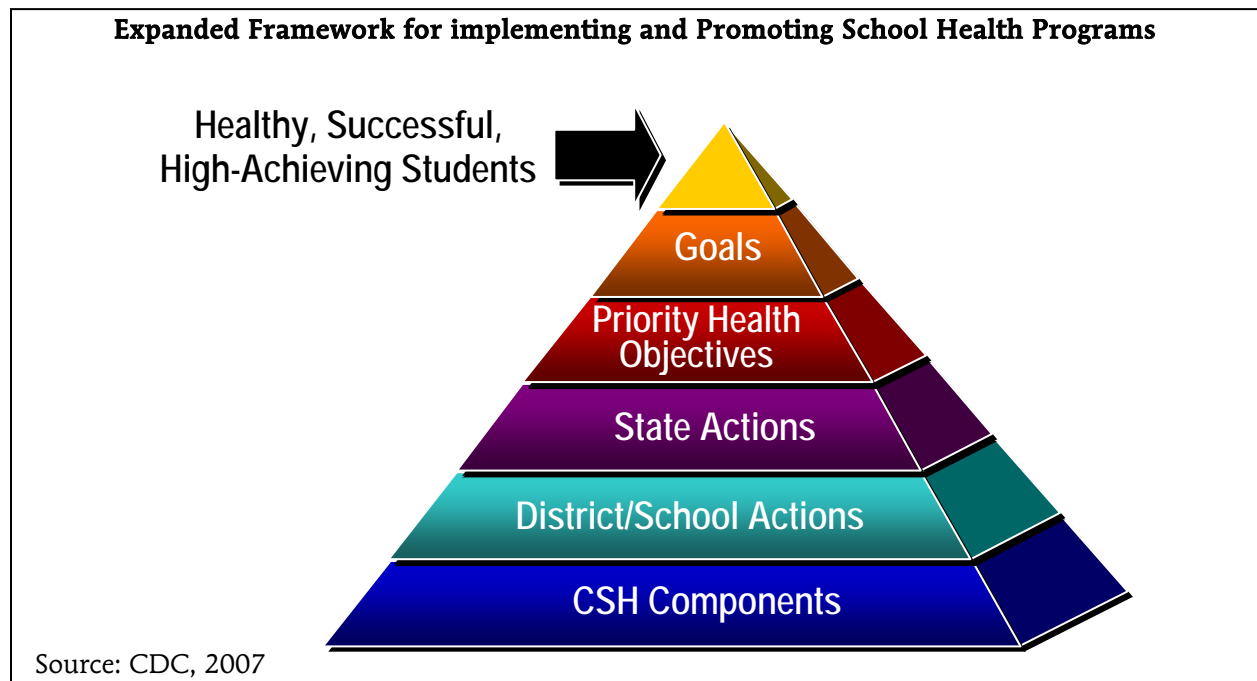




## Chapter 1: Overview of the Coordinated Approach to School Health

These components encompass a school's instruction, services, and physical and social environments. Leadership, partnerships and coordination join the components to form a comprehensive system of services. The structures supporting this system characteristically include district- and school-level teams of staff and community members representing each of the components, and a coordinator who, with the support of district and school administration, facilitates activities.

No two approaches to coordinated school health will be exactly alike. Individuals, institutions, needs, and resources differ from community to community. Each school and district will bring together its unique group of people, services and agencies representing each of the components who can identify the specific needs facing young people in their schools, assess community strengths and weaknesses, and tailor the many resources already available to support positive youth development. In addition, CDC offers an expanded framework for implementing and promoting school health programs. This framework describes a multi-layer, interconnected, coordinated system that supports the achievement of all students. The expanded framework diagram below illustrates how CSH builds on local needs and school district improvement plans that support the attainment of state health and educational objectives and the overarching goal of healthy, successful, high-achieving students.



Subsequent sections of this guide will give a more comprehensive definition of each of these eight components and include guidance and resources for implementing and strengthening them. Since the development of the coordinated school health model in 1987, some components have received considerably more efforts than others both on a national and state level due to health trends and emerging data and research. Consequently, the coverage of some components in this document is more extensive than that of others. This does not imply that components are not equally important.

An overview of the steps schools and communities can take to work together to structure an effective coordinated approach to school health can be found in Chapter 2, Fostering Collaboration and Establishing Local Practices. Chapter 3, Sections 1-8, of this guide offers a discussion of each of the eight coordinated school health components.



### **What others say about the coordinated approach to school health:**

*"Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially."*

— National Association of State Boards of Education (NASBE),  
*Fit, Healthy, and Ready to Learn: Part 1 - Physical Activity, Healthy Eating, and Tobacco Use Prevention, 2000*

*"Schools have more influence on the lives of young people than any other social institution except the family and provide a setting in which friendship networks develop, socialization occurs, and norms that govern behavior are developed and reinforced."*

— U.S. Department of Health and Human Services,  
*Healthy People 2010*

*"Our district has seen first-hand what a well-rounded health program can accomplish for all children, pre-K through 12th grade. There is no question in the minds of (our) educators that a complete school health program positively affects student achievement."*

— Edward VandenBulke, Superintendent,  
*Stow-Munroe Falls City Schools*

*"Coordinated school health programs can impact students' academic achievement and increase healthy behaviors. Coordinated school health programs empower students with the knowledge, skills, and judgment to help them make smart choices in life. Healthy children make better students, and better students make healthy communities."*

— Association of State and Territorial Health Officials and the Society of  
State Directors of Health, Physical Education and Recreation,  
*Making the Connection: Health and Student Achievement, 2002*

## Chapter 1: Overview of the Coordinated Approach to School Health

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### Resources

- Connecticut State Department of Education Coordinated School Health Partnerships: <http://www.ct.gov/sde/healthyconneCTions>
- Coordinated Approach to Child Health (CATCH): <http://www.sph.uth.tmc.edu/chppr/catch/>
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- Health is Academic*, Education Development Center Website: <http://www2.edc.org/healthisacademic/>
- Healthy Kids Learn Better – A Coordinated School Approach*, Oregon School Boards Association Website: <http://www.osba.org/hotopics/atrisk/hklb/>
- Healthy Schools Healthy Kids*, Texas Affiliate of the American Cancer Society: <http://www.schoolhealth.info>
- National Coordinating Committee on School Health and Safety (NCCSHS): <http://www.healthy-students.org/>
- North Carolina Healthy Schools: <http://www.nchealthyschools.org/>
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## ***Chapter 1: Overview of the Coordinated Approach to School Health***

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*Talking About Health is Academic*, Eva Marx, Daphne Northrop, Judith Dwyer Pierce. Teachers College Press, 1999: <https://secure.edc.org/publications/prodview.asp?1144>

*The School Health Project of the Council of Chief State School Officers*:  
[http://www.ccsso.org/projects/School\\_Health\\_Project/](http://www.ccsso.org/projects/School_Health_Project/)

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<http://www.wholechildeducation.org/>

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<http://www2.edc.org/MakingHealthAcademic/cshp.asp>

## FOSTERING COLLABORATION AND ESTABLISHING LOCAL PRACTICES

**A**lthough the primary mission of schools is education, neither students nor staff can be successful when health-related factors interfere with teaching and learning. A coordinated approach to school health incorporates the structures and practices needed to address these health-related factors. This chapter provides the following:

- ✧ An overview of steps schools and districts can take to foster collaboration and create local practices to organize a systematic approach to coordinated school health
- ✧ Guidance for strategies to coordinate health education, programs and services, and to assess the need for related community-based services in the context of a coordinated school health approach

Actions schools and districts can take to incorporate a coordinated approach to school health into the education system include the following:

1. ***Ensuring Leadership***—oversight and support
2. ***Organizing School Health Teams***—structures for coordinating activities
3. ***Conducting an Assessment***—determining what is needed and what is already in place to address those needs
4. ***Creating an Action Plan***—setting priorities, developing implementation strategies, and evaluating the process
5. ***Developing a Communications Plan***—communicating with and involving the community

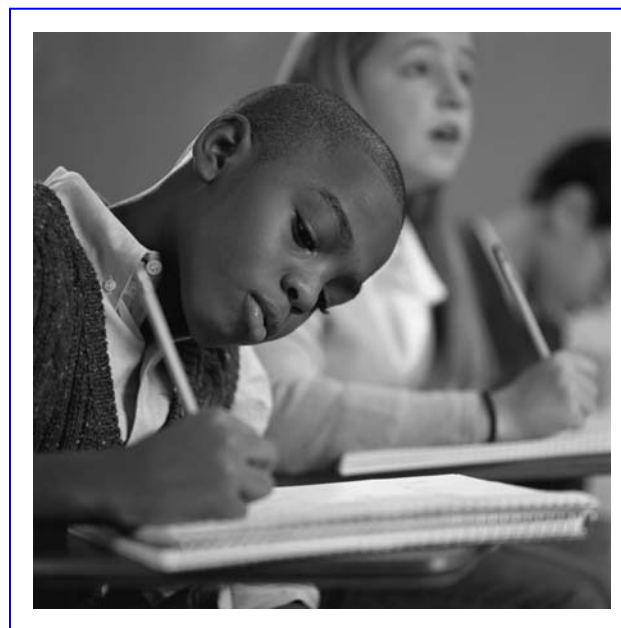


### Step 1: Ensuring Leadership

Committed leadership is essential for the successful implementation of a coordinated approach to school health. The school board needs to develop policies that clearly state the district's commitment to promoting the health of the school community. Policies also need to articulate administrators' responsibilities for the oversight of a coordinated school health approach. Administrators need to set the tone for districts and schools and create a climate that supports student achievement and well-being.

The district superintendent is responsible for policy implementation and ideally will take the lead in establishing a coordinated approach to school health. Principals, as gatekeepers for what occurs at the building level, are charged with ensuring that health problems do not interfere with students' ability to learn. Necessary actions for school leaders include the following:

- ✧ Preparing a plan based on identified needs with input from school and community stakeholders, including families, students, teachers and staff, and community agencies
- ✧ Appointing a representative district-level team
- ✧ Appointing a qualified school health coordinator and providing that coordinator with the necessary resources (space, time, funding) to assist with the coordination of policies and programs
- ✧ Ensuring compliance with all school policies including school health policies
- ✧ Conducting regular evaluation and reporting on program implementation



*Fit, Healthy, and Ready to Learn*, published by the National Association of State Boards of Education ([http://www.nasbe.org/healthy\\_schools/FHRTL.htm](http://www.nasbe.org/healthy_schools/FHRTL.htm)), provides guidance for education administrators and policymakers, school staff, and interested community members to develop policies to address school health-related goals. CSDE's *Action Guide for School Nutrition and Physical Activity Policies* provides comprehensive guidance for school districts on developing, implementing and evaluating local policies to promote healthy eating and physical activity (<http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320754#Action>.)

### Step 2: Organizing School Health Teams

An effective approach to coordinated school health requires the involvement of:

1. A district-level school health team or council
2. A district-level school health coordinator
3. Building-level school health teams and coordinators

A school health team may also be referred to as a school health council, school health advisory council, wellness team, or coordinated school health team, among other names. For this document, the school health team will be referred to as the *school health council*. A description of each type of council and its role follows.

1. **District-level school health council:** Policies and actions tend to be more comprehensive and effective when developed with input from those whom they affect. The appointment of a district-level team to coordinate school health activities will lay the foundation for a districtwide, systematic approach to policy development, implementation and monitoring. A coordinated approach to protecting and promoting the health and well-being of students and staff brings together a broad range of school and community stakeholders. These include representatives of comprehensive school health education, physical education, food services, health and mental health services, staff wellness, a healthy school environment, families, and community agencies. Involving these stakeholders contributes to the integration of the components that affect the school community's health and safety. This coordinated approach:
  - ✧ Makes possible the communication of a variety of perspectives, interests, and concerns
  - ✧ Contributes to districtwide ownership of outcomes
  - ✧ Needs to be incorporated into district and school improvement plans as an essential element of the district's educational mission

District administrators may choose to use an existing district-level team such as the school wellness team, a drug-free schools team, Team Nutrition, a school improvement team, an emergency preparedness team, or a similar group instead of creating a new team. The Child Nutrition and WIC Reauthorization Act of 2004 (Public Law 108-265) requires all school districts that participate in federally funded school meal programs to establish a local school wellness policy through a process that involves parents, students, school representatives and the public. **Many districts may already have laid the foundation for establishing a school health council or wellness council when meeting the requirements of federal legislation and the coordinated approach to school health may be a natural continuation of the work of this group.**

2. **District-level school health coordinator:** A school health coordinator identified by the superintendent is responsible for organizing the district team, maintaining communication among team members, managing the needs assessment and planning process, monitoring progress, and advocating for curricula, programs and services to meet the physical, social and emotional needs of students. District administrators need to ensure that the coordinator has adequate time, space, clerical support and other resources to carry out this work.



## Chapter 2: Fostering Collaboration and Establishing Local Practices

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3. **Building-level school health teams:** Most school health activities are implemented at the school level. Consequently, with leadership from the principal and technical support from the district health coordinator, each school needs to take responsibility for curricula, programs and services within its building. This requires forming a building-level school health team to develop, implement and monitor health-related activities. District leadership needs to communicate to principals that it is the principal's role to (1) establish a school health team or use an existing team, (2) ensure that actions are integrated into activities throughout the building, and (3) periodically monitor the team's progress.

***School health-team members at the building level commonly include the following:***

- ✧ *school principal*
- ✧ *school nurse*
- ✧ *health education teacher*
- ✧ *physical education teacher*
- ✧ *school medical adviser*
- ✧ *family and consumer sciences teachers*
- ✧ *other classroom teachers*
- ✧ *mental health professionals*
- ✧ *foodservice director*
- ✧ *teachers*
- ✧ *school facilities manager*
- ✧ *parents*
- ✧ *students*
- ✧ *representatives of youth-serving and health-related community agencies*

A building-level school health coordinator manages communication, organizes meetings and, with the support of the school health team, works for the effective, efficient implementation of health-related activities. Again, instead of forming a new council, the principal may choose to build on an existing team such as the wellness team, an indoor air quality team or a school improvement team. The school health council aims to promote the health of students and staff to ensure that health issues do not interfere with learning and teaching. Since healthy students learn better, addressing curricula, programs and services would complement the work of the school improvement team, which commonly addresses site-based management with the goal of improving student performance.

Resources for organizing both district- and building-level school health councils include the following:

- ✧ *Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Councils* provides a five-step approach to planning, developing, maintaining, and evaluating school health teams or councils. [http://www.healthyschoolsms.org/ohs\\_main/documents/SchoolHealthCouncilsGuide.pdf](http://www.healthyschoolsms.org/ohs_main/documents/SchoolHealthCouncilsGuide.pdf)
- ✧ *Forming a School Health Team* describes school health team membership. <http://www.cdc.gov/HealthyYouth/SHI/training/10-Resources/docs/Team.pdf>



### Step 3: Conducting an Assessment

**B**efore developing a plan, schools, districts and community groups need to gather data to determine what is already in place and where the gaps are. Many schools already have many of the components of a coordinated school health approach in place. What they may not have is a system in which the components work together to ensure that students are engaging in health-promoting behaviors or receiving the education and services to help them do so.

Questions to ask include the following:

1. What laws and regulations apply to school health?
2. What is the health status of our district's or school's students? What behaviors are putting the health status of our district's or school's students at risk?
3. What is our district or school doing to promote the health of our students, including promoting physical activity and health education, programs and services? What are the gaps? Are community organizations and services involved in the school efforts? How well do our current activities meet the guidelines suggested in this document for each component of a coordinated school health approach?

In conducting the assessment, districts need to identify applicable laws and regulations, local student health status, and existing health programs and services.

**Laws and regulations.** Applicable state and federal laws and regulations are referenced in Chapter 3, Sections 1-8, at the end of the description for each component of the coordinated school health approach.

**Student health status and risk behaviors.** School health priorities should address the specific health status of the school's or district's students. This information can also provide a baseline for future assessment of progress. Data sources include the following:

- ✧ **School nurse or school-based health center:** The school nurse or health center can report the numbers and kinds of health problems for which students visit the nurse's office or the health center; the number of referrals for substance abuse, asthma, overweight individuals, etc.; and the number of and reasons for absenteeism.
- ✧ **School medical adviser:** The school medical adviser, who is also often a community provider, can provide information on health trends among the pediatric and adolescent populations.
- ✧ **Local health department:** The local health department can provide information about the occurrence of disease and health safety violations that can affect student health.
- ✧ **Police department:** The police department can provide data on substance abuse offenses, motor vehicle accidents, violence, etc.
- ✧ **Hospitals and social service agencies:** Hospitals and social service agencies can provide data on illness, injury and referrals for mental, family and social problems.

## Chapter 2: Fostering Collaboration and Establishing Local Practices

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- ✧ **State agencies:** State agencies, including the State Department of Education and the State Department of Health, regularly gather data and can provide assistance with obtaining relevant health data. Some state data sources include the following:
  - Child Well-Being Data Reports: [http://www.ckidslink.org/pub\\_issue\\_15.html](http://www.ckidslink.org/pub_issue_15.html)
  - Connecticut School Health Survey (Youth Tobacco Survey and Youth Risk Behavior Survey): <http://www.dph.state.ct.us/PB/HISR/CSHS.htm>
  - School Health Profiles: <http://www.cdc.gov/healthyyouth/profiles/index.htm>  
[http://www.educationconnection.org/prog\\_sde\\_school.htm](http://www.educationconnection.org/prog_sde_school.htm)
  - School Health Policies and Programs: <http://www.cdc.gov/healthyyouth/shpps/index.htm>
  - Strategic School Profiles: <http://www.csde.state.ct.us/public/cedar/profiles/index.htm#go>

**Existing health programs and services.** All schools and districts are engaged in many activities that support the health of their students. Tools for gathering data about existing health programs and services include the following:

- ✧ *School Health Index (SHI): A Self-Assessment and Planning Guide* is designed to help schools identify the strengths and weaknesses of the school health policies and programs, develop an action plan for improving student health, and involve teachers, parents, students and the community in improving school services. There are two tools: one for elementary and one for middle and high school. The self-assessment process allows members of the school community to come together to discuss what their school is doing to promote good health, and develop and prioritize recommendations for improving its school health actions. The SHI includes a tool for identifying those priorities and planning for implementation. The SHI is available at <http://apps.nccd.cdc.gov/shi/default.aspx>.
- ✧ *Creating a Healthy School: Using the Healthy School Report Card*, developed by the Association for Supervision and Curriculum Development (ASCD) with input from a panel of school health experts, is a tool designed to help schools assess the existence of indicators that support health, positive behavior and achievement, and the quality of programming related to each indicator. The Healthy School Report Card also outlines steps to facilitate the implementation of essential structures to support a coordinated school health approach. The publication is available from ASCD at <http://www.healthyschoolcommunities.org>.
- ✧ *Action for Healthy Kids* (<http://www.actionforhealthykids.org>) and the *Alliance for a Healthier Generation* (<http://www.healthiergeneration.org>) are national organizations that provide tools for assessing the status of physical activity and healthy nutrition in schools.



### Step 4: Creating an Action Plan

A well-developed plan provides a blueprint for implementation and lays the foundation for effective use of resources. A vision statement sets the stage for planning and clarifies what proposed actions will be designed to accomplish. The school health team develops a vision statement with input from the community to ensure community ownership and support. Steps for addressing the agreed-upon vision include the following:

- ✧ Developing priorities
- ✧ Designing a plan
- ✧ Involving community members
- ✧ Evaluating outcomes
- ✧ Ensuring sustainability
- ✧ Obtaining funding

**Developing priorities:** The needs assessment will reveal more needs than a school or district can realistically address. The school health team, with input from other interested community members, can establish priorities by determining how the problem relates to achieving its vision. The problem may be a high incidence of a health condition such as being overweight or absenteeism due to asthma, evidence of a widespread health risk such as physical inactivity, or an underdeveloped component of a coordinated school health approach such as inadequate physical education. The following questions can help to prioritize problems:

- ✧ How widespread is the problem?
- ✧ How serious are its consequences?
- ✧ If this problem is addressed, what is the likelihood of success?
- ✧ What will be the costs of addressing this problem, in terms of money, time, and other resources?
- ✧ Who else in the community is addressing this problem? Is there a possibility of tapping into community resources or strengths?
- ✧ Are there legal requirements that affect the need to address this problem?

**Designing a plan:** A written plan spells out clearly why, how, when and by whom activities will be accomplished. The plan should include the following:

- ✧ a vision or mission statement
- ✧ goals
- ✧ measurable objectives
- ✧ activities to meet the objectives
- ✧ a timeline for completion of actions
- ✧ designation of responsibility for carrying out each activity
- ✧ identification of necessary resources
- ✧ a budget
- ✧ an evaluation plan

Refer to the policy recommendations and implementation strategies in Chapter 3, Sections 1-8, to identify possible strategies for your action plan.

Goals are broad statements of what needs to be accomplished to achieve a vision and address priorities. They can be short-term or long-term. Objectives are statements of what will be done to achieve each goal. Objectives need to be SMART (specific, measurable, achievable, relevant, and time bound). After developing objectives, the school health team decides what activities are necessary to achieve those objectives, who will be responsible for each activity, what resources will be needed and how they will be obtained, and when each action will be completed. Linking objectives to the district's strategic plans can help to ensure sustainability and accountability.

## Chapter 2: Fostering Collaboration and Establishing Local Practices

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**Involving community members:** Most schools and districts already have partnerships with youth-serving community agencies, medical professionals and a variety of other community organizations. These partners can assist with promoting the health of students and staff as members of the school health teams at the district and school level, providers of technical assistance and services, and advocates in the community. Examples include the following:

- ✧ **Local health department.** Local health departments can assist with health education programs, provide health services such as immunizations, or collecting, interpreting and using health data for program planning and evaluation.
- ✧ **Hospitals.** Many hospitals have community relations staff and can assist with activities such as health screening and assessment, health education or organizing health fairs.
- ✧ **Medical professionals.** Medical professionals serve on school health teams in many communities, assist with classroom activities, and advise schools on health-related issues. Medical schools and teaching hospitals may be seeking opportunities for students or interns to work in school settings.
- ✧ **Parks and recreation.** Local park and recreation programs, YMCAs and YWCAs, Boys and Girls Clubs, and other youth-serving agencies frequently have facilities and programs where students and staff can engage in physical activity. Some sponsor after-school programs that can be venues for physical activity and other health-related activities.
- ✧ **Voluntary health organizations.** Voluntary health organizations such as the American Cancer Society, American Heart Association, American Diabetes Association, March of Dimes and American Lung Association have educational materials, programs and trained volunteers who can support school health activities.
- ✧ **Businesses.** Local businesses can promote and sponsor health-promoting activities in the community, donate equipment or provide access to facilities. Such partners include insurance companies, health maintenance organizations (HMOs), or local fitness centers.
- ✧ **Civic organizations.** Civic organizations, such as the Rotary Club and the Lions Club, philanthropic foundations or others may have resources, materials or trained volunteers who can assist coordinated school health activities.
- ✧ **Colleges and universities.** Faculty at local colleges, universities and community colleges can provide technical assistance with planning and evaluation. Student interns can supplement a variety of school health activities at little or no cost.



## Chapter 2: Fostering Collaboration and Establishing Local Practices

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**Developing outcome measures and evaluating outcomes:** Evaluation is a tool for identifying what needs to happen, improving implementation and demonstrating effectiveness. It encompasses:

- ✧ **What needs to happen (formative evaluation).** The needs assessment lays the groundwork for evaluation by providing data for setting priorities, developing goals and objectives, and establishing a baseline with which outcomes can be compared.
- ✧ **Improving implementation (process evaluation).** Examination of whether and how well activities are being carried out can provide data for making adjustments throughout implementations. Questions include:
  - How well are objectives being addressed?
  - Is implementation proceeding as planned, and if not, why not?
  - In what ways can implementation be improved?

The school health team can gather this data through observation, interviews, surveys and record review. School health team meetings should occur on a quarterly basis to enable team members to identify necessary adjustments and ways to make those adjustments.

- ✧ **Demonstrating effectiveness (outcome evaluation).** Outcome measures provide information for describing the impact of implementation. Outcome evaluation will ask questions such as:
  - Are students more physically active?
  - What has been the change in the number of overweight students?
  - Are there fewer absences due to asthma?

Each district may have different outcome questions based on their specific priorities. These questions cannot be answered without baseline data such as the informational data obtained in a needs assessment. Conducting outcome evaluations can require special skills, primarily because it is **difficult to determine whether improved outcomes can be attributed to the program or other factors in the community, such as a media campaign.** A local health department or university may be able to assist districts in identifying and conducting appropriate outcome evaluations.

Resources for evaluation include:

- ✧ *CDC Evaluation Working Group Resources.* Provides basic background information on program evaluation and links to hundreds of manuals, tools, and resources from other organizations. <http://www.cdc.gov/eval/resources.htm>
- ✧ *Evaluating Community Programs and Initiatives, Community Toolbox,* University of Kansas: [http://ctb.ku.edu/tools/en/tools\\_toc.htm](http://ctb.ku.edu/tools/en/tools_toc.htm)
- ✧ *Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide,* Centers for Disease Control and Prevention, 2005: <http://www.cdc.gov/eval/evalguide.pdf>
- ✧ *Understanding Evaluation: The Way to Better Prevention Programs,* Westat, Inc., 1993: <http://www.ed.gov/PDFDocs/handbook.pdf>

Additional resources regarding evaluation are included at the end of this section (see Resources on Page 23).



## Chapter 2: Fostering Collaboration and Establishing Local Practices

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**Ensuring sustainability:** Establishing or strengthening a coordinated school health approach requires time, patience and an understanding of the principles of systemic change. Despite common agreement that healthy children learn better, health-related efforts are often the first to go when budget cuts occur. Health-related activities often depend on the presence of and intervention by an advocate or champion or the goodwill of a superintendent or principal. Yet, if a school or district is not committed to integrating an effort, what justification is there for initiating it? Structures and procedures that help to ensure continuation of a school program include the following:

- ✧ An administration-level advocate
- ✧ A fit with a school or district's philosophy or mission
- ✧ Policies that make the school or district accountable
- ✧ Written procedures, goals and objectives
- ✧ Permanent staff assigned to the effort, including a full-time coordinator with stable funding
- ✧ Initial and ongoing professional development, including routine training for new staff to accommodate staff turnover
- ✧ Community involvement and support
- ✧ Ongoing process evaluation with adjustments made as necessary
- ✧ Routine reporting on actions and their effectiveness to the school board, school staff, parents and community members
- ✧ Reliable funding, including line items in the budget

Adapted from Marx, E. & Northrop, D. (1995). *Educating for Health*. Newton, MA: Education Development Center, Inc.

**Obtaining funding:** A goal of the school health planning process should include gaining support of the school board for the inclusion of health education, programs and services as a line item in the district budget. Most schools and districts already have many components of a coordinated school health approach in place. Before seeking additional funding, determine what the school or district is already supporting and how those existing components and resources can function and work together more effectively. The school health council should also partner with its district grant writers to identify potential funding sources and obtain assistance with grant applications.

Many of the community partners listed on page 18 can offer monetary support, provide in-kind resources and services, and advocate for funding from local tax revenues. Community sources might include local civic organizations, such as the Lions Club or Rotary Club. Insurance companies and health maintenance organizations have foundations and other funding that can sponsor school health activities. Many corporations have foundations or corporate giving programs that support local activities to promote the welfare of community residents. The Foundation Center website provides links to foundations at local, state and national levels (<http://foundationcenter.org/findfunders/>).

Helpful school-health specific websites for identifying funding sources include:

- ✧ A regularly updated list of grant alerts maintained by The Center for Health and Health Care in Schools at <http://www.healthinschools.org/grants/alerts.asp>
- ✧ School health grants and grant writing information at: [http://www.schoolhealth.com/shop/ht\\_grants.asp](http://www.schoolhealth.com/shop/ht_grants.asp)

## Chapter 2: Fostering Collaboration and Establishing Local Practices

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- ✧ U.S. Department of Education Carol M. White Physical Education Program (PEP). Provides grants to initiate, expand, and improve physical education programs for students in Grades K-12 in order to help them make progress toward meeting state standards for physical education. <http://www.ed.gov/programs/whitephysed/index.html>
- ✧ Grant opportunity website maintained by the National Association for Sport and Physical Education (NASPE): [http://www.aahperd.org/naspe/template.cfm?template=grant\\_opp.html](http://www.aahperd.org/naspe/template.cfm?template=grant_opp.html)
- ✧ Grants.gov provides information on finding and applying for federal government grants and includes over 1,000 grant programs offered by all Federal grant making agencies: <http://www.grants.gov/>
- ✧ US Department of Education Grant Database: <http://www.ed.gov/about/offices/list/ocfo/grants/grants.html>
- ✧ CDC Healthy Youth Funding Database (HY-FUND). Contains active information about funding opportunities for adolescent and school health programs: <http://apps.nccd.cdc.gov/HYFund/>
- ✧ Partners in Information Access for the Public Health Workforce, National Library of Medicine. Collaboration of U.S. government agencies, public health organizations and health sciences libraries. Lists opportunities for fellowships, grants and other awards: <http://phpartners.org/grants.html>
- ✧ American Public Health Association: <http://www.aphafoodandnutrition.org/ow5.htm>
- ✧ Robert Wood Johnson Foundation: <http://www.rwjf.org/applications/>





### Step 5: Developing a Communications Plan

No matter how well-developed the plan is or how well-designed a program is, if no one takes advantage of the opportunities offered, no one benefits. Social marketing is the use of marketing principles to influence human behavior to improve health or benefit society (Turning Point, n.d.). Social marketing uses a mix of advertising, publicity and personal sales strategies adapted from commercial marketing to influence people's health-related behaviors. Social marketing segments or groups people, using criteria such as people with common risk behaviors, people of the same age or economic status, or people with common preferences for communicating and receiving information. The approach considers the four Ps of marketing (University of Kansas, 2006):

- ✧ Product—What is the targeted person being asked to do (or buy)?  
e.g., engage in healthy eating, physical activity, develop health-related policies
- ✧ Price—What will it cost?  
e.g., time, money, establishing priorities, i.e., giving up something for something else
- ✧ Place—How and where will the person participate?  
e.g., convenience of time and location
- ✧ Promotion—What is the best way to get information to people?  
e.g., meetings, face-to-face conversations, e-mail, website

The aim is to make change in organizations or behavior change attractive, affordable and easy to access. Most schools and districts have experience communicating with students, families, staff and the community and know what works best for them.

Ten questions suggested for working toward an initial marketing plan are (Turning Point, n.d.):

1. What is the social (or health) problem we want to address?
2. What actions do we believe will best address that problem?
3. Who is being asked to take that action? (audience)
4. What does the audience want in exchange for adopting this new behavior?
5. Why will the audience believe that anything we offer is real and true?
6. What is the competition offering? Are we offering something the audience wants more?
7. What is the best time and place to reach members of our audience so that they are the most disposed to receiving the intervention?
8. How often, and from whom, does the intervention need to be received if it is to work?
9. How can we integrate a variety of interventions to act, over time, in a coordinated manner, to influence the behavior?
10. Do we have the resources to carry out this strategy alone; and if not, where can we find useful partners?

The following resources contain more information on social marketing:

- ✧ *Strategies for Change: A Field Guide to Social Marketing for School Health Professionals* published by the American School Health Association: <http://www.ashaweb.org/>
- ✧ *Community Toolbox*, University of Kansas: <http://ctb.ku.edu/tools/implementsocialmarketing/>
- ✧ *Turning Point Social Marketing National Excellence Collaboration*, University of Washington: [http://www.turningpointprogram.org/Pages/pdfs/social\\_market/smc\\_basics.pdf](http://www.turningpointprogram.org/Pages/pdfs/social_market/smc_basics.pdf)

## Chapter 2: Fostering Collaboration and Establishing Local Practices

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### Resources

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- American Public Health Association: <http://www.aphafoodandnutrition.org/ow5.htm>
- Carol M. White Physical Education Program (PEP), U.S. Department of Education: <http://www.ed.gov/programs/whitephysed/index.html>
- CDC Evaluation Working Group Resources: <http://www.cdc.gov/eval/resources.htm>
- CDC Healthy Youth Funding Database (HY-FUND): <http://apps.nccd.cdc.gov/HYFund/>
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## EIGHT COMPONENTS OF A COORDINATED APPROACH TO SCHOOL HEALTH

The coordinated approach to school health provides the framework for the eight components to work together to improve students' health and capacity to learn. None of the components is new. Every school and district already has most, if not all, in place. Each component makes a unique contribution while complementing the others. Some will be better developed than others and might serve as a catalyst to strengthen less-developed components. No matter how much is already in place, few districts have comprehensive policies and practices to support implementation of a coordinated approach. This chapter provides guidance for strengthening policies for implementing each component so that, in concert, the eight components can address health barriers to learning and promote academic achievement.

Each section addresses an individual component and provides recommendations and, where appropriate, requirements for policy language. This language models best practice for the development of school health policies. School districts may choose to use the policy recommendations as written or adapt them to address local needs and reflect community priorities. When developing policies, districts will need to consider their unique circumstances, challenges, opportunities and available resources. These considerations include the health concerns, preferences and practices of the diverse ethnic and cultural populations in every community.



Not unlike what has occurred at school and district levels, some components have received more attention than others have due to health trends and emerging data and research. Consequently, there is some disparity in the length of the eight sections and quantity of information provided.

### *The eight sections are:*

1. **Comprehensive School Health Education**
2. **School Health Services**
3. **Physical Education**
4. **School Nutrition Services**
  - Component 1: Nutrition Education and Promotion
  - Component 2: School Foods and Beverages
  - Component 3: Environment to Promote Healthy Eating
5. **School Behavioral Health Services**
6. **Staff Wellness**

## ***Chapter 3: Eight Components of a Coordinated Approach to School Health***

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### **7. Healthy School Environment**

Component 1: Social Emotional School Environment

Component 2: Physical School Environment

### **8. School-Family-Community Partnerships**

#### ***Each section contains:***

- ✧ A definition for the component that expands the definition that appears in Chapter 1
- ✧ The rationale for the component (why it is important)
- ✧ Policy recommendations
- ✧ Implementation strategies
- ✧ Applicable legislation
- ✧ References
- ✧ Resources





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## SECTION 1 – COMPREHENSIVE SCHOOL HEALTH EDUCATION

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### Definition

**C**omprehensive school health education is a sequence of learning experiences that enable children and youth to become healthy, effective and productive citizens. A planned, sequential, PK-12 curriculum addresses the physical, mental, emotional and social dimensions of health. The curriculum is designed to motivate and assist children and youth to maintain and improve their health, prevent disease, and reduce health-related risk behaviors, helping them to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills and practices.

The curriculum for comprehensive school health education includes an array of topics such as personal, family, community, consumer and environmental health, comprehensive sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and alcohol, tobacco, and other drugs. Certified, highly qualified and effective teachers provide comprehensive school health education (CDC, 2006).

### Rationale

Good health is the foundation for academic success. As the American Cancer Society (1992) points out, “Children who face violence, hunger, substance abuse, unintended pregnancy, and despair cannot possibly focus on academic excellence. There is no curriculum brilliant enough to compensate for a hungry stomach or a distracted mind.” Essential for improving the health and well-being of children, the intent of comprehensive school health education is to “motivate students to maintain and improve their health, prevent disease, and avoid or reduce health-related risk behaviors. It also provides students with the knowledge and skills they need to be healthy for a lifetime” (Lohrmann & Wooley, 1998).

Research shows that the health and well-being of students significantly influences learning and academic achievement. Several studies conclude that students who participate in a comprehensive health education program have significantly higher reading and math scores than those who do not. Comprehensive school health education also positively affects student achievement by increasing health knowledge, improving health skills and behaviors, and decreasing risky behaviors (Society of State Directors of Health, Physical Education and Recreation and the Association of State and Territorial Health Officials, nd).



Comprehensive school health education targets the six youth health risk behaviors identified by the Centers for Disease Control and Prevention's Division of Adolescent and School Health (CDC/DASH). These behaviors, which are the leading causes of morbidity and mortality among youth, are tobacco use, alcohol and other drug use, intentional and unintentional injuries, lack of physical activity, unhealthy eating patterns, and sexual behaviors that can lead to HIV infection, infection with other sexually transmitted diseases, and unwanted pregnancies (CDC, 2006). These behaviors, which are interrelated and preventable, are often established during childhood and adolescence and can extend into adulthood. They can have a significant impact on both the health status and the achievement of children and youth.

### ***Key Elements of Effective Comprehensive School Health Education Programs***

Nationally, the CDC/DASH has identified the following areas as key elements of an effective comprehensive school health education program as part of a coordinated approach to school health.

1. *A documented, planned and sequential program of health instruction for students in Grades K-12.*
2. *A curriculum that addresses and integrates education about a range of categorical health problems and issues at developmentally appropriate ages.*
3. *Activities that help young people develop the skills they need to avoid: tobacco use; dietary patterns that contribute to disease; sedentary lifestyle; sexual behaviors that result in HIV infection, other STDs and unintended pregnancy; alcohol and other drug use; and behaviors that result in unintentional and intentional injuries.*
4. *Instruction provided for a prescribed amount of time at each grade level.*
5. *Management and coordination by an education professional trained to implement the program.*
6. *Instruction from teachers who are trained to teach the subject.*
7. *Involvement of parents, health professionals and other concerned community members.*
8. *Periodic evaluation, updating and improvement.*

Source: CDC, [http://www.cdc.gov/HealthyYouth/CSHP/comprehensive\\_ed.htm](http://www.cdc.gov/HealthyYouth/CSHP/comprehensive_ed.htm)

Prominent health concerns are contributing factors in loss of instruction time including absenteeism, drop out rates and chronic illness, which, in turn, lead to significant social and economic issues. According to national research, each \$1 invested in school-based tobacco prevention, drug and alcohol education and family life education saves \$14 in avoided health costs (Wang, L.Y. et.al. 2001). The 2007 Connecticut School Health Survey data also show that students are engaging in higher risk behavior. For example, by Grade 12, Connecticut's students report:

- ✧ 46 percent ever had sexual intercourse
- ✧ 45.3 percent drank alcohol during the past 30 days
- ✧ 12.1 percent attempted suicide during the past 12 months
- ✧ 16 percent were physically hurt by a boyfriend or girlfriend in the past year

These data are staggering. Similar data on the national level have captured the attention of both national, state and local health and education organizations and agencies. The Association of Supervision and Curriculum Development (ASCD), a national leader in educational issues has



embraced the importance of Educating the Whole Child. ASCD states that “All children deserve a 21st-century education that fully prepares them for college, work, and citizenship. That means the basics of reading, writing, and math, of course. But we should expect more from our schools and communities. We also want our children to be healthy, safe, engaged in their learning, supported by caring adults, and involved in courses such as art and music” (ASCD, 2007).

Comprehensive school health education addresses these behaviors, promotes the development of protective factors, and supports healthy outcomes through developmentally appropriate Grade PK-12 curriculum and instruction and is a vital component of the coordinated approach in addressing the well-being of children and youth. Access to culturally and developmentally appropriate learning experiences provided through comprehensive school health education and the implementation of these recommended policies is essential to providing the 21st century learner with the skills and functional knowledge needed to shape attitudes, influence behaviors and enhance lifetime learning outcomes.



This section presents policy recommendations, policy rationale, implementation strategies and resources for comprehensive school health education.

## Policy Recommendations

**E**ffective implementation of a high-quality comprehensive school health education curriculum for all children and youth requires the adoption of appropriate policies that provide for essential resources and supports. Administrative support and fiscal allocations should be at the same level as for other core curriculum subjects with appropriate and adequate time, space, instructional materials, teaching and support staff, and professional development. An effective support system for delivering the curriculum considers the varying needs and abilities of all children and youth to achieve instructional objectives that result in the attainment of the comprehensive school health education standards (State of Maine, 2002).

Comprehensive school health education should be medically accurate, based on current research and national and state guidelines. It should be standards-based using the national or state-developed standards such as the Connecticut State Department of Education's *Healthy and Balanced Living Curriculum Framework* and should be offered as part of a planned, ongoing and systematic program taught by certified, highly qualified and effective teachers.

Policy recommendations for comprehensive school health education address the following eight areas.

1. **Certified teachers.** Comprehensive school health education shall be taught by certified, highly qualified, effective teachers.
2. **Curriculum guidelines.** The district shall have guidelines for the development, review and adoption of curriculum.
3. **Standards-based program.** Comprehensive school health education shall be offered as part of a planned, ongoing, systematic, sequential, and standards-based program.
4. **Sufficient time and resources.** The district shall allocate sufficient time and resources for effective instruction
5. **Attention to diverse learning needs.** Comprehensive school health education shall offer multidisciplinary, multicultural perspectives and provide learning opportunities for multiple learning styles.
6. **Ongoing professional development.** The district shall provide ongoing, timely professional development related to school health issues for teachers, program administrators, and school health and mental health providers.
7. **Alignment of curriculum, instruction and assessment.** Comprehensive school health education curriculum, instruction and assessment shall be aligned.
8. **Regular evaluation.** The district shall conduct regular evaluation of the comprehensive school health education program.

## Policy Rationale and Implementation Strategies

### 1. *Certified teachers. Comprehensive school health education shall be taught by certified, highly qualified, effective teachers.*

Certification to teach health and safety education at the primary or secondary level requires a PK-12 health education certificate or school nurse/teacher certificate. Section 10-145d-145(a) of the certification regulations authorizes elementary educators to teach all elementary subjects and art, health, music, physical education and technology, but does not authorize those teachers to be the sole providers of art, health, music, physical education or technology. Elementary school classroom teachers may provide a part of health and safety education instruction, but a certified teacher in health and safety education must also provide a portion. Health-certified teachers should play a significant role in providing comprehensive school health education, including direct instruction, collaboration with classroom teachers, and curriculum development. The local school district determines the amount of direct instruction that the certified teacher provides. In doing so, the district should consider the quality of instruction that students would receive.

School health and mental health providers can serve as (1) in-school resource persons for health and safety education, (2) providers of counseling for at-risk students, and (3) professionals to assist classroom teachers in developing and implementing developmentally appropriate lessons.

Implementation strategies include:

- ✧ Review Connecticut health education teaching certification regulations.
- ✧ Ensure that all teachers who teach health education are properly certified.
- ✧ Explore how school health and mental health providers might assist with comprehensive school health education.

### 2. *Curriculum guidelines. The district shall have guidelines for the development, review and adoption of curriculum.*

The Connecticut State Department of Education's *Healthy and Balanced Living Curriculum Framework* is a best practice document created to guide school districts' development of comprehensive school health education and comprehensive physical education curriculum. By linking the interrelated concepts and skills of comprehensive school health education and comprehensive physical education, the framework provides the basis for the development of curriculum that will challenge and motivate students and promote student well-being. The framework is grounded through four overarching lifetime learning curricular outcomes—(1) skills, (2) literacy, (3) concepts and plans and (4) advocacy—and are designed to equip students to live actively, energetically and fully in a state of optimal personal, interpersonal and environmental well-being. Connecticut's framework standards are based on the *National Health Education Standards* (American Cancer Society, 2007), *Moving Into the Future: The National Standards for Physical Education, 2<sup>nd</sup> Edition* (NASPE, 2002), and the Connecticut State Department of Education's *Preschool Curriculum Framework*. An overview of Connecticut's *Healthy and Balanced Living Curriculum Framework* can be found on page 33.

Connecticut schools serve children throughout a continuum of development from pre-kindergarten through Grade 12. The framework presents expectations appropriate for pre-kindergarten, Grade 4, Grade 8 and Grade 12, each building on the previous level. This continuum enables schools to use the standards to support and guide students' personal and academic achievement through the development of skills needed to:

- ✧ live a healthy and balanced lifestyle;
- ✧ access, evaluate, and use information from various sources to achieve overall health and well-being;
- ✧ comprehend concepts related to health and fitness; and
- ✧ make plans and take actions that lead to lifelong healthy and balanced living for themselves and for the world around them.

Implementation strategies include:

- ✧ Review the State Department of Education's *Healthy and Balanced Living Curriculum Framework* (<http://www.sde.ct.gov/sde/LIB/sde/PDF/deps/student/Healthy&BalancedLiving.pdf>).
- ✧ In consultation with the school health team, invite stakeholders who know the community and its children and youth to gather and analyze relevant data to determine priorities for health instruction. Stakeholders might include administrators, teachers, parents, students, health and mental health providers, law enforcement officers and community and public health professionals. Relevant data might include teen birth rates, sexually transmitted disease rates, absenteeism, asthma, suspensions and expulsions and after-school activity attendance.
- ✧ In consultation with stakeholders, consider the unique aspects of your community that may influence the curriculum.
- ✧ Base district guidelines on research and state mandates that support positive health behaviors for students. The following questions can guide curriculum development, review and adoption.
  - Does the curriculum enhance students' health behaviors?
  - Does the curriculum incorporate the elements of effective comprehensive school health education practices?
  - Is the curriculum aligned with national and state comprehensive school health education standards?
  - Are strategies included that assess both concepts and skills?
  - Is the content medically accurate and based on current research?
  - Are there opportunities for students to practice essential health skills?
  - Does the curriculum promote positive health behaviors and norms?
  - What and where are the gaps and overlaps?
  - How do the objectives address cultural diversity?
  - How are the objectives delivered and assessed across the disciplines (e.g., language arts, math, science, family and consumer sciences, technology)?
- ✧ Provide for an ongoing, systematic curriculum review process, preferably every three to five years, to update medical and scientific accuracy and program effectiveness.
- ✧ Involve teachers in curriculum review to promote a sense of ownership for curriculum implementation and as a professional development opportunity to update their skills.

## An Overview of Connecticut's *Healthy and Balanced Living Curriculum Framework*

Districts are encouraged to use the State Department of Education's *Healthy and Balanced Living Curriculum Framework* as a best practice document to develop their comprehensive school health education and comprehensive physical education curriculum. The framework's purpose is to guide the development of curriculum that will challenge and motivate students and contribute to student learning and achievement. The framework provides a vision for healthy and balanced living by connecting the interrelated concepts and skills of comprehensive school health education and physical education to move instruction toward promoting student well-being. The framework provides the blueprint for districts to address the health and energy balance (relationship to calories consumed to calories expended) of students and to guide them toward becoming well-informed, healthy individuals, as well as confident, competent and joyful movers. Framework standards are based on the *National Health Education Standards* and *Moving Into the Future: The National Standards for Physical Education, 2<sup>nd</sup> Edition* and are designed to provide students with guidance on how to live actively, energetically, and fully in a state of optimal well-being.

The framework contains benchmark performance indicators developed by Connecticut educators for Connecticut learners, addresses comprehensive school health and physical education content standards, and incorporates the expectations outlined in the *Connecticut Preschool Curriculum Frameworks*. The framework supports students in making connections and applying skills for a lifetime of health and well-being. Four overarching curricular outcomes equip students to live actively and fully in a state of optimal personal, interpersonal and environmental well-being: skills, literacy, concepts and plans, and advocacy. According to health and fitness standards, a health literate person is a critical thinker and problem solver; responsible, productive citizen; self-directed learner; and effective communicator.

Schools serve children from the pre-kindergarten level through Grade 12, representing a continuum of development. The framework reflects appropriate expectations at pre-kindergarten, Grade 4, Grade 8 and Grade 12 levels, each building on the other. This continuum allows schools to use the comprehensive school health and comprehensive physical education standards appropriately to support and guide students' personal and academic achievement through development of skills needed to:

- ✧ live a healthy and balanced lifestyle;
- ✧ access, evaluate, and use information from various sources to achieve overall health and well-being;
- ✧ comprehend concepts related to health and fitness and implement realistic plans for lifelong healthy and balanced living; and
- ✧ make plans and take actions that lead to healthy and balanced living for themselves and for the world around them.

**3. Standards-based program. Comprehensive school health education shall be offered as part of a planned, ongoing, systematic, sequential, and standards-based program.**

In recent years, health instruction has evolved from information-based to skills-based curriculum and instruction that promotes behavior change and health literacy. According to the National Health Education Standards, a health literate person is a critical thinker and problem solver; responsible, productive citizen; self-directed learner; and effective communicator. The standards guide children and youth to becoming well-informed, healthy individuals, as well as confident, competent and joyful movers.

Standards represent an articulation of what a student should know and be able to do (Connecticut State Department of Education, 2006). Differentiating between cognitive learning and functional knowledge, or skills-based learning that is likely to change behavior is key to promoting behavior change.

Implementation strategies include:

- ✧ Apply district-developed guidelines based on Connecticut's *Health and Balanced Living Curriculum Framework* and the *National Health Education Standards*.
- ✧ Use written goals and objectives for comprehensive school health education, with objectives evolving from one grade level to the next.
- ✧ Ensure that comprehensive school health education focuses on functional knowledge and what is essential to know. The curriculum should be designed to motivate and assist children and youth to maintain and improve their health, prevent disease, and reduce health-related risk behaviors, helping them to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices.
- ✧ Use a well-planned, sequential PK-12 curriculum that addresses the physical, mental, emotional and social dimensions of health.
- ✧ Include, at a minimum, human growth and development; nutrition; first aid; disease prevention; community and consumer health; physical, mental and emotional health including youth suicide prevention; substance abuse prevention; comprehensive sexuality education; HIV/AIDS; sexually transmitted diseases; safety, which may include the dangers of gang membership; and accident prevention.
- ✧ Teach comprehensive school health education as a separate subject with reinforcement by a multidisciplinary approach such as inclusion of health-related instruction in math, science, language arts, social sciences, family and consumer sciences, and elective subjects.
- ✧ Require one or more health education credits for graduation.

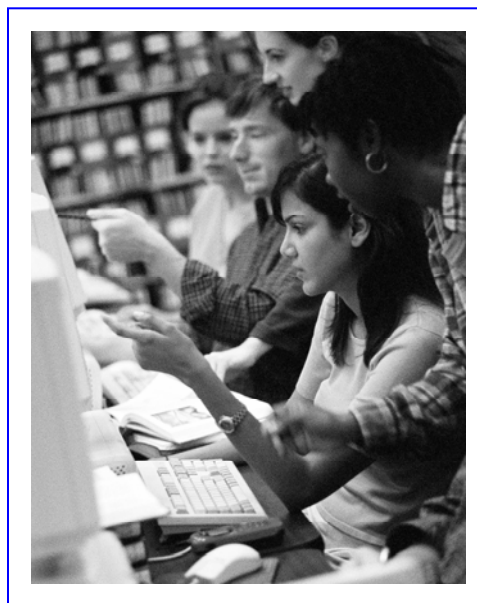


**4. Sufficient time and resources. The district shall allocate sufficient time and resources for effective instruction.**

According to Connecticut General Statutes (CGS) 10-16b, Health and Safety Education and 10-19(b) HIV/AIDS must be offered in a planned, ongoing and systematic fashion. Alcohol, Tobacco, Nicotine and Other Drugs CGS 10-19(a), must be taught every year to every student. At a minimum, a planned program should have written goals and learning objectives. To ensure continuity, the learning objectives should evolve from one grade level to the next. A systematic planned program ensures that implementation is equitable for each specific grade or course, e.g., all third-grade students receive instruction for the same agreed-upon learning objectives in every third-grade classroom. This does not, however, mean that each third-grade teacher must use the same materials or activities.

Findings from the School Health Education Evaluation indicate that, although a few hours of instruction significantly affect health knowledge, influencing attitude and practice requires more time. Researchers found that a minimum of 50 classroom hours per year are required to affect health knowledge, attitudes, and practices at the elementary level (Connell, Turner, & Mason, 1985). The revised 2007 National Health Education Standards (NHES), recommend that students in middle and high school grades receive 80 hours of instruction in health education per academic year.

Therefore, based on research and best practice, the CSDE highly recommends that at a minimum, students in grades PK through grade 4 receive a minimum of 50 classroom hours in comprehensive school health education per academic year and students in grades 5 through grade 12 receive a minimum of 80 hours in comprehensive school health education per academic year. Students need sufficient classroom time at each grade level to acquire functional knowledge and develop skills appropriate for each grade level that are needed for developing life long learning outcomes and healthy behaviors. These recommendations are vital to prepare students to negotiate the risk behaviors that increase during adolescence such as cigarette smoking, sexual intercourse and alcohol use (2005 Connecticut School Health Survey). Although not mandated, it is recommended that districts require a one-credit minimum of comprehensive school health education for high school graduation. (See Table 1 for CSDE instructional time recommendations).



Implementation strategies include:

- ✧ Every academic year provide a minimum of 50 classroom hours of comprehensive school health education in PK through grade 4 and 80 hours of classroom instruction in grades 5 through 12.
- ✧ Within the recommended number of hours for comprehensive school health education, the following hours of instruction should be devoted to alcohol, tobacco, nicotine and other drugs: in Grades PK-4, five to 10 hours of classroom instruction per year and in Grades 5-12, 10-15 hours of classroom instruction per year.

- ✧ Within the recommended number of hours for comprehensive school health education, the following hours of instruction should be devoted to Acquired Immune Deficiency Syndrome (HIV/AIDS): three to five hours of instruction be offered during the PK through Grade 2 sequence, Grades 3 through 4 sequence, Grades 5 through 6 sequence, Grades 7 through 8 sequence, Grades 9 through 10 sequence, and Grades 11 through 12 sequence. For example, AIDS/HIV education does not have to be offered every year, it may be offered in a three to five hour block during each of the identified grade sequences.
- ✧ Designate fiscal allocations at the same level as other core curriculum subjects.
- ✧ Provide adequate and appropriate space, instructional materials, teaching and support staff, and professional development.
- ✧ Encourage all PK-12 instructional staff to reinforce and support health messages by incorporating themes from the Connecticut State Department of Education's *Healthy and Balanced Living Curriculum Framework* into daily lessons, when appropriate.

Table 1

**Recommended Instructional Time for Health and Safety; Alcohol, Tobacco, Nicotine and other Drugs; and HIV/AIDS Education by Grade Level**

**Grade Sequence**

<b>Content Area</b>	<b>PK-2</b>	<b>3-4</b>	<b>5-6</b>	<b>7-8</b>	<b>9-10</b>	<b>11-12</b>
<b>CGS 10-16b Health and Safety</b> (Inclusive of alcohol, tobacco and other drugs and HIV/AIDS education)	Minimum of 50 hours per academic year	Minimum of 50 hours per academic year	Minimum of 80 hours per academic year	Minimum of 80 hours per academic year	Minimum of 80 hour per academic year	Minimum of 80 hours per academic year
<b>CGS 10-19(a) Alcohol, Nicotine or Tobacco and Other Drugs</b> (taught within the health and safety block)	5-10 hours per academic year	5-10 hours per academic year	10-15 hours per academic year	10-15 hours per academic year	10-15 hours per academic year	10-15 hours per academic year
<b>CGS 10-19(b) HIV/AIDS</b> (taught within the health and safety block)	3-5 hours per grade sequence	3-5 hours per grade sequence	3-5 hours per grade sequence	3-5 hours per grade sequence	3-5 hours per grade sequence	3-5 hours per grade sequence

**5. Attention to diverse learning needs. Comprehensive school health education shall offer multidisciplinary, multicultural perspectives and provide learning opportunities for multiple learning styles.**

Effective comprehensive school health education instruction and classroom materials must address the needs and characteristics of all children and youth. Consideration of the physical, mental, emotional and social status of children and youth enhances learning (State of Maine, 2002).

Implementation strategies include:

- ✧ Provide culturally and developmentally appropriate instruction and classroom materials.
- ✧ Consider unique community factors and consult with stakeholders who know the community to identify cultural factors that affect the health and well-being of students. These stakeholders can include teachers, administrators, health and mental health providers, community and public health professionals, medical professionals, faith-based organizations, students and parents who represent a broad cross-section of community cultures.
- ✧ Deliver health instruction that incorporates differentiated instructional strategies.

**6. Ongoing professional development. The district shall provide ongoing, timely professional development related to school health issues for teachers, program administrators, and school health and mental health providers.**

Ongoing research and continually evolving teaching practices require the provision of continuing education for those who teach comprehensive school health education.

Implementation strategies include:

- ✧ Assess and address teachers' needs for professional development related to the delivery of comprehensive school health education.
- ✧ Provide a variety of health-related professional development activities, including in-service and mentoring programs to individuals who provide comprehensive school health education instruction and to others in the school community to encourage interdisciplinary connections.
- ✧ Give particular attention to the professional development needs of elementary teachers who may not have received adequate pre-service preparation for teaching comprehensive school health education.
- ✧ Encourage those who provide comprehensive school health education to join relevant state and national professional associations such as the American School Health Association; the Connecticut Alliance for Health, Physical Education, Recreation and Dance; and the National Association for School Nurses; and the American Association for Health Education. The Association for Supervision and Curriculum Development is a national educational organization that supports the development of the whole child, including health and wellness.
- ✧ Ensure that comprehensive school health education teachers participate in relevant continuing education required to maintain their teaching certificates.
- ✧ Include in professional development offerings information (as required by CGS Sec. 10-220a) about (1) the nature and relationship of drugs and alcohol to health and personality development, and procedures for discouraging their abuse; and (2) health and mental health

risk-reduction education that includes the prevention of risk-taking behavior by children and the relationship of such behavior to substance abuse, pregnancy, sexually transmitted diseases, including HIV-infection and AIDS, violence, child abuse and youth suicide prevention.

- ✧ Use the curriculum review process as an opportunity to update teachers' skills and knowledge.
- ✧ Contact the Connecticut State Department of Education for assistance with professional development.

**7. Alignment of curriculum, instruction and assessment. Comprehensive school health education curriculum, instruction and assessment shall be aligned.**

The alignment of curriculum, instruction and assessment ensures that classroom implementation and student assessment are consistent and that student assessment strategies measure whether students have attained curriculum objectives. The Health Education Assessment Project (HEAP) is a national and state initiative designed to increase the capacity of school districts to deliver a research- and performance-based assessment approach to building the health literacy of students by applying accountability to comprehensive school health education. HEAP aligns curriculum, instruction and assessment to improve student learning using the *Connecticut Curriculum Assessment Framework* and HEAP student assessment items. HEAP's objectives are to:

- ✧ Provide strategies for scoring student work to assess comprehensive school health education curriculum.
- ✧ Develop capacity for school communities to provide effective, assessment-based comprehensive school health education for all students.
- ✧ Support consistency in the application of the state standards to assessment-based comprehensive school health education.
- ✧ Increase connections between comprehensive school health education and other components of coordinated school health.
- ✧ Improve coordination with assessment strategies of other core subjects within the school community.

The comprehensive school health education assessment promoted by HEAP encourages classroom instruction that stimulates higher-order thinking and practical application of knowledge and skills. Educators set goals for students to think critically, solve complex problems and communicate effectively. HEAP moves beyond standardized multiple-choice testing, using student work to assess the curriculum and instructional methods. This performance-based assessment shifts the emphasis from knowing health facts to developing health skills, thus providing a more complete picture of student achievement. Using multiple assessment strategies allows students to demonstrate mastery of essential functional health knowledge and skills in ways that are meaningful to both teacher and student.

Implementation strategies include:

- ✧ Support teachers' use of performance-based assessment and student portfolios.
- ✧ Encourage teams of teachers responsible for the delivery of comprehensive school health education instruction to share samples of assessments, performance tasks, student work, lessons and instructional practices related to the curriculum.

- ✧ Convene grade-level and multi-grade level meetings designed to share materials, activities, units, assessments and student work.
- ✧ Contact the Connecticut State Department of Education to learn more about the Health Education Assessment Project and how it might enhance comprehensive school health education in your district.

**8. Regular evaluation. The district shall conduct regular evaluation of the comprehensive school health education program.**

The curriculum development cycle begins, ends and then begins again with a careful evaluation of the effectiveness and impact of the program. Comprehensive school health education programs should be evaluated systematically to determine how much of the curriculum is being delivered and whether instruction is consistent with the planned curriculum. A well-developed comprehensive school health education program can have a positive and measurable impact on the behavior and performance of children and youth.

Implementation strategies include:

- ✧ Schedule an ongoing, systematic curriculum review process, preferably every three to five years, to update medical and scientific accuracy and program effectiveness.
- ✧ Determine whether new curriculum goals have emerged.
- ✧ Use surveys, focused discussions and meetings to gather data on perceptions of program strengths, weaknesses and needs; preferences for textbooks and other materials; and the effectiveness of topics or objectives.
- ✧ Analyze data linking student performance to daily instruction.
- ✧ Conduct ongoing grade-level formative and summative assessments.
- ✧ Analyze course enrollment, especially by level in middle and high schools.
- ✧ Review teacher-developed assessments, performance assessments and student portfolios.
- ✧ Ask the following questions:
  - Was comprehensive school health education consistently offered across the grade levels and districtwide? What are the gaps or overlaps?
  - Was professional development offered to teachers, administrators, and health and mental health professionals and other appropriate staff?
  - Are adequate time, materials and supplies provided for the delivery of instruction?
  - Are certified, effective, and highly qualified teachers delivering comprehensive school health education?
  - Are materials up-to-date and medically and scientifically accurate?
  - Do the data support the effectiveness of the program?
  - Does the program involve parents/guardians and community members?
- ✧ Analyze quantitative and qualitative data and apply findings to the next round of curriculum development and improvement.

## Legislation Pertaining to Comprehensive School Health Education

The Connecticut General Statutes (CGS) relating to comprehensive school health education are:

- ✧ Health and safety education (CGS 10-16b)
- ✧ Teaching about alcohol, nicotine or tobacco, drugs and acquired immune deficiency syndrome [CGS 10-19(a)]
- ✧ Acquired Immune Deficiency Syndrome [CGS 10-19(b)]
- ✧ In-service training—professional development, institutes for educators, cooperating and beginning teacher programs, regulations (CGS 10-220a)

**Connecticut General Statutes Section 10-16b. Prescribed courses of study.** (a) In the public schools the program of instruction offered shall include at least the following subject matter, as taught by legally qualified teachers, the arts; career education; consumer education; health and safety, including, but not limited to, human growth and development, nutrition, first aid, disease prevention, community and consumer health, physical, mental and emotional health, including youth suicide prevention, substance abuse prevention, safety, which may include the dangers of gang membership, and accident prevention; language arts, including reading, writing, grammar, speaking and spelling; mathematics; physical education; science; social studies, including, but not limited to, citizenship, economics, geography, government and history; and in addition, on at least the secondary level, one or more foreign languages and vocational education. For purposes of this subsection, language arts may include American sign language or signed English, provided such subject matter is taught by a qualified instructor under the supervision of a teacher who holds a certificate issued by the State Board of Education.

(c) Each local and regional board of education shall on September 1, 1982, and annually thereafter at such time and in such manner as the Commissioner of Education shall request, attest to the State Board of Education that such local or regional board of education offers at least the program of instruction required pursuant to this section, and that such program of instruction is planned, ongoing and systematic. <http://www.cga.ct.gov/2005/pub/Chap164.htm#Sec10-16b.htm>.

**Connecticut General Statutes Section 10-19. Teaching about alcohol, nicotine or tobacco, drugs and acquired immune deficiency syndrome. Training of personnel.** (a) The knowledge, skills and attitudes required to understand and avoid the effects of alcohol, of nicotine or tobacco and of drugs, as defined in subdivision (17) of section 21a-240, on health, character, citizenship and personality development shall be taught every academic year to pupils in all grades in the public schools; and, in teaching such subjects, textbooks and such other materials as are necessary shall be used. Annually, at such time and in such manner as the Commissioner of Education shall request, each local and regional board of education shall attest to the State Board of Education that all pupils enrolled in its schools have been taught such subjects pursuant to this subsection and in accordance with a planned, ongoing and systematic program of instruction. The content and scheduling of instruction shall be within the discretion of the local or regional board of education. Institutions of higher education approved by the State Board of Education to train teachers shall give instruction on the subjects prescribed in this section and concerning the best methods of teaching the same. The State Board of Education and the Board of Governors of Higher Education in consultation with the Commissioner of Mental Health and Addiction Services and the Commissioner of Public Health shall develop health education or other programs for elementary and secondary schools and for the training of teachers,



administrators and guidance personnel with reference to understanding and avoiding the effects of nicotine or tobacco, alcohol and drugs.

(b) Commencing July 1, 1989, each local and regional board of education shall offer during the regular school day planned, ongoing and systematic instruction on acquired immune deficiency syndrome, as taught by legally qualified teachers. The content and scheduling of the instruction shall be within the discretion of the local or regional board of education. Not later than July 1, 1989, each local and regional board of education shall adopt a policy, as the board deems appropriate, concerning the exemption of pupils from such instruction upon written request of the parent or guardian. The State Board of Education shall make materials available to assist local and regional boards of education in developing instruction pursuant to this subsection. <http://www.cga.ct.gov/2007/pub/Chap164.htm#Sec10-19.htm>

**Connecticut General Statutes Section 10-220a. In-service training. Professional development. Institutes for educators. Cooperating and beginning teacher programs, regulations.**

(a) Each local or regional board of education shall provide an in-service training program for its teachers, administrators and pupil personnel who hold the initial educator, provisional educator or professional educator certificate. Such program shall provide such teachers, administrators and pupil personnel with information on (1) the nature and the relationship of drugs, as defined in subdivision (17) of section 21a-240, and alcohol to health and personality development, and procedures for discouraging their abuse, (2) health and mental health risk reduction education which includes, but need not be limited to, the prevention of risk-taking behavior by children and the relationship of such behavior to substance abuse, pregnancy, sexually transmitted diseases, including HIV-infection and AIDS, as defined in section 19a-581, violence, child abuse and youth suicide, (3) the growth and development of exceptional children, including handicapped and gifted and talented children and children who may require special education, including, but not limited to, children with attention-deficit hyperactivity disorder or learning disabilities, and methods for identifying, planning for and working effectively with special needs children in a regular classroom, (4) school violence prevention and conflict resolution, (5) cardiopulmonary resuscitation and other emergency life saving procedures, (6) computer and other information technology as applied to student learning and classroom instruction, communications and data management.

(b) Not later than a date prescribed by the commissioner, each local and regional board of education shall develop, with the advice and assistance of the teachers and administrators employed by such boards, including representatives of the exclusive bargaining representative of such teachers and administrators chosen pursuant to section 10-153b, and such other resources as the board deems appropriate, a comprehensive professional development plan, to be implemented not later than the school year 1994-1995. Such plan shall be directly related to the educational goals prepared by the local or regional board of education pursuant to subsection (b) of section 10-220, and shall provide for the ongoing and systematic assessment and improvement of both teacher evaluation and professional development of the professional staff members of each such board, including personnel management and evaluation training or experience for administrators, shall be related to regular and special student needs and may include provisions concerning career incentives and parent involvement. The State Board of Education shall develop guidelines to assist local and regional boards of education in determining the objectives of the plans and in coordinating staff development activities with student needs and school programs. <http://www.cga.ct.gov/2007/pub/Chap170.htm#Sec10-220a.htm>

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## Resources

- A Guide to Curriculum Development: Purposes, Practices, Procedures*, Connecticut State Department of Education: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2618&q=321162>
- American Academy of Pediatrics: *Health, Mental Health and Safety Guidelines for Schools*:  
[http://www.nationalguidelines.org/chapter\\_full.cfm?chapter=health](http://www.nationalguidelines.org/chapter_full.cfm?chapter=health)
- American Alliance for Health, Physical Education, Recreation and Dance:  
<http://www.aahperd.org/index.cfm>
- American Association for Health Education: <http://www.aahperd.org/aahe>
- American Psychological Association. *Healthy Lesbian, Gay, Bisexual Students Project*:  
<http://www.apa.org/pi/lgbc/hlgbsp/>
- American School Health Association: <http://www.ashaweb.org>
- Association for Supervision and Curriculum Development: <http://www.wholechildeducation.org/>
- Centers for Disease Control and Prevention Division of Adolescent and School Health:  
<http://www.cdc.gov/HealthyYouth/index.htm>
- Centers for Disease Control and Prevention, *Compendium of Effective Programs*:  
[http://www.cdc.gov/hiv/resources/reports/hiv\\_compendium/index.htm](http://www.cdc.gov/hiv/resources/reports/hiv_compendium/index.htm)  
<https://cdc.gov/healthyouth/adolescenthealth/registries>
- Centers for Disease Control and Prevention: <http://www.cdc.gov/hiv/>
- Children's Picture Book Database at Miami University: <http://www.lib.muohio.edu/pictbks/>
- Connecticut Association for Health, Physical Education, Recreation and Dance: <http://www.ctahperd.org/>
- Connecticut School Health Survey, Connecticut Departments of Education and Public Health, 2005:  
<http://www.dph.state.ct.us/PB/HISR/cshs.htm>
- Connecticut State Department of Education *Comprehensive School Health Education*:  
<http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&q=320800>
- Connecticut State Department of Education *Coordinated School Health Partnerships*:  
<http://www.ct.gov/sde/healthyconneCTions>
- Connecticut State Department of Public Health:  
[http://www.dph.state.ct.us/Agency\\_Service/agencysservice.htm](http://www.dph.state.ct.us/Agency_Service/agencysservice.htm)  
<http://www.dph.state.ct.us/BCH/infectiousdise/sexually.htm>
- Health Education Assessment Project (HEAP) - Aligning Health and Reading with a HEAP of Books*:  
[http://www.ccsso.org/Projects/SCASS/Projects/Health\\_Education\\_Assessment\\_Project/1540.cfm](http://www.ccsso.org/Projects/SCASS/Projects/Health_Education_Assessment_Project/1540.cfm)
- Health Education Assessment Project (HEAP)*:  
[http://www.ccsso.org/Projects/SCASS/Projects/Health\\_Education\\_Assessment\\_Project/1540.cfm](http://www.ccsso.org/Projects/SCASS/Projects/Health_Education_Assessment_Project/1540.cfm)
- Healthy and Balanced Living Curriculum Framework*, Connecticut State Department of Education, 2006:  
<http://www.sde.ct.gov/sde/LIB/sde/PDF/deps/student/Healthy&BalancedLiving.pdf>
- National Campaign to Prevent Teen Pregnancy: <http://www.Teenpregnancy.org>
- National Health Education Standards: <http://www.cancer.org/NHES>.
- Rocky Mountain Center for Health Promotion and Education: <http://www.rmc.org>

Sample Comprehensive School Health Education lessons and materials:

- Health Teacher <http://www.healthteacher.com>

*Sex and HIV education programs for youth: Their impact and important characteristics.* Kirby, D., Laris, B.A., Roller, L., 2006: <http://www.etr.org/recapp/programs/effectiveprograms.htm>

*Sexuality Information and Education Council of the United States:* <http://www.siecus.org>

*Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs,* Healthy Teen Network, 2007: <http://www.etr.org/recapp/programs/effectiveprograms.htm>

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## SECTION 2 – SCHOOL HEALTH SERVICES

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### Definition

School health services include services provided to appraise, protect and promote student health. These services are designed to ensure access and/or referral to primary health care services, foster appropriate use of primary health care services, and prevent and control communicable disease and other health problems. These services also provide direct care for acute and chronic health conditions, emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family and community health. Qualified professionals such as physicians, nurses, dentists, health educators and other allied health personnel provide these services (CDC, 2005).

### Rationale

School health services support education and health initiatives and promote the health and well-being of students. Research during the past decade has consistently confirmed a direct connection between student health status and achievement. Data demonstrate that school health services positively affect student achievement by:

- ✧ Improving school performance and academic achievement
- ✧ Lowering juvenile crime
- ✧ Increasing school attendance
- ✧ Decreasing drop-out and suspension rates
- ✧ Increasing graduation rates

(McCord, Klein, Foy, & Fothergill, 1993; Reynolds, Temple, Robertson, & Mann, 2001; Walters, 1996).

Multiple data sources also indicate that many students have emerging and emergent health care needs, chronic disease management needs, and concerns about safety and health risks. Schools must have clear medical and nursing policies and procedures to meet the health care needs of all students and to respond to medical emergencies. School health services include (1) services and programs developed and implemented by school nurses and school medical advisers, (2) school-based health centers that enhance services by addressing the immediate primary health care needs without removing students from school, and (3) preventive oral health programs, which provide oral health screening and sealants to reduce the incidence of tooth decay. All of these programs and services are designed to address the multiple health needs of students and reduce barriers to learning.

School nurses address health needs by facilitating positive growth and development; promoting health and safety; developing health care plans to address chronic health needs; intervening for actual and potential health problems; providing case management services; and actively collaborating with families, physicians, administrators and staff to improve student health (NASN, 1999). Schools are required by law to maintain health records and provide health screenings, which school nurses coordinate. School health services are clearly an essential component of the coordinated school health approach.

This section presents policy recommendations, policy rationale, implementation strategies and resources for school health services.

## Policy Recommendations

School health services are composed of a variety of services, functions and programs. These services should be based on current evidence and standards. In addition, nursing and school health practices need to be consistently implemented and promoted throughout the entire school community. The essential functions of school health services include screening, diagnostic, treatment and health counseling services; health promotion, prevention education and preventive services; and referrals to and linkages with other community providers (Marx, Wooley, & Northrop, 1998). The following guidance includes steps to (1) ensure the provision of care by school health professionals, (2) support the delivery of health promotion and health education in collaboration with districtwide health and physical education curriculum, and (3) collaborate within the school and in the community to make certain that the health needs of students are met.

Policy recommendations for school health services address the following seven areas.

1. **Highly qualified professionals.** The district shall employ highly qualified health services professionals.
2. **Adherence to standards of practice.** School nurses shall adhere to the scope and standards of professional school nurse practice.
3. **Evidence-based practices.** School health policies and procedures shall be based on evidence-based practices and standards.
4. **Coordination.** School health services shall be coordinated with other health and wellness programs, services, and recommendations.
5. **Connection to curriculum.** School health services shall connect with existing school-based curriculum that address the health and well-being of students and staff.
6. **Professional development.** School nurses and other health professionals shall receive professional development.
7. **Community collaboration.** School health services providers shall promote collaboration within the school community and with outside community members, including families.



## Policy Rationale and Implementation Strategies

### 1. *Highly qualified professionals.* The district shall employ highly qualified health services professionals.

Connecticut schools should employ highly qualified health professionals to meet school community health needs. School nurses should have proper training and demonstrate skills and competencies as defined by the Connecticut General Statutes (see Page 54) and the National Association of School Nurses (NASN).

School nursing is defined as a specialized practice of professional nursing that advances the well-being, academic success and lifelong achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning (NASN, 1999). As a nursing specialty, school nursing requires advanced skills that include the ability to practice independently, supervise others, and delegate care in a community health setting (American Nurses Association, 2001).

According to Connecticut General Statute (CGS) 10-212, each local or regional board of education must employ one or more school nurses or nurse practitioners. State regulations further delineate specific education, experience and licensure requirements. More stringent than Connecticut statutes, NASN recommends the baccalaureate degree from an accredited college or university and licensure by the state as a registered nurse as the minimum requirement for preparing for independent practice, leadership/management and community health nursing. Given the complexity of the role of the school nurse and the growing health needs of students, school nurses today need the skills outlined in a baccalaureate program. Additionally, NASN supports state certification, where required, and promotes national certification of school nurses through the National Board for Certification of School Nurses.



In addition to a baccalaureate education, in order to perform at the highest level, school nurses need to practice in a safe environment which includes safe student to nurse ratios. These ratios should be based on the national requirements which are dependent on the complexity and severity of the students' health needs.

Implementation strategies include:

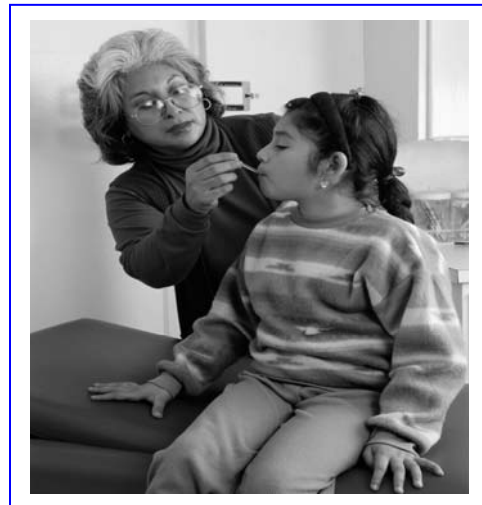
- ✧ Hire baccalaureate-prepared nurses.
- ✧ Provide educational opportunities for school nurses through the Connecticut State Department of Education, the Association of School Nurses of Connecticut, local hospitals, health departments and universities.

- ✧ Meet the national recommendations for school nurse to student ratios. These ratios are one school nurse to every 750 regular education, healthy students with decreasing ratios depending on the chronic and special health care needs of students (NASN, 2006).

**2. Adherence to standards of practice. School nurses shall adhere to the scope and standards of professional school nurse practice.**

The American Nurses Association (ANA) and NASN have defined school nursing as a specialty area of nursing practice and established the Scope and Standards of Professional School Nursing (ANA & NASN, 2005). The school nurse practices in an ever-changing environment, in terms of both student needs and settings. According to ANA and NASN, the variety of settings in which school nursing occurs include local educational agencies, alternative settings (such as juvenile justice centers, alternative treatment centers, preschools and residential programs), and the community (such as vocational settings, field trips, sporting events and other school-sponsored events). The key roles of the school nurse are clinician, advocate, service coordinator, health educator, liaison and interdisciplinary team member.

The school nurse must demonstrate expertise in pediatric and adolescent health assessments, community health, and adult and child mental health nursing. Strong skills in health promotion, assessment and referral, communication, leadership, organization, and time management are essential. Knowledge of health and education laws that affect students is critical, as are teaching strategies for the delivery of health education to clients and staff, both individually and collectively. School nurses practice autonomously and are often physically isolated from other nursing and healthcare colleagues; therefore they need to be comfortable and skilled with independent management of the health office and client caseload. Adhering to the professional school nurse standards will ensure that the school health services are high quality, evidence-based and safe



Implementation strategies include:

- ✧ Promote the development of continuing education programs based on the standards and competencies of professional practice through institutions of higher education, the professional school nurse organization, the state department of education, and other venues offering professional development for school nurses.
- ✧ Encourage school nurses to participate in pre-service education and continuing education related to the standards and competencies of professional practice.
- ✧ Provide adequate clinical supervision by a nursing supervisor to support adherence to the professional school nurse standards.
- ✧ Encourage the development of informal networks among school nurses within districts, regionally, and statewide through the professional organization in order to promote competencies among school nurses.

The following standards of professional school nursing, as set forth by ANA and NASN, provide the framework for practice and competency.

### ***Standards of School Nursing Practice***

**Standard 1. Assessment:** The school nurse collects comprehensive data pertinent to the client's health or situation.

**Standard 2. Diagnosis:** The school nurse analyzes the assessment data to determine the diagnosis or issues.

**Standard 3. Outcome Identification:** The school nurse identifies expected outcomes for a plan individualized to the client or the situation.

**Standard 4. Planning:** The school nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

**Standard 5. Implementation:** The school nurse implements the identified plan.

**Standard 5A: Coordination of Care:** The school nurse coordinates care delivery.

**Standard 5B: Health Teaching and Health Promotion:** The school nurse provides health education and employs strategies to promote health and a safe environment.

**Standard 5C: Consultation:** The school nurse provides consultation to influence the identified plan, enhance the abilities of others, and effect change.

**Standard 6. Evaluation:** The school nurse evaluates the process towards attainment of outcomes.

**Standard 7. Quality of Practice:** The school nurse systemically enhances the quality and effectiveness of nursing practice.

**Standard 8. Education:** The school nurse attains knowledge and competency that reflects current school nursing practice.

**Standard 9. Professional Practice Evaluation:** The school nurse evaluates one's own nursing practice in relation to professional standards and guidelines, relevant statutes, rules and regulations.

**Standard 10. Collegiality:** The school nurse interacts with, and contributes to the professional development of, peers and school personnel as colleagues.

**Standard 11. Collaboration:** The school nurse collaborates with the client, the family, school staff and others in the conduct of school nursing practice.

**Standard 12. Ethics:** The school nurse integrates ethical provisions in all areas of practice.

**Standard 13. Research:** The school nurse integrates research findings into practice.

**Standard 14. Resource Utilization:** The school nurse considers factors related to safety, effectiveness, cost and impact on practice in the planning and delivery of school nursing services.

**Standard 15. Leadership:** The school nurse provides leadership in the professional practice setting and the profession.

**Standard 16. Program Management:** The school nurse manages school health services.

Source: ANA & NASN, 2005

**3. Evidence-based practices. School health policies and procedures shall be based on evidence-based practices and standards.**

Each school district should have established written policies and procedures based on federal and state laws, evidence-based practice, and best practices. Such policies and procedures ensure that school nurses are basing their care and programs on regulatory and practice standards and guidelines. School nurses along with other school health staff, such as the school medical adviser, should engage with school administrators regarding the need for policies and procedures that also consider student needs and current research. This collaboration should result in well-established policies and procedures that promote the health and well-being of students and staff. These policies and procedures provide school personnel with sound direction regarding health services and programs. Publication of these policies encourages parental notification, communication and compliance with such policies (Schwab & Gelfman, 2001).

Implementation strategies include:

- ❖ Develop and implement school health policies that support a healthy school environment.
- ❖ Involve the school medical adviser and school nurse supervisor in the development of school health policies.
- ❖ Support a policy development process that is ongoing and includes routine reviews and revisions.
- ❖ Link school health policies with school and district efforts aimed at increasing student achievement.
- ❖ Ensure that school health policies and procedures are readily available to staff for guidance and reference.
- ❖ Disseminate significant school health policies and procedures to parents and staff using newsletters or parent handbooks



**4. Coordination. School health services shall be coordinated with other health and wellness programs, services, and recommendations.**

School health services, as an integral part of a coordinated school health approach, should coordinate health policies, programs and services with other districtwide efforts to promote the health and well-being of students. This coordination should be carried out through an existing coordinated school health team or the establishment of a coordinated school health team as outlined in Chapter 2 of this guide, *Fostering Collaboration and Establishing Local Practices*.

Implementation strategies include:

- ✧ Encourage the establishment or expansion of a coordinated school health team that advances the vision and direction for school health services and other school health activities.
- ✧ Involve the school medical adviser in the development and implementation of the coordinated school health team.
- ✧ Encourage school nurses to become leaders in promoting the link between health and achievement and coordinated school health approaches.
- ✧ Take advantage of the many opportunities to enhance school health services and other health initiatives by linking with the school wellness policies, comprehensive school health education and physical education, healthy snacks and other nutrition initiatives, school-based health centers, and mental health initiatives.
- ✧ Encourage ongoing collaboration between school health services and school-based health centers.

**5. Connection to curriculum. School health services shall connect with existing school-based curriculum that address the health and well-being of students and staff.**

School nurses are often involved in health teaching and health promotion in the course of their daily activities. Health education occurs during individual student visits, during family consultations, and in conjunction with comprehensive school health education and physical education classes.

Implementation strategies include:

- ✧ Ensure that school nurses are familiar with the Connecticut's *Healthy and Balanced Living Curriculum Framework* (<http://www.sde.ct.gov/sde/LIB/sde/PDF/deps/student/Healthy&BalancedLiving.pdf>; also, see Section 1, Comprehensive School Health Education) and their own school district comprehensive school health education and physical education curriculum to ensure consistency across services, interventions, and programs.
- ✧ Include school nurses in the design, implementation, and evaluation of district comprehensive school health education and physical education curriculum.
- ✧ Involve school nurses and other health services professionals as health experts and resources to the comprehensive school health education and physical education professionals in their school. This may range from general health information and resources for classroom lessons to specific health information and adaptations based on individual student needs (e.g., adaptive physical education accommodations).

- ✧ Encourage school nurses to collaborate with other school and district communications, such as posters, displays, newsletters to families and staff, health fairs, and school radio stations.

**6. Professional development. School nurses and other health professionals shall receive professional development.**

School nurses, like other school health team members, need professional development opportunities that build skills necessary to provide innovative and evidence-based health services. Professional development should assist school nurses in evaluating their own practices and implementing new strategies. Professional development programs are most effective if they:

- ✧ Are designed to meet the specific needs of the school nurse and are based on the nurse's level of knowledge and expertise related to coordinated school health and school nursing practice
- ✧ Involve multiple sessions that span across time to allow the school nurse to practice and implement new strategies
- ✧ Provide opportunities for post-training sessions, networking with peers, and mentoring

Other school personnel should participate in professional development on the health needs of students. These opportunities may include topics such as food allergies, nutrition education, first aid, and other health-related topics.

Implementation strategies include:

- ✧ Assess and address school nurses' needs for professional development related to the professional school nurse standards and current health trends.
- ✧ Provide professional development opportunities within the district which may include evidence-based practices, current and emerging health trends, and strategies to link school health services to academic achievement.
- ✧ Encourage local health districts, hospitals, universities, state agencies, and non-profit organizations to develop professional development opportunities for school nurses.
- ✧ Collaborate with university schools of nursing to incorporate school health nursing into pre-service education programs.
- ✧ Encourage school nurses to join relevant state and national professional organizations.
- ✧ Support the development of professional development opportunities within the district for non-health school personnel on health issues and the coordinated approach to school health.
- ✧ Contact the Connecticut State Department of Education for assistance with professional development.



**7. *Community collaboration.* School health services providers shall promote collaboration within the school community and with outside community members including families.**

Addressing the health needs of students requires the efforts of the entire community, including families. School nurses can play an important role in promoting collaboration among the school, community health care providers, school-based health centers, social services, and other community-based programs. As a liaison between the family and the outside community, the school nurse often possesses the skills and knowledge necessary to build this collaboration.

Implementation strategies include:

- ✧ Support innovative efforts to incorporate health and wellness activities throughout the entire school day and across all curriculum areas.
- ✧ Collaborate with existing community programs to promote achievement for all students.
- ✧ Enlist the support of the school medical adviser to serve as a link to outside community efforts and services.
- ✧ Encourage school nurses to engage in health promotion and health teaching activities beyond individual student needs.



## Legislation Pertaining to School Health Services

Connecticut State Statutes, Chapter 169, School Health and Sanitation encompasses several statutes related to the provision of school health services within public schools in Connecticut. These statutes provide the framework for many school health policies regarding health monitoring, screening and the administration of medications. The full text of each statute can be found at <http://www.cga.ct.gov/2005/pub/Chap169.htm>.

Section 10-203. Compliance with public health statutes and regulations.

Section 10-203a. Guidelines re physical health needs of students. Optional adoption of plans by local and regional boards of education

Section 10-204. Vaccination.

Section 10-204a. Required immunizations.

Section 10-204b. Rubella immunization.

Section 10-204c. Immunity from liability.

Section 10-205. Appointment of school medical advisers.

Section 10-206. Health assessments.

Section 10-206a. Free health assessments.

Section 10-206b. Tests for lead levels in Head Start programs.

Section 10-207. Duties of medical advisers.

Section 10-208. Exemption from examination or treatment.

Section 10-208a. Physical activity of student restricted; boards to honor notice.

Section 10-209. Records not to be public. Provision of reports to schools.

Section 10-210. Notice of disease to be given parent or guardian.

Section 10-211. Notice to state board.

Section 10-212. School nurses and nurse practitioners. Administration of medications by parents or guardians on school grounds. Criminal history records checks.

Section 10-212a. Administration of medications in schools and at athletic events. Regulations.

Section 10-212b. Policies prohibiting the recommendation of psychotropic drugs by school personnel.

Section 10-212c. Life-threatening food allergies: Guidelines; District plans.

Section 10-213. Dental hygienists.

Section 10-214. Vision, audiometric and postural screenings: When required; notification of parents re defects; record of results.

Section 10-214a. Eye-protective devices.

Section 10-214b. Compliance report by local or regional board of education.

Section 10-215. Lunches, breakfasts and other feeding programs for public school children and employees.

Section 10-215a. Nonpublic school and nonprofit agency participation in feeding programs.

Section 10-215b. Duties of State Board of Education re: feeding programs.

Section 10-215c. Annual report.

Section 10-215d. Regulations re: nutrition standards for school breakfasts and lunches.

Section 10-216. Payment of expenses.

Section 10-217. Penalty.

Section 10-217a. Health services for children in private nonprofit schools. Payments from the state, towns in which children reside and private nonprofit schools.

Section 10-217b. Appropriation.

Section 10-217c. Definitions.

Section 10-217d. Warning labels.

Section 10-217e. Purchase of art or craft materials by local or regional school districts.

Section 10-217f. Availability of lists of carcinogenic substances, potential human carcinogens and certain toxic substances.

Section 10-217g. Exemptions.

## Legislation Pertaining to Development of Guidelines

**Connecticut General Statutes Section 10-203a. Guidelines re physical health needs of students. Optional adoption of plans by local and regional boards of education.** (a) Not later than January 1, 2007, the Department of Education shall (1) develop guidelines for addressing the physical health needs of students in a comprehensive manner that coordinates services, including services provided by municipal parks and recreation departments, and (2) make available to each local and regional board of education a copy of the guidelines. The department shall develop the guidelines after consultation with (A) the chairpersons and ranking members of (i) the joint standing committee of the General Assembly having cognizance of matters relating to education, and (ii) the select committee of the General Assembly having cognizance of matters relating to children, (B) at least one state-wide nonprofit organization with expertise in child wellness or physical exercise, and (C) the Connecticut Recreation and Parks Association. The guidelines shall not be deemed to be regulations, as defined in section 4-166. Local and regional boards of education may establish and implement plans based on the guidelines in accordance with subsection (c) of this section.

(b) The guidelines shall include, but need not be limited to: (1) Plans for engaging students in daily physical exercise during regular school hours and strategies for engaging students in daily physical exercise before and after regular school hours in coordination with municipal parks and recreation departments, (2) strategies for coordinating school-based health education, programs and services, (3) procedures for assessing the need for community-based services such as services provided by school-based health clinics, municipal parks and recreation departments, family resource centers and after-school programs, and (4) procedures for maximizing monetary and other resources from local, state and federal sources to address the physical health needs of students.

(c) Not later than April 1, 2007, each local and regional board of education may (1) establish a comprehensive and coordinated plan to address the physical health needs of students, and (2) base its plan on the guidelines developed pursuant to subsection (a) of this section. The board may implement such plan for the 2007-2008 school year and may have a plan in place for each school year thereafter. <http://www.cga.ct.gov/2007/pub/Chap169.htm#Sec10-203a.htm>

In addition to Chapter 169 School Health and Sanitation, the following legislation is also related to school health.

**Connecticut General Statutes Section 10-220h. Transfer of student records.** When a student enrolls in a school in a new school district, the new school district shall provide written notification of such enrollment to the school district in which the student previously attended school. The school district in which the student previously attended school (1) shall transfer the student's education records to the new school district no later than ten days after receipt of such notification, and (2) if the student's parent or guardian did not give written authorization for the transfer of such records, shall send notification of the transfer to the parent or guardian at the same time that it transfers the records. In the case of a student who transfers from Unified School District #1, the unified school district shall transfer the records of the student to the new school district which shall, not later than thirty days after receiving the student's education records, credit the student for all instruction received in Unified School District #1. <http://www.cga.ct.gov/2007/pub/Chap170.htm#Sec10-220h.htm>

**Connecticut General Statutes Section 10-220i. Transportation of students carrying cartridge injectors.** No local or regional board of education shall deny a student access to school transportation solely due to such student's need to carry a cartridge injector while traveling on a vehicle used for school transportation. For purposes of this section, "cartridge injector" means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions. <http://www.cga.ct.gov/2007/pub/Chap170.htm#Sec10-220i.htm>

**Connecticut General Statutes Section 10-220j. Blood glucose self-testing by children.**

**Guidelines.** (a) No local or regional board of education may prohibit blood glucose self-testing by children with diabetes who have a written order from a physician or an advanced practice registered nurse stating the need and the capability of such child to conduct self-testing.

(b) The Commissioner of Education, in consultation with the Commissioner of Public Health, shall develop guidelines for policies and practices with respect to blood glucose self-testing by children pursuant to subsection (a) of this section. Such guidelines shall not be construed as regulations within the scope of chapter 54. <http://www.cga.ct.gov/2007/pub/Chap170.htm#Sec10-220j.htm>

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## Resources

Action Guide for School Nutrition and Physical Activity Policies: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320754#Action>

American Academy of Pediatrics: <http://www.aap.org>

American School Health Association: <http://www.ashaweb.org/>

Association of School Nurses of Connecticut: <http://www.ctschoolnurses.org>

Association of Supervision and Curriculum Development, Healthy School Communities: <http://www.ascd.org/portal/site/ascd/menuitem.187f5eeabf5d4a29a62c2d69e3108a0c/>

Assuring Safe, High Quality Care in Pre-K through 12 Educational Settings, American Nurses Association, <http://www.nursingworld.org/readroom/position/practice/AssuringSafeHealthCarePreK.pdf>

Bright Futures: <http://www.brightfutures.org/>

Centers for Disease Control and Prevention, Division of Adolescent and School Health: <http://www.cdc.gov/HealthyYouth/index.htm>

Centers for Disease Control and Prevention: <http://www.cdc.gov>

Connecticut Board of Examiners for Nurses: [http://www.dph.state.ct.us/Public\\_Health\\_Hearing\\_Office/hearing\\_office/Nursing\\_Board/BOEN.HTM](http://www.dph.state.ct.us/Public_Health_Hearing_Office/hearing_office/Nursing_Board/BOEN.HTM)

Connecticut Healthy and Balanced Living Curriculum Framework: <http://www.sde.ct.gov/sde/LIB/sde/PDF/deps/student/Healthy&BalancedLiving.pdf>

Connecticut State Department of Education Coordinated School Health Partnerships: <http://www.ct.gov/sde/healthyconneCTions>

Connecticut State Department of Education School Health Services Guidelines: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&q=320768#Publications>

Health, Mental Health and Safety Guidelines for Schools: [http://www.nationalguidelines.org/chapter\\_full.cfm?chapter=overarching](http://www.nationalguidelines.org/chapter_full.cfm?chapter=overarching)

National Association of School Nurses: <http://www.nasn.org>

National Association of State Boards of Education, Center for Safe and Healthy Schools: [http://www.nasbe.org/healthy\\_schools/intro.htm](http://www.nasbe.org/healthy_schools/intro.htm)

National Association of State School Nurse Consultants: <http://www.nassnc.org/>

The Center for Health and Health Care in Schools: <http://www.healthinschools.org/home.asp>



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## SECTION 3 – PHYSICAL EDUCATION

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### Definition

**P**hysical education is a planned, sequential PK-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas such as basic movement skills; physical fitness; rhythms and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Quality physical education should promote, through a variety of planned physical activities, each student's optimum physical, mental, emotional and social development, using a well-defined curriculum, and offering the best opportunity to teach all children the skills and knowledge needed to establish and sustain an active lifestyle. Certified, highly-qualified teachers teach physical education and assess student knowledge, motor and social skills, and provide instruction in a safe, supportive environment. A quality physical education program must provide learning opportunities, appropriate instruction, and meaningful, challenging content for all children. Appropriate instructional practices in physical education recognize children's development and movement abilities (CDC, 2007).

Physical activity is bodily movement of any type and may include recreational, fitness, and sport activities such as jumping rope, playing soccer and lifting weights, as well as daily activities such as walking to the store, taking the stairs or raking leaves. Health benefits similar to those received during a physical education class are possible during periods of physical activity when the participant is active at an intensity that increases heart rate and produces heavier than normal breathing (NASPE, 2002).

Both physical education and physical activity are necessary contributors to the development of healthy, active children. Although the terms are often used interchangeably, they differ in the important ways as described above. Physical education should not be compared to or confused with other physical activity experiences such as recess, intramurals or recreational endeavors.



### Rationale

Promoting young people's participation in physical activity is a critical national priority. *Healthy People 2010*, the national health objectives for the decade, identifies physical activity as one of our nation's leading health indicators (U.S. Department of Health and Human Services, 2000). Physical education plays a critical role in helping children learn necessary skills and develop confidence in their ability to be physically active. Appropriate practices guided by competent, knowledgeable and supportive adults influence the extent to which students choose to engage in activities, enjoy physical activity, and develop healthy lifestyles. Schools can help children and adolescents become more physically active and fit by providing age-appropriate, structured instruction and a wide range of accessible, safe and affordable opportunities to be active.

Physical activity can have a positive impact on academic achievement by creating an optimal learning condition for the brain. Studies suggest a connection between physical activity and increased levels of alertness, mental functioning and learning. Research also indicates that physical activity increases blood flow to the brain, allowing more oxygen and glucose to flow through the brain and releasing endorphins, which have a positive impact on mood. A recent California study found that students who did not routinely engage in physical activity and healthy eating habits had smaller gains in test scores than students who regularly engaged in a combination of physical activity and healthy eating (Hanson, 2003). Other research indicates that: schools that offer intense physical activity programs see positive effects on academic achievement (Symons et al., 1997); more opportunity for physical activity leads to increased test scores (Sallis et al., 1999); students participating in daily physical education exhibit better attendance, a more positive attitude toward school, and superior academic performance (NASPE/COPEC, 2001); moderate physical activity has a positive effect on immune function (President's Council on Physical Fitness, 2001); higher achievement is associated with higher levels of fitness (California Department of Education, 2005); and a positive relationship exists between higher fitness levels and academic achievement in mathematics (California Department of Education, 2001).

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*“NASPE believes that every student from kindergarten through Grade 12 should have the opportunity to participate in quality comprehensive physical education. It is the unique role of quality physical education programs to develop the health-related fitness, physical competence, and cognitive understanding about physical activity for all students so that they can adopt healthy and physically active lifestyles. Quality physical education programs are important because they provide learning experiences that meet the developmental needs of youngsters, which help improve a child’s mental alertness, academic performance, readiness to learn and enthusiasm for learning.”*

Source: National Association for Sport and Physical Education, 2004. *What Constitutes a Quality Physical Education Program? NASPE Sets the Standard: A Position Paper*:  
<http://www.aahperd.org/naspe/template.cfm?template=qualityPePrograms.html>



### *The Physically Educated Person*

Physical activity is crucial to the development and maintenance of good health. The goal of physical education is to develop physically educated individuals who have the knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity.

NASPE defines a *physically educated* child or adolescent as one who:

- ✧ has learned the skills necessary to perform a variety of physical activities;
- ✧ knows the implications of and benefits from involvement in physical activities;
- ✧ participates regularly in physical activity;
- ✧ is physically fit; and
- ✧ values physical activity and its contribution to a healthful lifestyle

Physical education programs should help children and adolescents obtain the knowledge and skills they need to become physically educated. Six state and national standards and accompanying benchmarks exist for determining whether a child or adolescent has the knowledge and skills needed to be considered physically educated.

The standards are:

1. Demonstrates competency in motor skills and movement patterns needed to perform a variety of physical activities;
2. Demonstrates understanding of movement concepts, principles, strategies, and tactics as they apply to the learning and performance of physical activities;
3. Participates regularly in physical activity;
4. Achieves and maintains a health-enhancing level of physical fitness;
5. Demonstrates responsible personal and social behavior that respects self and others in physical activity settings; and
6. Values physical activity for health, enjoyment, challenge, self-expression, and/or social interaction.

The benchmarks for each of these standards provide goals or targets for assessing the child's or adolescent's learning or achievement, designing instructional units and lessons, and selecting learning experiences and movement activities.

Sources: *Connecticut's Healthy and Balanced Living Curriculum Framework*, 2006; *Moving into the Future: National Physical Education Standards, 2<sup>nd</sup> Edition*. National Association for Sport and Physical Education, 2004.

This section presents policy recommendations, policy rationale, implementation strategies and resources for physical education.

## Policy Recommendations

**W**hen children and adolescents do not have access to a wide range of safe and affordable opportunities to be active, they are unlikely to become physically active and fit. Their motivation to be active also depends on the degree to which they find their physical activity experiences to be enjoyable. Enjoyment of physical activity, in turn, will be influenced by the extent to which young people are taught the necessary skills; develop confidence in their physical abilities; are guided by competent, knowledgeable and supportive adults; can choose to engage in activities that are appealing to them; and are supported by cultural norms that make participation in physical activity desirable (Connecticut State Department of Education, 2006).

Policy recommendations for physical education address the following nine areas.

1. **Quality standards-based sequential physical education.** Physical education shall be sequential and standards-based, using national or state-developed standards.
2. **Daily physical education.** All students in Grades PK-12, including students with disabilities, with special health-care needs, and in alternative educational settings, shall receive daily physical education for the entire school year.
3. **Certified teachers.** A certified, highly-qualified physical education teacher shall teach all physical education.
4. **Daily recess.** All elementary school students shall have at least 20 minutes a day of supervised recess, preferably outdoors, during which schools should encourage moderate to vigorous physical activity.
5. **Physical activity opportunities before and after school.** All elementary, middle, and high schools shall offer extracurricular physical activity programs, such as physical activity clubs or intramural programs.
6. **Physical activity and punishment.** Teachers and other school and community personnel shall not use physical activity or exercise (e.g., running laps and doing pushups) or withhold opportunities for physical activity (e.g., recess and physical education) as punishment.
7. **Safe routes to school.** The district shall work with local public works, parks and recreation, public safety, and police departments to make it safer and easier for students to walk and bike to school.
8. **Use of school facilities outside of school hours.** School spaces and facilities shall be available to students, staff, and community members before, during and after the school day, on weekends and during school vacations.
9. **Incorporating physical activity into the classroom.** Students shall be provided with opportunities for physical activity in addition to physical education.

## Policy Rationale and Implementation Strategies

1. **Standards-based sequential physical education.** Physical education shall be sequential and standards-based, using national or state-developed standards.

Standards specify what students should know and be able to do. The National Association for Sport and Physical Education (NASPE) recommends that quality, daily physical education that is developmentally and instructionally appropriate be available to all children. Quality physical education incorporates practices, derived from current research and documented teaching experiences, into a method of instruction that maximizes opportunities for learning and success. According to NASPE guidelines, a high quality physical education program is developed and led by qualified teachers and includes (1) opportunity to learn, (2) meaningful content, and (3) appropriate instruction. See “Components of a Quality Physical Education Program” on Page 64 and “An Overview of Connecticut’s Healthy and Balanced Living Curriculum Framework” on Page 33 of Section 1 Comprehensive School Health Education.

Implementation strategies include:

- ✧ Refer to NASPE’s publication *Appropriate Practices for Elementary School Physical Education* (2000) to identify appropriate instructional practices for physical education that recognizes children’s development and movement abilities.
- ✧ Use nationally developed standards as set forth in NASPE’s *Moving into the Future: National Physical Education Standards: A Guide to Content and Assessment* and *Moving into the Future: National Physical Education Standards, 2<sup>nd</sup> Edition* and Connecticut’s *Physical Education - A Guide to K-12 Program Development* and *Healthy and Balanced Living Curriculum Framework* (see Resources at the end of this section).
- ✧ Ensure that instruction is sequential, building from year to year.
- ✧ Provide content that includes movement, personal fitness, and personal and social responsibility.
- ✧ Determine whether students are able to demonstrate competency through application of knowledge, skill and practice.
- ✧ Provide individualized instruction to meet the needs of children and adolescents whose abilities and backgrounds vary.
- ✧ Offer a variety of learning experiences in games, fitness, and sports.
- ✧ Devote a high proportion of time to learning and skill practice.
- ✧ Support varied learning styles.
- ✧ Provide authentic and meaningful formative and overall assessment.
- ✧ Include all children and adolescents in meaningful and challenging learning experiences.
- ✧ Incorporate scientific principles and movement concepts into classroom instruction.
- ✧ Offer children and adolescents systematic, specific feedback based on their acquisition of skills.
- ✧ Do not use physical activity as punishment.
- ✧ Engage in grouping practices that do not embarrass or discriminate against particular children or adolescents.

- ✧ Give appropriate assignments and tasks that are challenging yet obtainable.
- ✧ Conduct developmentally appropriate student assessments that are relevant and meaningful to the learning opportunities provided.

Teachers also need to be caring, positive role models who are dedicated to helping children and adolescents lead active, healthy lives. The following suggestions can help teachers and other adults serve as role models and encourage physical activity for students:

- ✧ Join in children's games on the playground or gymnasium
- ✧ Talk about the physical activities you like to do outside of school
- ✧ Ask the librarian to prepare a book display about various physical activities
- ✧ Send home physical activity homework that parents and children can do together
- ✧ Use physical activity as a reward rather than a form of punishment

### ***Components of a Quality Physical Education Program***

#### **Opportunity to Learn**

- ✧ Instructional periods totaling 150 minutes per week (elementary) and 225 minutes per week (middle and secondary school) during the school day for the entire school year
- ✧ Qualified physical education specialist providing a developmentally appropriate program
- ✧ Teacher-to-pupil ratio no greater than 1:25 for optimal instruction
- ✧ Adequate and safe equipment and facilities
- ✧ A comprehensive curriculum that reflects national/state physical education standards
- ✧ Appropriate facilities, equipment and materials

#### **Meaningful Content**

- ✧ Instruction in a variety of motor skills that are designed to enhance the physical, mental, and social/emotional development of every child
- ✧ Fitness education and assessment (e.g., Second Generation Physical Fitness Assessment, Connecticut State Department of Education) to help children understand, improve, and/or maintain their physical well-being
- ✧ Development of cognitive concepts about motor skill and fitness
- ✧ Opportunities to improve their emerging social and cooperative skills and gain a multicultural perspective
- ✧ Promotion of ongoing appropriate physical activity throughout life

#### **Appropriate Instruction**

- ✧ Full inclusion of all students
- ✧ Maximum practice opportunities for class activities
- ✧ Well-designed lessons that facilitate student learning
- ✧ Out-of-school assignments that support learning and practice
- ✧ No use of physical activity for punishment
- ✧ Regular assessment to monitor and reinforce student learning

Source: *National Association for Sport and Physical Education, Council on Physical Education for Children*, 2004. <http://www.aahperd.org/naspe/template.cfm?template=qualityPePrograms.html>



2. **Daily physical education.** All students in Grades PK-12, including students with disabilities, with special health-care needs, and in alternative educational settings, shall receive daily physical education for the entire school year.

Implementation strategies include:

- ✧ Provide elementary students with 150 minutes of physical education per week and middle and high school students with 225 minutes per week.
- ✧ Do not substitute student involvement in other activities involving physical activity (e.g., interscholastic or intramural sports) for meeting the physical education requirement.
- ✧ Ensure that students spend at least 50 percent of physical education class time participating in moderate to vigorous physical activity.

### ***Physical Activity Guidelines for Children and Adolescents***

NASPE's physical activity guidelines for elementary school-aged children recommend the following:

- ✧ Elementary school-aged children should accumulate at least 60 minutes of age-appropriate and developmentally appropriate physical activity from a variety of activities on all, or most, days of the week.
- ✧ An accumulation of more than 60 minutes, and up to several hours per day, of age-appropriate and developmentally appropriate activity is encouraged.
- ✧ Some of the child's activity each day should be in periods lasting 15 minutes or more and include moderate to vigorous activity. This activity will typically be intermittent in nature, involving alternating moderate to vigorous activity with brief periods of rest and recovery.
- ✧ Children should not have extended periods of inactivity (two hours or more).

The International Consensus Conference on Physical Activity Guidelines for Adolescents recommends the following:

- ✧ All adolescents should be physically active daily, or nearly every day, as part of play, games, sports, work, transportation, recreation, physical education, or planned exercise in the context of family, school, and community activities.
- ✧ Adolescents should engage in three or more sessions per week of activities that last 20 minutes or more at a time and that require moderate to vigorous levels of exertion.

3. **Certified teachers.** A certified, highly-qualified physical education teacher shall teach all physical education.

It is critical to have highly qualified physical education teachers delivering a standards-based curriculum that will assist children in adopting and maintaining healthy lifestyles. Highly qualified physical education teachers possess the skills and knowledge to facilitate improved teaching practices, strengthen the quality of physical education instruction, and empower students to achieve and maintain healthy, active lifestyles. At a minimum, physical education teachers will be qualified to teach by virtue of having completed an accredited physical education teacher education program.

Highly qualified physical education teachers possess the skills, knowledge, and values outlined in the NASPE *National Standards for Beginning Physical Education Teachers* (NASPE, 2003) and *Connecticut's Common Core of Teaching: Discipline-Based Professional Teaching Standards for Teachers of Physical Education and Foundational Skills and Competencies*.

Highly qualified beginning physical education teachers will have completed a program of preparation that included substantial pedagogical and content knowledge bases, afforded many opportunities for pre-service participation in an array of field experiences where they interacted with veteran teachers and diverse students at all grade levels while seeing the application of classroom principles, and developed specific professional behaviors that facilitate student learning.

Highly qualified physical education teachers base their teaching on the *Connecticut Healthy and Balanced Living Curriculum Framework* (2006) and the *National Standards for K-12 Physical Education* (NASPE, 2004) in order to provide students a foundation of skills and knowledge that can apply to many activities so that students are willing, able, and interested in seeking a lifetime of physical activity. Highly qualified physical education teachers understand the importance of meeting the needs of all types of learners and will use the outcomes provided in the national standards to elicit ideas for a variety of instructional strategies to do so. By relating the national standards to developmentally appropriate physical activities, highly qualified teachers give a purpose to their curriculum and illustrate that physical education has meaningful, educational, and significant content.

Implementation strategies include:

- ✧ Review Connecticut physical education certification regulations (<http://www.sde.ct.gov/sde/lib/sde/PDF/Cert/regulations/regulations1.pdf>).
- ✧ Review *Connecticut's Common Core of Teaching: Discipline-Based Professional Teaching Standards for Teachers of Physical Education and Foundational Skills and Competencies* (<http://www.sde.ct.gov/sde/cwp/view.asp?a=2618&q=320862>).
- ✧ Review the NASPE *National Standards for Beginning Physical Education Teachers* ([http://www.aahperd.org/naspe/template.cfm?template=ns\\_beginning.html](http://www.aahperd.org/naspe/template.cfm?template=ns_beginning.html)).
- ✧ Establish a practice of hiring only certified teachers who are highly qualified to teach physical education.
- ✧ Establish a practice of supporting and providing discipline-specific professional development for district physical educators.

- ✧ Establish a practice of basing the evaluation of all physical education teachers on the *Connecticut's Common Core of Teaching: Discipline-Based Professional Teaching Standards for Teachers of Physical Education and Foundational Skills and Competencies*.

4. **Daily recess.** All elementary school students shall have at least 20 minutes a day of supervised recess, preferably outdoors, during which schools should encourage moderate to vigorous physical activity.

Daily recess along with physical education is a necessary component of the school curriculum that enables students to develop physical competence, health-related fitness, self-responsibility, and enjoyment of physical activity so that they can be physically active for a lifetime. Recess is unstructured playtime where children have choices, develop rules for play, and release energy and stress. It is an opportunity for children to practice or use skills developed in physical education class. NASPE recommends that children ages 6-11 participate in at least one hour and up to several hours of physical activity each day. This activity may occur in periods of moderate to vigorous activity lasting 15 minutes or more. Recess may provide some of this activity time. Students who play before they eat have improved behavior on the playground and in the cafeteria and classroom. They waste less food and drink more milk, leading to increased nutrient intake. The cafeteria atmosphere is improved during mealtime, and children are more settled and ready to learn upon returning to the classroom. A good example is Recess Before Lunch: A Guide to Success (Montana Office of Public Instruction, 2003) provides schools with strategies for promoting and implementing recess before lunch (<http://www.opi.state.mt.us/schoolfood/recessBL.html>).

Implementation strategies include:

- ✧ Develop schedules that provide for supervised, daily recess in pre-kindergarten through Grades 5 or 6.
- ✧ Provide space, equipment and an environment that is conducive to safe and enjoyable activity. NASPE's *Guidelines for Facilities, Equipment and Instructional Materials* outlines developmentally appropriate equipment.
- ✧ Regularly check equipment and facilities for safety.
- ✧ Ensure that students with special physical and cognitive needs have equal physical activity opportunities with appropriate assistance and services.
- ✧ Discourage extended periods (i.e., periods of two or more hours) of inactivity.
- ✧ Give students periodic breaks during which they are encouraged to get up from their chairs and be moderately active when activities, such as mandatory schoolwide testing, make it necessary for students to remain indoors for long periods of time.
- ✧ Prohibit the withholding of recess or the use of exercise as punishment and develop alternative practices for promoting appropriate behavior.
- ✧ Do not allow use of facilities for recess activities to interfere with instructional classes, i.e., provide separate locations for each activity.
- ✧ Do not schedule recess back-to-back with physical education classes.

- ✧ Encourage and facilitate periods of moderate physical activity while recognizing that recess should provide opportunities for children to make choices.
- ✧ Teach children positive skills for self-responsibility during recess.
- ✧ Intervene when a child's physical or emotional safety is an issue. Do not allow bullying or aggressive behavior and enforce all safety rules.
- ✧ Schedule recess before lunch as a strategy for increasing meal consumption and promoting better behavior.

5. *Physical activity opportunities before and after school.* All elementary, middle, and high schools shall offer extracurricular physical activity programs, such as physical activity clubs or intramural programs.

Physical activity programs help prepare children and adolescents for lifelong physical activity. Physical activity in school is important, but opportunities for children and adolescents to participate in regular physical activity should extend beyond the school day. There are two types of physical activity, lifestyle and structured (or systematic). Lifestyle physical activity consists of activities such as walking, climbing stairs, doing chores and playing. Structured physical activity consists of programs (e.g., sports and instructional programs in dance, gymnastics, swimming) designed to increase the quality or intensity of physical activity. Structured physical activity helps children and adolescents acquire muscle strength and endurance, flexibility and cardiovascular fitness, as well as obtain and maintain a healthy weight.

The way in which professionals present physical activity programs to children and adolescents can greatly influence their levels of participation. Thus, in addition to physical education teachers, it is important for all professionals who provide care that may include physical activity for children and adolescents to become familiar with the basics of physical education programs. Partnerships between and among schools, community groups and municipal agencies, such as youth networks and parks and recreation departments, can offer access to resources, programs and facilities beyond those that schools alone can provide.

Implementation strategies include:

- ✧ Ensure that all schools—elementary, middle and high—offer extracurricular activities that provide ample physical activity, and that high schools, and middle schools as appropriate, offer interscholastic sports programs.
- ✧ Offer a range of activities that meet the needs, interests and abilities of all students, including boys, girls, students with physical and cognitive disabilities, and students with special health care needs.
- ✧ Ensure that after-school, childcare and enrichment programs provide and encourage—verbally and through the provision of space, equipment and activities—daily periods of moderate to vigorous physical activity for all participants.
- ✧ Encourage school personnel to work closely with parks and recreation departments and other community organizations to extend access to structure, support and implementation of programs that offer additional opportunities for physical activity.

## ***Characteristics of Quality Extracurricular Physical Activity Programs for Children or Adolescents***

### **Philosophy**

- ✧ The program has a written philosophy or mission statement that incorporates skill development, educational focus, fair play, and enjoyment.
- ✧ Fun is a priority.
- ✧ Performance and success are based on developmentally and age-appropriate standards.
- ✧ Fair play, teamwork and good sportsmanship are taught and reinforced.

### **Administration and Organization**

- ✧ There are published guidelines for child, adolescent, parent, coach and spectator involvement.
- ✧ Coaches are carefully selected and trained, undergo a background check, meet certification requirements, and are monitored by qualified administrators. Coaches who do not meet certification requirements are provided with additional training or are removed.
- ✧ Sufficient and appropriate safety equipment is available for all program participants.
- ✧ All aspects of children's and adolescents' growth and development (e.g., size, emotional development, skill level) are considered when practice groups or teams are selected.

### **Safety**

- ✧ Facilities are clean.
- ✧ Equipment and practice and competition areas are safe and in good condition; regular inspections are conducted, and maintenance and replacement policies are enforced.
- ✧ Appropriate safety equipment (e.g., mats, helmets, and wrist, elbow and knee guards) is provided.
- ✧ Coaches and staff are trained in injury prevention, first aid, cardiopulmonary resuscitation (CPR), and automatic emergency defibrillator (AED).
- ✧ The ratio of coaches and staff to children and adolescents is appropriate. The ratio allows for adequate instruction and supervision and ensures safety at all times. (Ratios vary depending on the physical activity and on the age and skill levels of children and adolescents.)

### **Child's or Adolescent's Readiness to Participate**

- ✧ The group or team's interest level, desire to have fun, skill level and emotional development match those of the child or adolescent.
- ✧ The program's level of intensity and competitiveness matches the child's or adolescent's needs.
- ✧ All children and adolescents are treated with respect and are given meaningful opportunities to learn skills and participate fully.

Source: *Characteristics of Excellent Physical Activity Programs for Children and Adolescents*, 2001. National Center for Education in Maternal and Child Health, Georgetown University:  
<http://www.brightfutures.org/physicalactivity/tools/d.html>

6. ***Physical activity and punishment.*** Teachers and other school and community personnel shall not use physical activity or exercise (e.g., running laps and doing pushups) or withhold opportunities for physical activity (e.g., recess and physical education) as punishment.

A primary goal of physical education programs, exercise and opportunities to engage in physical activity is to provide students with positive experiences that will motivate them to pursue and develop active lifestyles. Using physical activity (e.g., running laps and doing calisthenics) as punishment develops student attitudes contrary to this objective. Teachers do not punish children with reading and then expect them to develop a joy for reading. Neither should teachers punish with exercise and expect children to develop a love of activity. Withholding recess or other opportunities for physical activity should not be used to enforce completion of academic work. Appropriate alternative strategies should be developed as consequences for negative or undesirable behaviors.

Implementation strategies include:

- ✧ Review district and school policies regarding physical activity and punishment to ensure that exercise is not being used as punishment and that opportunities for physical activity are not being withheld (e.g., not being permitted to play with the rest of the class or being kept from recess or physical education class as a consequence for behavior or incomplete assignments). Include policies for athletic and intramural programs in this review.
- ✧ Develop purposeful, educationally sound strategies that provide teachers and other school personnel, as well as coaches and supervisors, with appropriate actions and measures that are consistent with district philosophy to reinforce positive behaviors and messages while discouraging undesirable behaviors.



7. **Safe routes to school.** The district shall work with local public works, parks and recreation, public safety and police departments to make it safer and easier for students to walk and bike to school.

Implementation strategies include:

- ✧ Explore the availability of federal “safe routes to school” funds, administered by the State Department of Transportation, to finance improvements.
- ✧ Establishing a walking club.
- ✧ Initiate a community “walking school bus” (<http://www.walkingbus.org/>).
- ✧ Organize neighborhood watch groups or cooperatives to take turns walking children to the bus stop or to school.

Several websites contain additional ideas, strategies and resources. These include:

- ✧ *Pedestrian and Bicycle Information Center.* A clearinghouse for information and resources regarding pedestrian and bicycle issues (<http://www.bicyclinginfo.org> and <http://www.walkinginfo.org>).
- ✧ *Safe Routes to School Programs.* Tips to improve the health of kids and the community by making walking and bicycling to school safer, easier, and more enjoyable (<http://www.saferoutesinfo.org/>).
- ✧ *International Walk to School Week.* Information about a worldwide program to promote physical activity (<http://www.walktoschool-usa.org/>).



8. *Use of school facilities outside of school hours.* School spaces and facilities shall be available to students, staff and community members before, during and after the school day, on weekends and during school vacations.

Schools that function as centers of their communities must be accessible to the people who can benefit from them. Well-planned school facilities can address the specific needs of diverse community members as well as support the teaching and learning process. Recommendations to increase physical activity in communities include the creation or enhancement of access to places for physical activity combined with informational outreach activities. This approach aims to change the local environment by creating opportunities for physical activity. Such interventions are highly effective in increasing physical activity and improving physical fitness among children and adults. Adequate facilities and equipment are critical to support the success of physical activity programs. Programs may be modified and adapted to meet the budget and space available.

Implementation strategies include:

- ✧ Ensure that facilities meet the needs, interests and number of participants.
- ✧ Ensure that the amount of equipment, depending on the program, meets the needs of participants so that programs can serve the maximum number of participants under established safety standards.
- ✧ Ensure that safety standards are considered and met for each activity in the program.
- ✧ Repair or discard damaged equipment.
- ✧ Modify equipment according to age, size and physical ability of the participants.
- ✧ Conduct regular inspections to ensure safety for all activities.
- ✧ Create or enhance access to places for physical activity by building trails or facilities and by reducing barriers (e.g., reducing fees or changing operating hours).
- ✧ Make spaces and facilities available to community agencies and organizations offering physical activity and nutrition programs.
- ✧ Ensure that school policies concerning safety apply at all times and that users are aware of the policies. Policies should include procedures for injury prevention, management and reporting of injury situations, and notification of parents or guardians in the event of an emergency.

Model policies for use of schools as centers of community activities can be found in the following resources:

- ✧ *Recommended Policies for Public School Facilities:* <http://www.21csf.org/csf-home/publications/modelpolicies/PlanningSectionMay2005.pdf>
- ✧ *Recommendations to Increase Physical Activity* (National Guideline Clearinghouse): <http://www.guideline.gov/search/searchresults.aspx?Type=3&txtSearch=physical+activity&num=20>

Guidelines for assessing and organizing school and community programs to promote physical activity for children and adolescents include:

- ✧ *Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People* (Centers for Disease Control and Prevention, 1997): <http://www.cdc.gov/HealthyYouth/physicalactivity/guidelines/>
- ✧ *Guidelines for After-School Physical Activity Intramural and Sport Programs* (National Association for Sport and Physical Education, 2005): [http://www.aahperd.org/naspe/pdf\\_files/pos\\_papers/intramural\\_guidelines.pdf](http://www.aahperd.org/naspe/pdf_files/pos_papers/intramural_guidelines.pdf)

**9. Incorporating physical activity into the classroom.** Students shall be provided with opportunities for physical activity in addition to physical education.

For students to receive the nationally recommended amount of daily physical activity (at least 60 minutes per day) and fully embrace regular physical activity as a personal behavior, students need more opportunities for physical activity than a physical education class can provide. Physical activity can easily be incorporated into the classroom, either as part of the learning process or as an energizing break. See “Physical Activity Breaks” on Page 74.

Implementation strategies include:

- ✧ Design classroom health education to complement physical education by reinforcing the knowledge and self-management skills needed to maintain a physically active lifestyle and to reduce time spent on sedentary activities, such as watching television.
- ✧ Incorporate opportunities for physical activity into other subject lessons.
- ✧ Use physical activity as reinforcement, reward and celebration for achievement, positive behavior and completion of assignments.
- ✧ Provide short physical activity breaks between lessons or classes, as appropriate.
- ✧ Incorporate schoolwide physical exercise in which each classroom participates in exercise as a collaborative activity. Allocate a set time or lead classroom exercise with announcements over the intercom.

The following resources provide ideas for physical activity breaks in the classroom setting.

- ✧ *ABC for Fitness: Activity Bursts for the Classroom*, Dr. David Katz: <http://www.davidkatzmd.com/abcforfitness.aspx>
- ✧ *Brain Breaks: A Physical Activity Idea Book for Elementary Classroom Teachers*. Michigan Department of Education, 2005: <http://www.emc.cmich.edu/brainbreaks/>
- ✧ *Energizers*. East Carolina University: <http://www.ncpe4me.com/energizers.html>
- ✧ *Mind and Body: Activities for the Elementary Classroom*. Montana Office of Public Instruction, June 2003: <http://www.opi.state.mt.us/PDF/health/Mind&Body.pdf>
- ✧ *TAKE 10!™*. International Life Sciences Institute (ILSI) Center for Health Promotion. Ordering information at: <http://www.take10.net/whatistake10.asp>

### **Physical Activity Breaks**

The ideas below demonstrate how easily one can incorporate physical activity into the classroom. Even 10-minute periods of physical activity can enhance learning. All the ideas can be adjusted for developmental appropriateness.

#### **Math**

- ✧ Have students measure their jumping skills by measuring the distance covered when jumping, leaping and hopping.
- ✧ Call out a math problem. If the answer is less than 20, have students give their answer in jumping jacks or other gross motor movements.
- ✧ Have students calculate and graph their resting heart rate and elevated heart rate.

#### **Science**

- ✧ Test the shapes of movement equipment and analyze why they are shaped as they are.
- ✧ Take nature walks.

#### **Language Arts**

- ✧ Ask students to record in their journals the amount of time they spend watching television and being physically active, and which activities they enjoyed the most.
- ✧ Read health-related books to students as a reward.

#### **Spelling**

- ✧ Host a spelling bee with a physical activity theme. Ask students to act out verbs such as skip, hop and jump.
- ✧ Have students spell health-related words using their bodies to form letters.

#### **Geography**

- ✧ Rhythmic Activity: “Body Mind Map” uses the body as a model of the globe. North Pole: touch head, South Pole: touch toes, Equator: hands around waist, America: Left hand, Europe: nose, etc.
- ✧ Have students research and demonstrate physical activities done in other countries.

Source: *Action Guide for School Nutrition and Physical Activity Policies*, Connecticut State Department of Education, 2006: <http://www.state.ct.us/sde/deps/Student/NutritionEd/index.htm#Action>

## Legislation Pertaining to Physical Education and Physical Activity

### **Connecticut General Statutes Section 10-221a. High school graduation requirements.**

**Diplomas for veterans of World War II.** (a) For classes graduating from 1988 to 2003, inclusive, no local or regional board of education shall permit any student to graduate from high school or grant a diploma to any student who has not satisfactorily completed a minimum of twenty credits, not fewer than four of which shall be in English, not fewer than three in mathematics, not fewer than three in social studies, not fewer than two in science, not fewer than one in the arts or vocational education and not fewer than one in physical education.

(b) Commencing with classes graduating in 2004, and for each graduating class thereafter, no local or regional board of education shall permit any student to graduate from high school or grant a diploma to any student who has not satisfactorily completed a minimum of twenty credits, not fewer than four of which shall be in English, not fewer than three in mathematics, not fewer than three in social studies, including at least a one-half credit course on civics and American government, not fewer than two in science, not fewer than one in the arts or vocational education and not fewer than one in physical education.

(c) Any student who presents a certificate from a physician stating that, in the opinion of the physician, participation in physical education is medically contraindicated because of the physical condition of such student, shall be excused from the physical education requirement, provided the credit for physical education may be fulfilled by an elective.

(d) Determination of eligible credits shall be at the discretion of the local or regional board of education, provided the primary focus of the curriculum of eligible credits corresponds directly to the subject matter of the specified course requirements. The local or regional board of education may permit a student to graduate during a period of expulsion pursuant to section 10-233d, if the board determines the student has satisfactorily completed the necessary credits pursuant to this section. The requirements of this section shall apply to any student requiring special education pursuant to section 10-76a, except when the planning and placement team for such student determines the requirement not to be appropriate. For purposes of this section, a credit shall consist of not less than the equivalent of a forty-minute class period for each school day of a school year except for a credit or part of a credit toward high school graduation earned at an institution accredited by the Department of Higher Education or regionally accredited. <http://www.cga.ct.gov/2007/pub/Chap170.htm#Sec10-221a.htm>

**Connecticut General Statutes Section 10-16b. Prescribed courses of study.** (a) In the public schools the program of instruction offered shall include at least the following subject matter, as taught by legally qualified teachers, the arts; career education; consumer education; health and safety, including, but not limited to, human growth and development, nutrition, first aid, disease prevention, community and consumer health, physical, mental and emotional health, including youth suicide prevention, substance abuse prevention, safety, which may include the dangers of gang membership, and accident prevention; language arts, including reading, writing, grammar, speaking and spelling; mathematics; physical education; science; social studies, including, but not limited to, citizenship, economics, geography, government and history; and in addition, on at least the secondary level, one or more foreign languages and vocational education. For purposes of this subsection, language arts may

include American sign language or signed English, provided such subject matter is taught by a qualified instructor under the supervision of a teacher who holds a certificate issued by the State Board of Education.

(c) Each local and regional board of education shall on September 1, 1982, and annually thereafter at such time and in such manner as the Commissioner of Education shall request, attest to the State Board of Education that such local or regional board of education offers at least the program of instruction required pursuant to this section, and that such program of instruction is planned, ongoing and systematic. <http://www.cga.ct.gov/2005/pub/Chap164.htm#Sec10-16b.htm>

**Connecticut General Statutes Section 10-221o. Lunch Periods and Recess.** Each local and regional board of education shall require each school under its jurisdiction to (1) offer all full day students a daily lunch period of not less than twenty minutes, and (2) include in the regular school day for each student enrolled in grades kindergarten to five, inclusive, a period of physical exercise, except that a planning and placement team may develop a different schedule for a child requiring special education and related services in accordance with chapter 164 and the Individuals With Disabilities Education Act, 20 USC 1400 et seq., as amended from time to time. In the event of a conflict with this section and any provision of chapter 164, such other provision of chapter 164 shall be deemed controlling. <http://www.cga.ct.gov/2005/pub/Chap170.htm#Sec10-221o.htm>.



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### Resources

Action for Healthy Kids: <http://www.actionforhealthykids.org/about.php>

*Appropriate Practices for Elementary School Physical Education* – A position statement of the National Association for Sport and Physical Education, 2000: <http://www.aahperd.org/naspe/peappropriatepractice/Appropriate%20Practices%20for%20ES%20PE.pdf>

*Appropriate Practices in Physical Education*, National Association for Sport and Physical Education, 2004: <http://www.aahperd.org/naspe/template.cfm?template=peappropriatepractice/index.html>

CDC BAM! *Body and Mind*, Centers for Disease Control and Prevention: <http://www.bam.gov>

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*Co-Curricular Physical Activity and Sport Programs for Middle School Students*, a Position Paper from the Middle and Secondary School Physical Education Council and the National Association for Sport and Physical Education, 2002: <http://www.aahperd.org/naspe/template.cfm?template=position-papers.html>

*Connecticut's Common Core of Teaching: Discipline-Based Professional Teaching Standards for Teachers of Physical Education and Foundational Skills and Competencies*, Connecticut State Department of Education: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2618&q=320862>

Connecticut State Department of Education Coordinated School Health Partnerships: <http://www.ct.gov/sde/healthyconneCTions>

*Eat Well and Keep Moving*, Harvard School of Public Health: <http://www.hsph.harvard.edu/nutritionsource/EWKM.html>

*Guidelines for After-School Physical Activity and Intramural Sport Programs*, A Position Paper of the National Intramural Sports Council of The National Association for Sport and Physical Education, September, 2001: [http://www.aahperd.org/naspe/pdf\\_files/pos\\_papers/intramural\\_guidelines.pdf](http://www.aahperd.org/naspe/pdf_files/pos_papers/intramural_guidelines.pdf)

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*Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People*, Centers for Disease Control and Prevention, 1997: <http://www.cdc.gov/HealthyYouth/physicalactivity/guidelines/>

- Healthy and Balanced Living Curriculum Framework*, Connecticut State Department of Education, 2006: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2618&q=320886>
- Moving into the Future: National Physical Education Standards, 2<sup>nd</sup> Edition*, National Association for Sport and Physical Education, 2005: <http://www.aahperd.org/naspe/template.cfm?template=publicationsnationalstandards.html>
- National Health Education Standards*, American Association of Health Education, 2006: <http://www.aahperd.org/naspe/template.cfm?template=publicationsnationalstandards.html>
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- Recess Before Lunch: A Guide to Success*, Montana Office of Public Instruction, 2003: <http://www.opi.state.mt.us/schoolfood/recessBL.html>
- Recommendations to Increase Physical Activity*, National Guideline Clearinghouse: <http://www.guideline.gov/search/searchresults.aspx?Type=3&txtSearch=physical+activity&num=20>
- The Second Generation Connecticut Physical Fitness Assessment*, Connecticut State Department of Education: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2618&q=320980>
- VERB – It’s what You Do (Youth Media Campaign)*, Centers for Disease Control and Prevention: <http://www.cdc.gov/youthcampaign/index.htm>
- What Constitutes a Highly Qualified Physical Education teacher? A position paper of the National Association for Sport and Physical Education*, May 2007: [http://www.aahperd.org/naspe/pdf\\_files/HiQualified.pdf](http://www.aahperd.org/naspe/pdf_files/HiQualified.pdf)



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## SECTION 4 – SCHOOL NUTRITION SERVICES

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### Definition

**S**chool nutrition services is the integration of nutritious, safe, affordable and appealing meals; nutrition education; and an environment that promotes healthy eating habits for all children. It includes schoolwide nutrition education and promotion, the school food service program, and all other sources of food and beverages available to students at school (e.g., cafeteria a la carte sales, vending machines, student stores, fundraisers, classroom snacks, and school celebrations). It also addresses policies and practices that encourage healthy eating throughout the school environment, such as adequate time to eat, pleasant surroundings, professional development for teachers and school food service personnel, adult role modeling, staff wellness promotion, and alternative practices to food as reward.

### Rationale

Nutrition education has been shown to improve eating habits and health. Connecting nutrition education to other content areas helps with the mastery of core subject standards. Research shows that behavior change correlates positively with the amount of nutrition instruction received (Centers for Disease Control and Prevention, 1996). Linking nutrition education and promotion throughout the school and community reinforces consistent health messages and provides multiple opportunities for students to practice healthy habits. Engaging families in nutrition education efforts increases the likelihood that student's eating behaviors will improve (Centers for Disease Control and Prevention, 1996; Nader, Sellers, Johnson, Perry, Stone, Cook, Bebchuck & Luepker, 1996).

The types of foods and beverages available to students greatly influences students' lifelong eating habits. Numerous studies have shown that students who eat breakfast and lunch at school consume a greater variety of healthy foods and more nutrients (Action for Healthy Kids, 2002; U.S. Department of Agriculture, 1999). Students consume more vegetables, drink more milk and fewer sweetened beverages, consume more grain mixtures, and eat fewer cookies, cakes and salty snacks than students who make other lunch choices (U.S. Department of Agriculture, 2001).

When children replace healthy meals with less nutritious snacks, they often consume inadequate nutrients and excess calories. When children consume snacks of low nutrient density in addition to the school meal, they might be consuming too many calories and too much fat and sugar. Schools can address both of these issues by providing healthier snack choices that limit fats, sugars and portion size, while promoting increased consumption of fruits, vegetables and whole grains. Nutrition standards help schools provide healthier food and beverage choices throughout the entire school environment, including cafeteria a la carte sales, classroom snacks and celebrations, vending machines, school stores and fundraisers.

Nutrition also affects children's behavior. For example, children who eat breakfast have better behavior, are more cooperative, and are less likely to have discipline problems (Minnesota Department of Children, Families and Learning, 1998). Children and teens who eat less are more likely to have difficulty getting along with others (Alaimo, Olson and Frongillo, 2001).

It is important for districts to address the school environment because it significantly affects students' eating habits. Students eat more healthful food safely in a supervised, pleasant environment that provides enough time to eat and socialize. Students' meal participation increases when schools use appropriate school meal procedures. School food service staff members need appropriate training to prepare healthy, safe and cost-effective meals. School staff wellness programs encourage adults to be enthusiastic and healthy role models for students. Using food as reward or punishment is an inappropriate practice that negatively affects the development of healthy eating behaviors.

## An Overview of the School Nutrition Services Section

**S**chool nutrition services include: (1) nutrition education and promotion; (2) school foods and beverages (including school meals and all other foods and beverages available at school); and (3) an environment to promote healthy eating. Schools should address each of these components to ensure consistent implementation and promotion of healthy nutrition practices throughout the entire school environment. This section addresses each of the three components separately.

The information in this section is based on the Connecticut State Department of Education's *Action Guide for School Nutrition and Physical Activity Policies* and the federal U.S. Department of Agriculture's requirements for school wellness policy (see "Legislation Pertaining to School Nutrition" on Page 109). The action guide provides detailed guidance to assist school districts with developing, implementing and evaluating local school wellness policies.

Selected resources to assist with the implementation of each policy recommendation are found in Resources at the end of this section. Extensive resource lists are found in the action guide and are also contained in the Department's *Healthy School Nutrition Environment Resource List* and *List of Nutrition-Related Websites*, available at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320754#Resources>.

This section presents policy recommendations, policy rationale, implementation strategies and resources for each of the three components of nutrition services.



## NUTRITION EDUCATION AND PROMOTION

**Component 1: Nutrition Education and Promotion*****Policy Recommendations***

School districts will provide nutrition education experiences that positively influence students' eating behaviors and help develop lifelong healthy habits. Districts will provide an environment that encourages and supports healthy eating by students.

Policy recommendations for nutrition education and promotion address the following nine areas.

- 1.1. ***Standards-based, sequential nutrition education.*** Nutrition education shall be based on current science, research, national guidelines, and national and state standards.
- 1.2. ***Connecting with existing curriculum.*** Nutrition education shall be a part of comprehensive school health education and shall also be included in other classroom content areas such as math, science, language arts, social sciences, family and consumer sciences and elective subjects.
- 1.3. ***Education links with school.*** The nutrition education program shall link with school meal programs, other school foods, and nutrition-related community services that occur outside the classroom or that link classroom nutrition education to the larger school community, such as school gardens, cafeteria-based nutrition education and after-school programs.
- 1.4. ***Professional development for teachers.*** The school district shall include appropriate training for teachers and other staff members.
- 1.5. ***Appropriateness of nutrition component of comprehensive school health education curriculum.*** The school district shall assess all nutrition education lessons and materials for accuracy, completeness, balance, and consistency with the state's and district's educational goals and curriculum standards.
- 1.6. ***Educational reinforcement.*** School instructional staff members shall collaborate with agencies and groups conducting nutrition education in the community to send consistent messages to students and their families.
- 1.7. ***Nutrition promotion.*** The school district shall conduct nutrition education activities and promotions that involve parents, students and the community.
- 1.8. ***Staff awareness.*** The school district shall build awareness among teachers, food service staff, coaches, nurses and other school staff members about the importance of nutrition, physical activity and body-size acceptance to academic success and lifelong wellness.
- 1.9. ***Staff members as role models.*** School staff members shall be encouraged to model healthy eating and physical activity behaviors.

### *Policy Rationale and Implementation Strategies*

1.1. **Standards-based, sequential nutrition education.** Nutrition education shall be based on current science, research, national guidelines, and national and state standards.

The Connecticut State Department of Education's *Healthy and Balanced Living Curriculum Framework* presents a vision for healthy and balanced living by showing the interrelated concepts and skills in comprehensive school health (including nutrition) and physical education. The purpose of the curriculum framework is to guide the development of curriculum that challenge and motivate students and contribute to student learning and achievement. Districts are encouraged to use the *Healthy and Balanced Living Curriculum Framework* as a best practice document to develop the nutrition education component of their comprehensive health education curriculum.

Implementation strategies include:

- ✧ Base nutrition education on standards such as the Connecticut State Department of Education's *Healthy and Balanced Living Curriculum Framework*. (For additional information, see Section 1, Comprehensive School Health Education.)
- ✧ Offer nutrition education as part of a planned, ongoing, systematic, sequential, standards-based, comprehensive school health education program designed to provide students with the knowledge and skills necessary to promote and protect their health.
- ✧ Focus the nutrition education program on students' eating behaviors.
- ✧ Base the nutrition education program on theories and methods that are proven effective by published research and consistent with the state's and district's comprehensive school health education standards, guidelines and curriculum framework.
- ✧ Enable students to demonstrate competency through application of knowledge, skill development and practice.
- ✧ Plan for appropriate content areas, nutrition themes, nutrition education strategies and developmentally appropriate and culturally relevant activities. Specific guidance regarding these areas can be found in the Department's *Action Guide for School Nutrition and Physical Activity Policies*, available at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320754#Action>.

## NUTRITION EDUCATION AND PROMOTION

1.2. **Connecting with existing curriculum.** Nutrition education shall be a part of comprehensive school health education and shall also be included in other classroom content areas such as math, science, language arts, social sciences, family and consumer sciences, and elective subjects.

When nutrition education is linked with other content areas, children have daily exposure to nutrition concepts and messages. An interdisciplinary approach to nutrition education reinforces what children are learning. Nutrition concepts are easily linked with a variety of content areas, such as math, science, language arts, social sciences, family and consumer sciences, and elective subjects.

Implementation strategies include:

- ✧ Encourage all PK-12 instructional staff members to incorporate nutritional themes from the Connecticut State Department of Education's *Healthy and Balanced Living Curriculum Framework* into daily lessons, when appropriate, to reinforce and support health messages.
- ✧ Teach nutrition education as part of the comprehensive school health education curriculum.
- ✧ Use the interdisciplinary approach to nutrition education to complement but not replace sequential nutrition education lessons within a comprehensive school health education curriculum. The exclusive use of an interdisciplinary approach can sacrifice key elements of an effective nutrition education program (e.g., adequate instructional time, focusing on behaviors and skill-building, attention to scope and sequence, and adequate teacher preparation).



For information on comprehensive school health education, see Section 1, Comprehensive School Health Education. Additional information on connecting nutrition education to other curriculum areas is contained in the Department's *Action Guide for School Nutrition and Physical Activity Policies*. Resources to help districts connect nutrition themes to other areas of the school curriculum can be found in *Connecting with Existing Curriculums* under Resources in Section 3 of the Department's *Action Guide for School Nutrition and Physical Activity Policies*.

## NUTRITION EDUCATION AND PROMOTION

- 1.3. **Education links with school.** The nutrition education program shall link with school meal programs, other school foods, and nutrition-related community services that occur outside the classroom or that link classroom nutrition education to the larger school community, such as school gardens, cafeteria-based nutrition education and after-school programs.

Many opportunities to enhance nutrition education exist at school and in the community. Examples include coordinated school health initiatives, cafeteria-based nutrition education, after-school programs, and nutrition promotions, events and initiatives such as school/community health fairs and school gardens.

Implementation strategies include:

- ✧ Offer nutrition education in the school cafeteria and classroom, with coordination between school food service and teachers.
- ✧ Link nutrition education with other coordinated school health initiatives.

For more information, see *Education Links with School* and *Nutrition Promotion* under Resources in Section 3 of the Department's *Action Guide for School Nutrition and Physical Activity Policies*.

- 1.4. **Professional development for teachers.** The school district shall include appropriate training for teachers and other staff members.

Appropriate training provides the necessary skills to allow teachers to provide quality nutrition education programs. Training should address developmentally and culturally appropriate content and teaching strategies.

Implementation strategies include:

- ✧ Ensure that staff members responsible for nutrition education are adequately prepared and participate regularly in professional development activities to effectively deliver the nutrition education program as planned.
- ✧ Offer preparation and professional development activities that provide basic knowledge of nutrition, combined with the development of skills and adequate time to practice skills in program-specific activities. Training shall include instructional techniques and strategies designed to promote healthy eating behaviors.
- ✧ Instruct staff members providing nutrition education not to advocate dieting behaviors or any specific eating regimen to students, other staff members or parents.
- ✧ Offer professional development activities in nutrition, in addition to teachers, to all appropriate school personnel; for example, mental health providers, school nurses and school food service personnel (for additional information, see *Training for Food Service Staff Members* under Resources in Section 6 of the Department's *Action Guide for School Nutrition and Physical Activity Policies*).

## NUTRITION EDUCATION AND PROMOTION

1.5. **Appropriateness of nutrition component of comprehensive school health education curriculum.** The school district shall assess all nutrition education lessons and materials for accuracy, completeness, balance and consistency with the state's and district's educational goals and curriculum standards.

The Health Education Assessment Project (HEAP) and Health Education Curriculum Analysis Tool (HECAT) can assist districts with the evaluation of comprehensive school health education curriculums, including nutrition education lessons and materials. For additional information, see Section 1, Comprehensive School Health Education.

Implementation strategies include:

- ✧ Assess all nutrition lessons and materials for accuracy, completeness, balance and consistency with the state's and district's educational goals and curriculum standards (see the Department's *Healthy and Balanced Living Curriculum Framework* at <http://www.sde.ct.gov/sde/LIB/sde/PDF/deps/student/Healthy&BalancedLiving.pdf>).
- ✧ Examine materials developed by food marketing boards or food corporations for appropriateness of commercial messages.



1.6. **Educational reinforcement.** School instructional staff members shall collaborate with agencies and groups conducting nutrition education in the community to send consistent messages to students and their families.

By collaborating with other school and community groups working on nutrition education, districts can increase the effectiveness of nutrition interventions by providing consistent and reinforcing health messages.

Implementation strategies include:

- ✧ Provide appropriate orientation regarding relevant district policies to guest speakers and performers invited to address students.
- ✧ Encourage school staff members to coordinate with other agencies and community groups to provide opportunities for student volunteer work related to nutrition, such as assisting with food recovery efforts and preparing nutritious meals for home-bound people.
- ✧ Disseminate information to parents, students and staff members about community programs that offer nutrition assistance to families.

For additional information, see the Department's *Action Guide for School Nutrition and Physical Activity Policies*.

## NUTRITION EDUCATION AND PROMOTION

1.7. **Nutrition promotion.** The school district shall conduct nutrition education activities and promotions that involve parents, students and the community.

Participation in programs that promote and reinforce health emphasizes the school's commitment to a healthy school nutrition environment.

Implementation strategies include:

- ✧ Participate in programs that promote and reinforce student health, such as Team Nutrition and the HealthierUS School Challenge.
- ✧ Instruct the school team responsible for planning nutrition activities to ensure interdisciplinary collaboration by including school food service, school nurses, health and physical education teachers, family and consumer sciences teachers, and other appropriate school staff members.
- ✧ Promote nutrition through a variety of activities, including food demonstrations in school cafeterias, connecting with local farmers' markets and farm-to-school programs, sampling of popular healthy ethnic foods, and participating in comprehensive marketing campaigns (e.g., promoting nutrition and physical activity messages such as 5 A Day and daily physical activity).



Additional information and resources can be found in *Nutrition Promotion* under Resources in Section 3 of the Department's *Action Guide for School Nutrition and Physical Activity Policies*.

1.8. **Staff awareness.** The school district shall build awareness among teachers, food service staff, coaches, nurses and other school staff members about the importance of nutrition, physical activity and body-size acceptance to academic success and lifelong wellness.

It is important for all school personnel to be aware of the importance of nutrition and physical activity to student achievement so they can reinforce positive health messages in the school environment.

Implementation strategies include:

- ✧ Provide staff members with scientifically accurate and evidence-based health information regarding health benefits and risks of dietary habits, health trends and effective strategies for addressing nutrition issues, and food safety and food-borne illness prevention.
- ✧ Use appropriate personnel in the school district (including health and physical education teachers, family and consumer sciences teachers, school nurses, school medical advisers and school food service directors) and the community (including registered dietitians and other health professionals) to help promote staff awareness and to serve as a resource to teachers for nutrition and nutrition education.



## NUTRITION EDUCATION AND PROMOTION

1.9. **Staff members as role models.** School staff members shall be encouraged to model healthy eating and physical activity behaviors.

Adults can have a significant impact on the development of students' health behaviors.

Implementation strategies include:

- ✧ Encourage school staff members to model healthy eating and physical activity behaviors in a variety of ways.
- ✧ Use staff wellness programs to encourage school personnel to be positive role models for students.

For additional information, see Section 6, Staff Wellness, in this guide and Section 6 of the Department's *Action Guide for School Nutrition and Physical Activity Policies*.



## Component 2: School Foods and Beverages

### *Policy Recommendations*

School districts will provide students with access to a variety of affordable, nutritious and appealing foods that meet students' health and nutrition needs and accommodate ethnic and cultural food preferences. School meals will include a variety of healthy choices that meet the U.S. Department of Agriculture's (USDA) meal pattern and nutrition requirements and the Dietary Guidelines for Americans, and are modified, as appropriate, for special dietary needs. Districts will use the Dietary Guidelines and other appropriate nutrition guidelines to establish nutrition standards and provide clear guidance for all foods and beverages available everywhere on school grounds throughout the school day to encourage healthy choices for students. The standards will focus on increasing nutrient density, decreasing fat and added sugars, and moderating portion size. Policies will encourage the consumption of nutrient-dense foods, such as whole grains, fresh fruits, vegetables and low-fat dairy products. Policy recommendations for school food and beverages include (1) school meals and (2) other foods and beverages at school.



### *School Meals*

Recommended policy language for school meals addresses the following four areas.

- 2.1. **Nutrition guidelines.** School meals shall offer varied and nutritious food choices that are consistent with USDA nutrition standards and the Dietary Guidelines for Americans (which focus on increasing fruits, vegetables and whole grains).
- 2.2. **Menu planning.** Menus shall be planned to be appealing and attractive to children.
- 2.3. **Breakfast promotion.** Districts shall help ensure that all children have breakfast, either at home or at school, in order to meet their nutritional needs and enhance their ability to learn.
- 2.4. **Special dietary needs.** With appropriate medical documentation, modified meals shall be prepared for students with food allergies or other special dietary needs.

## SCHOOL FOODS AND BEVERAGES

***Policy Rationale and Implementation Strategies  
for School Meals***

2.1. ***Nutrition guidelines.*** School meals shall offer varied and nutritious food choices that are consistent with USDA nutrition standards and the Dietary Guidelines for Americans (which focus on increasing fruits, vegetables and whole grains).

School meals must meet USDA nutrient standards, as specified in the federal regulations. The nutrient standards specify the levels of nutrients that school meals must meet, as averaged over a week. More information on the nutrition requirements for school meals can be found in *Nutrition Requirements and Guidelines* and *Menu Planning* under Resources in Section 5 of the Department's *Action Guide for School Nutrition and Physical Activity Policies*.

Menus should support and reinforce the Dietary Guidelines for Americans. The dietary guidelines encourage increased consumption of nutrient-dense foods and beverages such as whole grains, vegetables, fruits and low-fat dairy products, while limiting levels of cholesterol, fat, saturated fat, trans fat, sodium and added sugars. Information on the Dietary Guidelines can be found at [http://www.usda.gov/cnpp/dietary\\_guidelines.html](http://www.usda.gov/cnpp/dietary_guidelines.html).

Implementation strategies include:

- ✧ Ensure that school meals meet, at a minimum, nutrition requirements established by local, state and federal statutes and regulations; offer a variety of fruits and vegetables; serve only low-fat (1%) and fat-free milk (as recommended by the Dietary Guidelines for Americans) and nutritionally equivalent nondairy alternatives as defined by USDA; and ensure that half the grains served are whole grain (as recommended by the Dietary Guidelines for Americans).
- ✧ Ensure that reimbursable school meals meet the program requirements and nutrition standards specified by the USDA regulations for school meals (7 CFR Part 210 and Part 220), as well as all state and local requirements.
- ✧ Ensure that all students have affordable access to the varied and nutritious foods they need to stay healthy and learn well.
- ✧ Strive to increase participation in USDA's Child Nutrition Programs (e.g., National School Lunch Program, School Breakfast Program, After-School Snack Program and Summer Food Service Program).
- ✧ Make information available on the nutritional content of meals and other foods and beverages sold to students, families and school staff members. Nutrition information could be made available on menus, in school newsletters, on a school website, at PTA/PTO meetings and parent open houses, and on cafeteria menu boards, placards or other point-of-purchase materials. (For additional information on communicating with families, see Section 8, School-Family-Community Partnerships, in this guide and *Engaging Families* in Section 7 of the Department's *Action Guide for School Nutrition and Physical Activity Policies*.)

## SCHOOL FOODS AND BEVERAGES

**2.2. Menu planning.** Menus shall be planned to be appealing and attractive to children.

Input from the school community, including students, parents and school staff members, is important to the menu planning process. The school community is the customer base of the school food service program, so menus should be planned to reflect local preferences. School meals also provide an opportunity to reflect and celebrate ethnic communities through preparation techniques and use of food products.

Implementation strategies include:

- ✧ Plan schools meals to incorporate the basic menu planning principles of balance, variety, contrast, color and eye appeal.
- ✧ Plan menus with input from students, parents, and other school personnel, taking into account students' cultural norms and preferences.
- ✧ Engage students and parents, through surveys and taste-tests of new entrees, in selecting foods sold through the school meal programs in order to identify new, healthful and appealing food choices.

Additional information and resources on menu planning can be found in the Department's *Action Guide for School Nutrition and Physical Activity Policies*.

**2.3. Breakfast promotion.** Districts shall help ensure that all children have breakfast, either at home or at school, in order to meet their nutritional needs and enhance their ability to learn.

All students should start the day with a healthy breakfast, whether at home or at school. Breakfast consumption is clearly linked to academic achievement. Children who eat breakfast have higher test scores, work faster, make fewer errors, and are more creative. They also behave better in school, are less likely to have disciplinary problems, are more cooperative, and get along better with classmates. Breakfast eaters are healthier, have improved attendance, and are less likely to visit the school nurse. Children who eat breakfast also have higher consumption of needed nutrients than those who do not.

Implementation strategies include:

- ✧ Promote breakfast consumption to students and families so all students start the day with a healthy breakfast, whether at home or at school. The Department's handout, *Breakfast: Key to Academic Excellence*, addresses the relationship of breakfast and learning and can help schools with these efforts (see Resources at the end of this section).
- ✧ Participate in the USDA School Breakfast Program. (Information on the requirements for the School Breakfast Program can be obtained at <http://www.fns.usda.gov/cnd/Breakfast/Default.htm> or by contacting the Department's Child Nutrition Unit at 860-807-2101).
- ✧ To the extent possible, arrange bus schedules and use methods to serve school breakfasts that encourage participation, including nontraditional breakfast service, such as breakfast served in the classroom, breakfast bags distributed to students, a "grab-and-go" breakfast, or breakfast after first period program or during morning break or recess.

## SCHOOL FOODS AND BEVERAGES

- ✧ Notify parents and students of the availability of the School Breakfast Program, if the school serves breakfast to students.
- ✧ Encourage parents to provide a healthy breakfast for their children through newsletter articles, take-home materials or other means.

Additional resources to help schools implement a School Breakfast Program and promote student breakfast consumption are found in *Breakfast* under Resources in Section 5 of the Department's *Action Guide for School Nutrition and Physical Activity Policies*.

**2.4. *Special dietary needs.* With appropriate medical documentation, modified meals shall be prepared for students with food allergies or other special dietary needs.**

For schools participating in USDA Child Nutrition Programs (e.g., National School Lunch Program, School Breakfast Program, After-School Snack Program), USDA regulations require substitutions or modifications in meals for children who are considered disabled under Section 504 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (IDEA) and whose disabilities restrict their diet, when the need is certified by a licensed physician. Substitutions are also required when a physician determines that a child's severe medical condition requires specific dietary modifications, even if the child is not considered disabled under Section 504 or IDEA.

School food service programs may (but are not required to) make food substitutions for children who are not disabled but who are medically certified as having a special medical or dietary need. These substitutions may be made on a case-by-case basis and must be documented by a statement signed by a recognized medical authority, including physicians, physician assistants, doctors of osteopathy and advanced practice registered nurses (APRN).

Implementation strategies include:

- ✧ Develop district procedures for modifying meals based on children's special dietary needs. (The Department's *Menu Planning Guidance for School Nutrition Programs* provides detailed guidance on accommodating special diets in schools.)
- ✧ Develop district procedures for handling life-threatening food allergies (see *Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools* at [http://www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/Food\\_Allergies.pdf](http://www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/Food_Allergies.pdf)).
- ✧ Prepare modified meals for students with food allergies or other special dietary needs, based on appropriate documentation as required by federal and state regulations.
- ✧ Support close communication between the student, parents, school nurse, classroom teacher, food service personnel, school administrator and any other appropriate school staff members to implement meal plans for children with special dietary needs.

Specific procedures for handling meal accommodations for children with food allergies and other special dietary needs can be obtained by contacting the Department's Child Nutrition Unit at 860-807-2101. Information regarding the USDA's requirements can be found in *Accommodating Children with Special Dietary Needs in the School Nutrition Programs: Guidance for School Food Service Staff* ([http://www.fns.usda.gov/cnd/Guidance/special\\_dietary\\_needs.pdf](http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf)).

## SCHOOL FOODS AND BEVERAGES

**Other School Foods and Beverages**

District policy shall address nutrition standards for all foods and beverages sold or served to students outside of school meals, including cafeteria a la carte sales, vending, student stores, concession stands, fundraisers, classroom snacks, after-school programs, field trips, school events, parties, celebrations and meetings. To support children's health and school nutrition education efforts, all foods and beverages sold or served at school shall meet the district's nutrition standards.

Recommended policy language for other school foods and beverages addresses the following seven areas.

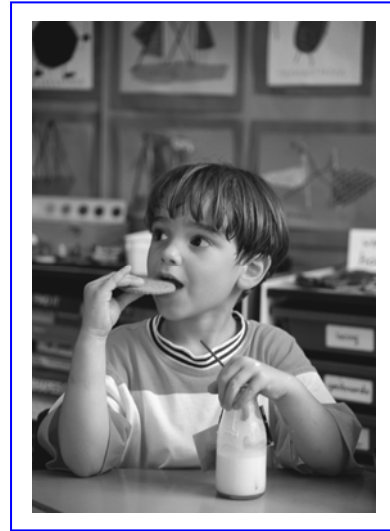
- 2.5. **Food or beverage contracts.** Agreements with food or vending companies to sell foods or beverages in schools shall ensure that contractors will follow the district's nutrition standards.
- 2.6. **Cafeteria a la carte sales, vending and school stores.** Foods and beverages sold at school in the cafeteria, vending machines and school stores shall meet the district's nutrition standards.
- 2.7. **School-sponsored events.** Foods and beverages offered or sold at school-sponsored events during the school day shall meet the district's nutrition standards. School-sponsored events include, but are not limited to, athletic events, dances or performances.
- 2.8. **Fundraising.** School fundraising activities shall not involve food or beverages or shall only use foods and beverages that meet the district's nutrition standards
- 2.9. **Classroom snacks.** Classroom snacks shall feature healthy choices that meet the district's nutrition standards. School personnel shall not withhold student access to snacks as punishment.
- 2.10. **Food brought into school.** Districts shall encourage families to pack healthy lunches and snacks and to refrain from including beverages and foods that do not meet the district's nutrition standards for foods and beverages. Districts shall develop procedures to ensure that all food brought from home to be shared with other students is safe.
- 2.11. **Celebrations.** Districts shall limit celebrations that involve food during the school day. Foods and beverages served at school celebrations shall meet the district's nutrition standards. The district shall disseminate a list of healthy party ideas to parents and teachers, including healthy food and beverage choices and alternative activities (e.g., increased recess time instead of a class party).



## SCHOOL FOODS AND BEVERAGES

### *Policy Rationale and Implementation Guidance for Other School Foods and Beverages*

Federal and state legislation affects districts' implementation of the policy recommendations for other foods and beverages at school. Districts must ensure that any locally developed nutrition standards are in compliance with all state and federal laws (see "Legislation Pertaining to School Nutrition Services" on Page 109). State legislation specifies the beverages that can be sold to students on school premises (Section 10-221q of the Connecticut General Statutes) and provides optional nutrition standards for all food items sold to students separately from a reimbursable meal. Districts that choose to certify for the healthy food option under Section 10-215f of the Connecticut General Statutes must follow the Connecticut Nutrition Standards for all food items sold to students separately from a reimbursable breakfast or lunch. (See "Nutrition Standards for Food and Beverages at School" on Page 100.) The Connecticut Nutrition Standards are available at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320754#Standards>. A list of snack items that meet the Connecticut Nutrition Standards is available at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320754#Healthy>.



USDA school wellness policy regulations require that districts include nutrition guidelines for all foods available on the school campus during the school day, with the objectives of promoting student health and reducing childhood obesity (see "Federal School Wellness Policy Legislation" under "Legislation Pertaining to School Nutrition Services" on page 109). This includes all foods that are sold and served to students. The Department's *Action Guide for School Nutrition and Physical Activity Policies* provides detailed guidance on developing, implementing and evaluating local school wellness policies.

Districts may choose to develop their own nutrition standards or may follow the Connecticut Nutrition Standards. Districts that choose to certify for the healthy food option under Section 10-215f of the Connecticut General Statutes **must** follow the Connecticut Nutrition Standards for all food items sold to students separately from a reimbursable breakfast or lunch.

**2.5. Food or beverage contracts.** Agreements with food or vending companies to sell foods or beverages in schools shall ensure that contractors will follow the district's nutrition standards.

Implementation strategies include:

- ✧ Provide clear guidance to all vendors regarding the district's nutrition standards and expectations for all food and beverages.
- ✧ Review all food and beverage contracts for compliance with the district's nutrition standards.
- ✧ Monitor food and beverages provided by vendors to ensure compliance with district nutrition standards.

## SCHOOL FOODS AND BEVERAGES

2.6. *Cafeteria a la carte sales, vending and school stores.* Foods and beverages sold at school in the cafeteria, vending machines and school stores shall meet the district's nutrition standards.

Implementation strategies include:

- ✧ Identify a point person who is familiar with the district's nutrition standards and can provide information, resources, training and technical assistance to other school staff members as needed.
- ✧ Disseminate the district's nutrition standards to all appropriate school staff members, such as the school food service director, cafeteria managers, athletic directors, parent groups and individuals who coordinate fundraising activities, school stores, kiosks, other school-based enterprises, vending machines and any other food sales to students.
- ✧ Provide training and technical assistance as needed to appropriate staff members on implementing the district's nutrition standards.
- ✧ Review nutrition information for all food and beverages for compliance with the district's nutrition standards.
- ✧ Review school recipes for compliance with the district's nutrition standards.
- ✧ Develop and provide lists of food and beverage items that comply with state and federal laws and also meet the district's nutrition standards. (See the Department's *List of Snacks Meeting the Connecticut Nutrition Standards* at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320754#Healthy>.)

2.7. *School-sponsored events.* Foods and beverages offered or sold at school-sponsored events during the school day shall meet the district's nutrition standards. School-sponsored events include, but are not limited to, athletic events, dances or performances.

Implementation strategies include:

- ✧ Disseminate the district's nutrition standards to all individuals who coordinate school-sponsored events, e.g., parent groups, student clubs, sports teams, etc.
- ✧ Review product nutrition information for compliance with the district's nutrition standards.
- ✧ Review recipes for compliance with the district's nutrition standards.
- ✧ Develop and provide lists of food and beverage items that comply with state and federal laws and also meet the district's nutrition standards. (See the Department's *List of Snacks Meeting the Connecticut Nutrition Standards* at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320754#Healthy>.)

## SCHOOL FOODS AND BEVERAGES

2.8. **Fundraising.** School fundraising activities shall not involve food or beverages or shall only use foods and beverages that meet the district's nutrition standards.

Implementation strategies include:

- ✧ Encourage fundraising activities that do not use food.
- ✧ Encourage fundraising activities that promote physical activity.
- ✧ Make available to students, parents, teachers and school groups a list of ideas for acceptable fundraising activities, such as healthy food and beverages or alternate nonfood fundraisers. (See the Department's handout, *Healthy Fundraising*, at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320754#Resources>.)
- ✧ Provide lists of food and beverage items that meet the district's nutrition standards and are acceptable for fundraising. (See the *List of Snacks Meeting the Connecticut Nutrition Standards* at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320754#Healthy>.)



2.9. **Classroom snacks.** Classroom snacks shall feature healthy choices that meet the district's nutrition standards.

Foods and beverages available at school during the school day must meet the district's nutrition standards. Snacks served during the school day can make a positive contribution to children's diets and health if they emphasize fruits, vegetables, whole grains and low-fat dairy.

Younger children need snacks at times that allow them to come to their regular meals hungry but not starving. Their stomachs are small and their energy needs are high. Generally, most children need to eat within 3 to 4 hours of their last meal. With a long time span between breakfast and lunch (or lunch and the end of the school day), children may not be able to focus on learning without a healthy snack. Children do not have adults' ability to compensate for hunger. With a significant time span between meals, children can experience hunger symptoms (such as fatigue, irritability, inability to concentrate, weakness and stomach pains) that can interfere with learning.

Implementation strategies include:

- ✧ Assess whether and when to offer snacks based on timing of school meals, children's nutritional needs, children's ages and other considerations
- ✧ Do not withhold student access to snacks as punishment. (See "Food Rewards and Punishment" on Page 107.)
- ✧ Ensure that classroom snacks are provided in compliance with district procedures for handling life-threatening food allergies and accommodating special dietary needs (see "Special Dietary Needs" on Page 93.)

## SCHOOL FOODS AND BEVERAGES

- ✧ Encourage eligible schools to participate in the After School Snack Program. Schools that participate in the After School Snack Program must provide snacks that meet USDA meal pattern and nutrition requirements. Information on eligibility and implementation requirements for the After School Snack Program can be obtained at <http://www.fns.usda.gov/cnd/Afterschool/default.htm> or by contacting the Department's Child Nutrition Unit at 860-807-2101.

For additional resources, see *Healthy Snacks* under Resources in Section 5 of the Department's *Action Guide for School Nutrition and Physical Activity Policies*.

**2.10. Food brought into school.** Districts shall encourage families to pack healthy lunches and snacks and to refrain from including beverages and foods that do not meet the district's nutrition standards for foods and beverages.

Districts should consider two issues regarding any food or beverages that are brought into school: (1) nutrition integrity; and (2) food safety.

**Nutrition Integrity:** Families should be provided with information that helps them to provide food and beverages from home that meet the district's policies and nutrition standards. For example, if the district goal is to encourage healthy meals and snacks, parents should be given guidance and resources on packing healthy meals and the types of food and beverages that should not be provided. If there is a district policy addressing allowable snack foods for classroom parties, parents should be provided with guidance regarding acceptable options (see "Celebrations" on this page.)



**Food Safety:** When parents send in homemade food, it is difficult to ensure that the food is safe from bacterial contamination. To protect food safety, all food to be shared with other students should be commercially prepared, prepackaged, unopened and, when possible, individually wrapped. It is also difficult to ensure that foods sent from home are safe for children with food allergies. Schools can protect food-allergic children by providing nonfood celebrations or, if food is served, obtaining it from a known source such as the school food service program.

Implementation strategies include:

- ✧ Provide families with information that encourages them to pack healthy lunches and snacks and to refrain from including beverages and foods that do not meet the district's nutrition standards for foods and beverages.
- ✧ Provide families with lists of food and beverage items that meet the district's nutrition standards. (See the *List of Snacks Meeting the Connecticut Nutrition Standards* at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320754#Healthy>.)

## SCHOOL FOODS AND BEVERAGES

- ✧ Develop procedures to ensure that all food brought from home to be shared with other students is safe.
- ✧ Consider prohibiting the service of foods from home when food will be shared with other students at school celebrations and other functions, and only allowing commercially prepared foods.

Resources on food safety are found in Section 6 of the Department's *Action Guide for School Nutrition and Physical Activity Policies*.

**2.11. Celebrations.** Districts shall limit celebrations that involve food during the school day. Foods and beverages served at school celebrations shall meet the district's nutrition standards.

Foods and beverages served at school celebrations and parties must meet the district's nutrition standards. Providing healthy classroom celebrations demonstrates a school commitment to promoting healthy behaviors. It supports the classroom lessons students are learning about health, instead of contradicting them, and gives students an opportunity to practice healthy behaviors. The Department's handout, *Healthy Celebrations*, provides schools with specific ideas for activities and healthy foods at school celebrations (<http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320754#Resources>).

Implementation strategies include:

- ✧ Promote a positive learning environment by providing healthy celebrations that shift the focus from the food to the child.
- ✧ When food is served, make it count with healthy choices.
- ✧ Incorporate a fun nutrition lesson by involving children in the planning and preparation of healthy snacks.
- ✧ Disseminate a list of healthy party ideas to parents and teachers, including healthy food and beverage choices and alternative activities (e.g., increased recess time instead of a class party).
- ✧ Consider determining an appropriate frequency for celebrations that involve food, e.g., limiting celebrations to no more than one party per class per month so that all birthdays are celebrated on one day each month instead of having multiple celebrations every week.



### ***Nutrition Standards for Food and Beverages at School***

**Connecticut Nutrition Standards:** The Connecticut Nutrition Standards focus on limiting fat, saturated fat, trans fat, sugars and sodium, moderating portion sizes, and promoting increased intake of fruits, vegetables and whole grains. The State Department of Education developed the Connecticut Nutrition Standards in response to Section 10-215e of the Connecticut General Statutes, which requires the Department to publish a set of nutrition standards for food items offered for sale to students at schools. These food items include all foods that are sold separately from a school lunch or breakfast that is reimbursable under the U.S. Department of Agriculture's School Breakfast Program or National School Lunch Program.

The Connecticut Nutrition Standards supplement and incorporate the Healthy Snack Standards that were previously developed as part of Connecticut's Healthy Snack Pilot. Together, these two standards address all a la carte foods sold in school, including entree items, cooked grains, soups, fruits and vegetables, and snacks and desserts. *Note: A la carte foods are foods sold separately from a reimbursable school meal.*

The Connecticut Nutrition Standards must be followed by all schools in any eligible public school district that chooses to implement the healthy food certification under Section 10-215f of the Connecticut General Statutes and receive additional funding. The standards apply to all sources of food sales to students on school premises, including, but not limited to, school stores, vending machines, school cafeterias, and any fundraising activities on school premises, regardless of whether they are school sponsored.

The Department's *Connecticut Nutrition Standards for Food in School* includes the complete nutrition standards, the rationale for development and additional recommendations for implementation. A two-page handout, *Summary of Requirements for School Food and Beverages*, summarizes (1) the beverage requirements of Section 10-221q of the Connecticut General Statutes; and (2) the Connecticut Nutrition Standards. Both documents are available at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320754#Standards>. The website also includes additional information and resources on healthy food certification and the Connecticut Nutrition Standards, such as handouts, a PowerPoint presentation and an extensive "Questions and Answers" handout.



## ENVIRONMENT TO PROMOTE HEALTHY EATING

**Component 3: An Environment to Promote Healthy Eating*****Policy Recommendations***

School cafeteria environments will support healthy eating habits by providing clean, safe and pleasant settings with adequate time for students to eat. School meal procedures will encourage participation by all students. Food service staff members will have the knowledge and skills to provide cost-effective quality meals served safely. Districts will encourage school staff members to be role models for healthy eating and physical activity behaviors through the provision of staff wellness activities. School staff members will not use food to reward or punish students. Recommended policy language for promoting a healthy eating environment addresses the following 11 areas.

- 3.1. ***Surroundings for eating.*** School meals shall be served in clean and pleasant settings. A cafeteria environment that provides students with a relaxed, enjoyable climate shall be developed.
- 3.2. ***Time for and scheduling of meals.*** Schools shall provide appropriate meal times with adequate time allotted for students to eat (at least 10 minutes for breakfast and 20 minutes for lunch after sitting down to eat).
- 3.3. ***Free and reduced-price meals.*** Schools shall make every effort to eliminate any social stigma attached to, and prevent the overt identification of, students who are eligible for free and reduced-price school meals.
- 3.4. ***Summer Food Service Program.*** Schools in which more than 50 percent of students are eligible for free or reduced-price school meals shall sponsor the Summer Food Service Program for at least six weeks between the last day of the academic school year and the first day of the following school year, and preferably throughout the entire summer vacation.
- 3.5. ***Financial operation of child nutrition programs.*** The school food service program shall aim to be financially self-supporting.
- 3.6. ***Qualifications of food service staff members.*** Qualified nutrition professionals shall administer the school meal programs.
- 3.7. ***Training for food service staff members.*** All food service personnel shall have adequate preservice training in food service operations and regularly participate in professional development activities that address requirements for child nutrition programs, menu planning and preparation, food safety, strategies for promoting healthy eating behaviors and other appropriate topics.
- 3.8. ***Food safety.*** All foods made available at school shall comply with state and local food safety and sanitation regulations.
- 3.9. ***Food rewards and punishment.*** Schools shall not use foods or beverages as rewards for academic performance or good behavior, unless this practice is allowed by a student's individualized education plan (IEP). Schools shall not withhold food or beverages (including food served through school meals) as a punishment. Alternative rewards shall be developed and promoted.
- 3.10. ***Sharing of foods.*** Schools shall discourage students from sharing their foods or beverages with one another during meal or snack times, given concerns with allergies and other restrictions on some children's diets.

## ENVIRONMENT TO PROMOTE HEALTHY EATING

3.11. **Staff wellness.** The district highly values the health and well-being of every staff member and shall plan and implement activities and policies that support personal efforts by staff members to maintain a healthy lifestyle and that encourage staff members to serve as role models.

### *Policy Rationale and Implementation Strategies*

3.1. **Surroundings for eating.** School meals shall be served in clean and pleasant settings. A cafeteria environment that provides students with a relaxed, enjoyable climate shall be developed.

The physical cafeteria environment greatly affects the atmosphere in which children eat. School practices should focus on making the dining experience more enjoyable for students. The cafeteria environment should be a place where students have adequate space to eat, clean and pleasant surroundings, adequate time to eat meals, and convenient access to hand-washing or hand-sanitizing facilities before meals.

Implementation strategies include:

- ✧ Develop a cafeteria environment that provides students with a relaxed, enjoyable climate.
- ✧ Provide sufficient serving areas in the cafeteria so students do not have to spend too much time waiting in line.
- ✧ Provide dining areas that are attractive and have sufficient space for seating with tables and chairs that are the right size for students.
- ✧ Encourage socializing among students, and between students and adults.
- ✧ Ensure that adults properly supervise school dining rooms and serve as role models to students.
- ✧ Use creative, innovative methods to keep noise levels appropriate—no “eat in silence,” no whistles, no buzzing traffic lights.
- ✧ Prioritize facility design in renovations or new construction (including the size and location of the dining/kitchen area, lighting, building materials, windows, open space, adequate food-service equipment for food preparation and service, and food and staff safety).
- ✧ Provide hand-washing equipment and supplies in a convenient place so that students can wash their hands before eating, or students have access to hand sanitizing supplies before they eat meals or snacks.
- ✧ Provide drinking fountains that are available for students to get water at meals and throughout the day.



*Changing the Scene* (U.S. Department of Agriculture, 2000) contains resources to help schools promote a pleasant eating environment. Additional resources can be found under Resources in Section 6 of the Department’s *Action Guide for School Nutrition and Physical Activity Policies*.

## ENVIRONMENT TO PROMOTE HEALTHY EATING

3.2. ***Time for and scheduling of meals.*** Schools shall provide appropriate meal times with adequate time allotted for students to eat (at least 10 minutes for breakfast and 20 minutes for lunch after sitting down to eat).

Implementation strategies include:

- ✧ Schedule meal periods at appropriate times, as near the middle of the day as possible, i.e., lunch should be scheduled between 11 a.m. and 1 p.m. USDA regulations specify that meals cannot be served before 10 a.m. or after 2 p.m. unless an exemption is requested from the Connecticut State Department of Education.
- ✧ Do not schedule tutoring, pep rallies, club and organization meetings or other activities during meal times unless students may eat during such activities.
- ✧ Schedule meal periods that are long enough for students to eat and socialize. Scheduled meal times shall provide students with at least 10 minutes to eat after sitting down for breakfast and 20 minutes to eat after sitting down for lunch. This time does not include the time needed to walk to the cafeteria from the classroom, select and pay for the meal, sit down at a table and walk back to the classroom after the meal.
- ✧ Schedule recess before lunch for the elementary grades. (For additional information on implementing recess before lunch, see Section 3, Physical Education, in this guide and Section 4 of the Department's Action Guide for School Nutrition and Physical Activity Policies.
- ✧ Take reasonable steps to accommodate the tooth-brushing regimens of students with special oral health needs (e.g., orthodontia or high tooth decay risk).

Additional resources can be found in *Time for and Scheduling of Meals* under Resources in Section 6 of the Department's *Action Guide for School Nutrition and Physical Activity Policies*.

3.3. ***Free and reduced-price meals.*** Schools shall make every effort to eliminate any social stigma attached to, and prevent the overt identification of, students who are eligible for free and reduced-price school meals.

USDA prohibits schools from making others in the cafeteria aware of the eligibility status of children for free, reduced-price or paid meals. Schools must prevent the overt identification of students who are eligible for free and reduced-price school meals.

Implementation strategies include:

- ✧ Use electronic identification and payment systems.
- ✧ Provide meals at no charge to all children, regardless of income.
- ✧ Promote the availability of school meals to all students.
- ✧ Use nontraditional methods for serving school meals, such as "grab-and-go" or classroom breakfast.

For additional information and resources on the requirements for free and reduced-price meals, contact the Child Nutrition Unit in the Department's Bureau of Health and Nutrition Services and Child/Family/School Partnerships at 860-807-2101.

## ENVIRONMENT TO PROMOTE HEALTHY EATING

3.4. **Summer Food Service Program.** Schools in which more than 50 percent of students are eligible for free or reduced-price school meals shall sponsor the Summer Food Service Program for at least six weeks between the last day of the academic school year and the first day of the following school year, and preferably throughout the entire summer vacation.

A child's need for nutrients does not end when school does. The Summer Food Service Program bridges this gap. Implementation strategies include:

- ✧ Offer meals during breaks in the school calendar.
- ✧ Coordinate with other agencies and community groups to operate, or assist with operating, a summer food service program for children and adolescents who are eligible for federal program support. Possible partners include local parks and recreation departments; faith-based organizations; public or private nonprofit residential private camps; public or private nonprofit colleges or universities participating in the National Youth Sports Program; local, county, municipal, state or federal government agencies; and any other type of private nonprofit organization.
- ✧ Contact the Department's Child Nutrition Unit at 860-807-2101 for additional information and resources on participation in the Summer Food Service Program.

Additional resources are found in *Summer Food Service Program* under Resources in Section 6 of the Department's *Action Guide for School Nutrition and Physical Activity Policies*.

3.5. **Financial operation of child nutrition programs.** The school food service program shall aim to be financially self-supporting.

Budget neutrality or profit generation shall not take precedence over the nutritional needs of the students. Financial decisions should not compromise high quality standards for food and customer acceptance.

Implementation strategies include:

- ✧ Base financial decisions on students' nutrition needs, not on profits.
- ✧ Do not generate additional funds from the sale of foods that do not meet the district's nutrition standards, have minimal nutritional value or compete nutritionally with program meals.
- ✧ Administer the school food-service program using sound financial and accounting practices. The National Food Service Management Institute's *Financial Management Information System* ([http://www.nfsmi.org/Information/fmis/fmis\\_booklet.htm](http://www.nfsmi.org/Information/fmis/fmis_booklet.htm)) is a tool to assist school food service directors with operational decision making and improving program quality and efficiency. It assists with interpreting the financial outcomes of decision making and with deciding whether the school food service program's financial health has changed from previous accounting periods.

Additional resources can be found in *Financial Management* under Resources in Section 6 of the Department's *Action Guide for School Nutrition and Physical Activity Policies*.

## ENVIRONMENT TO PROMOTE HEALTHY EATING

**3.6. *Qualifications of food service staff members.* Qualified nutrition professionals shall administer the school meal programs.**

There are no state requirements for qualifications of school food service staff members. Qualification requirements are determined locally by each school district. The Connecticut State Department of Education encourages districts to model qualifications for food service staff members on the national recommendations from the National Food Service Management Institute and the School Nutrition Association.

Implementation strategies include:

- ✧ Develop district standards for qualifications of school food service personnel, based on the national recommendations of the School Nutrition Association and the National Food Service Management Institute.
- ✧ Provide continuing professional development for all school food service personnel.
- ✧ Include appropriate certification or training programs in staff development programs for school food service directors, managers and cafeteria workers, according to their levels of responsibility.
- ✧ Provide incentive programs to encourage school food service personnel to participate in the national food service certification programs of the School Nutrition Association.

For additional information, see *Qualifications of Food Service Staff Members* under Resources in Section 6 of the Department's *Action Guide for School Nutrition and Physical Activity Policies*.

**3.7. *Training for food service staff members.* All food service personnel shall have adequate pre-service training in food service operations and regularly participate in professional development activities that address requirements for child nutrition programs, menu planning and preparation, food safety, strategies for promoting healthy eating behaviors and other appropriate topics.**

Training and professional development opportunities should assist school food service staff members with meeting USDA requirements, planning and preparing safe and healthy meals, promoting healthy eating behaviors and other issues appropriate to a healthy school nutrition environment. In Connecticut, several organizations and agencies provide training opportunities for school food service personnel, including workshops, courses, conferences and food shows. These include the School Nutrition Association of Connecticut, the Connecticut State Department of Education and the New England Dairy & Food Council.

Implementation strategies include:

- ✧ Identify training and professional development opportunities that are appropriate for school food service personnel.
- ✧ Encourage and support professional development opportunities specific to local needs.

Additional information on training resources is found in *Training for Food Service Staff Members* in Section 6 of the Department's *Action Guide for School Nutrition and Physical Activity Policies*.

## ENVIRONMENT TO PROMOTE HEALTHY EATING

3.8. **Food safety.** All foods made available at school shall comply with state and local food safety and sanitation regulations.

Serving safe food is a critical responsibility for school food service personnel and a key aspect of a healthy school environment. Implementation strategies include:

- ✧ Ensure that all school food service operations comply with the requirements of the State of Connecticut Public Health Code 19-13-B42 *Sanitation of Places Dispensing Foods or Beverages*. This includes compliance with the Connecticut Qualified Food Operator (QFO) legislation. (Additional information on Connecticut's food safety regulations can be found in the Department's *Action Guide for School Nutrition and Physical Activity Policies*.)
- ✧ Implement Hazard Analysis and Critical Control Points (HACCP) plans and guidelines to prevent food-borne illness in schools. HACCP is a preventative food safety program to control food safety hazards during all aspects of food service operations. It reduces the risk of food-borne hazards by focusing on each step of the food preparation process from receiving to service.
- ✧ Ensure that food service operations comply with federal HACCP requirements. Section 111 of the Child Nutrition and WIC Reauthorization Act of 2004 (Public Law 108-265) requires that all schools participating in Child Nutrition Programs implement a school food safety program, in the preparation and service of each meal served to children, that complies with any hazard analysis and critical control point system established by USDA. When properly implemented, HACCP-based food safety programs will help ensure the safety of school meals served to children.



Resources on HACCP and food safety are found in *Food Safety* under Resources in Section 6 of the Department's *Action Guide for School Nutrition and Physical Activity Policies*.



## ENVIRONMENT TO PROMOTE HEALTHY EATING

3.9. **Food rewards and punishment.** Schools shall not use foods or beverages as rewards for academic performance or good behavior, unless this practice is allowed by a student's individualized education plan (IEP). Schools shall not withhold food or beverages (including food served through school meals) as a punishment. Alternative rewards shall be developed and promoted.

District policies should prohibit the use of food and beverages as rewards and punishments at school.

**Food as a Reward:** Adults often use food rewards because they are an easy, inexpensive and powerful tool to bring about immediate short-term behavior change. Yet, using food as a reward has many negative consequences that go far beyond the short-term benefits of good classroom behavior or performance. Rewarding students with unhealthy foods:

- ✧ undermines schools' efforts to teach students about good nutrition by modeling unhealthy behavior and contradicting the nutrition principles taught in the classroom;
- ✧ interferes with children learning to eat in response to hunger and satiety cues (this teaches children to eat when they are not hungry as a reward to themselves, and may contribute to the development of disordered eating);
- ✧ increases preference for unhealthy foods (research shows that food preferences for both sweet and nonsweet food increase significantly when foods are presented as rewards); and
- ✧ encourages overconsumption of unhealthy foods (foods that supply calories from fat and sugar, but few nutrients).

**Food as Punishment:** Federal law prohibits schools participating in the USDA school meal programs (e.g., National School Lunch Program, School Breakfast Program and After-School Snack Program) from restricting student access to school meals for any reason, including as a punishment for student behavior. Other inappropriate practices using food as punishment include:

- ✧ denying students access to cafeteria snack or a la carte lines;
- ✧ denying students access to certain types of foods; and
- ✧ preventing children from eating classroom snacks (when snacks are normally allowed) as a consequence of individual or class behavior.

District policies should prohibit school staff members from withholding access to meals and snacks as punishment, both in the classroom and cafeteria. Restricting access to meals, snacks or other foods and beverages is an inappropriate form of punishment. District policies should encourage the development of alternative practices for promoting appropriate behavior.

Implementation strategies for addressing food as reward or punishment include:

- ✧ Prohibit all staff members from denying students access to meals and snacks as punishment.
- ✧ Develop policies that encourage the development of alternative practices to using food as a form of reward or punishment.

## ENVIRONMENT TO PROMOTE HEALTHY EATING

- ✧ Identify and publicize alternatives to food as a reward or punishment. The Department's handout, *Alternatives to Food as Reward*, provides specific ideas on alternatives to using food as a reward (<http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320754#Resources>).

For additional information, see *Behavior Management* under Resources in Section 4 of the Department's *Action Guide for School Nutrition and Physical Activity Policies*.

**3.10. *Sharing of foods.*** Schools shall discourage students from sharing their foods or beverages with one another during meal or snack times, given concerns with allergies and other restrictions on some children's diets.

Implementation strategies include:

- ✧ Provide information to school staff members, families and students regarding the district policy on sharing foods.
- ✧ Educate school staff members, parents and students on the rationale for discouraging sharing of food and the issues related to sharing of food, e.g., potential problems for children with food allergies or other dietary restrictions.
- ✧ Discourage students from sharing foods and beverages.

Additional guidance on providing a safe school environment for children with food allergies can be found in the Department's *Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools*. Resources on special diets can be found in Section 5 of the Department's *Action Guide for School Nutrition and Physical Activity Policies*.

**3.11. *Staff wellness.*** The district highly values the health and well-being of every staff member and shall plan and implement activities and policies that support personal efforts by staff members to maintain a healthy lifestyle and that encourage staff members to serve as role models.

Health promotion services for all school staff members can positively affect their eating and physical activity behaviors and their effectiveness in teaching and modeling healthy behaviors. Implementation strategies include:

- ✧ Encourage school staff members to improve their own personal health and wellness in order to improve staff morale.
- ✧ Provide programs and activities to promote staff wellness.
- ✧ Encourage school staff members to be positive role models of healthy eating and physical activity behaviors.
- ✧ Encourage school staff members to build the commitment to promote the health of students and improve the school nutrition and physical activity environment.
- ✧ Use staff wellness programs to encourage school personnel to be positive role models for students.

Additional resources on staff wellness are found in Section 6, Staff Wellness, of this guide and in the Department's *Action Guide for School Nutrition and Physical Activity Policies*.

## Legislation Pertaining to School Nutrition Services

### *Federal Legislation*

Information on the federal regulations for the U.S. Department of Agriculture's Child Nutrition Programs can be found at <http://www.fns.usda.gov/cnd/Governance/regulations.htm>, including:

- Code of Federal Regulations Part 210 National School Lunch Program.  
<http://www.fns.usda.gov/cnd/Governance/regulations/7CFR210.pdf>
- Code of Federal Regulations Part 220 School Breakfast Program.  
<http://www.fns.usda.gov/cnd/Governance/regulations/7CFR220.pdf>
- The Child Nutrition and WIC Reauthorization Act of 2004, Public Law 108-265.  
[http://www.fns.usda.gov/cnd/Governance/Legislation/Historical/PL\\_108-265.pdf](http://www.fns.usda.gov/cnd/Governance/Legislation/Historical/PL_108-265.pdf)

**Competitive Food Services:** Section 210.11 (a) (2) of the Code of Federal Regulations prohibits the sale of foods of minimal nutritional value (FMNV) in food service areas during mealtimes. The federal regulations define four specific categories of FMNV: (1) soda water; (2) water ices; (3) chewing gum; and (4) certain candies, i.e., hard candy, jellies and gums, marshmallow candies, fondant, licorice, spun candy and candy-coated popcorn. Many foods of little nutritional value (e.g., chips, cookies and many types of candy) are not included in the federal definition of FMNV.

Note: The FMNV regulation applies only to schools participating in USDA's National School Lunch Program, School Breakfast Program, After-School Snack Program and Special Milk Program. Schools that do not participate in the federally funded child nutrition programs are not subject to any federal nutrition standards. (For additional information, see *Competitive Foods in School Nutrition Programs* on the Connecticut State Department of Education website Child Nutrition Programs page at <http://www.sde.ct.gov/sde/LIB/sde/pdf/deps/nutrition/nslp/CompetitiveFoods.pdf>.)

**School Food Safety Program:** Section 111 of Public Law 108-265 requires that each school food authority shall implement a school food safety program, in the preparation and service of each meal served to children, that complies with any hazard analysis and critical control point system established by the Secretary.

**School Wellness Policy:** Section 204 of Public Law 108-265 requires that public and private schools and Residential Child Care Institutions (RCCIs) participating in USDA's Child Nutrition Programs (i.e., National School Lunch Program, School Breakfast Program, After-School Snack Program and Special Milk Program) must establish a local wellness policy by the first day of the 2006-2007 school year. The federal law requires that, at a minimum, the district school wellness policy must:

1. Include goals for nutrition education, physical activity and other school-based activities designed to promote student wellness in a manner that the local educational agency determines appropriate
2. Include nutrition guidelines for all foods available on the school campus during the school day, with the objectives of promoting student health and reducing childhood obesity

3. Provide an assurance that guidelines for school meals are not less restrictive than those set by the U.S. Department of Agriculture
4. Establish a plan for measuring implementation of the local wellness policy, including the designation of one or more persons within the local education agency or at each school, as appropriate, charged with ensuring that the school meets the local wellness policy
5. Involve parents, students, representatives of the school food authority, the school board, school administrators, and the public in development of the local wellness policy

### *State Legislation*

**Connecticut General Statutes Section 10-16b. Prescribed courses of study.** (a) In the public schools the program of instruction offered shall include at least the following subject matter, as taught by legally qualified teachers, the arts; career education; consumer education; health and safety, including, but not limited to, human growth and development, nutrition, first aid, disease prevention, community and consumer health, physical, mental and emotional health, including youth suicide prevention, substance abuse prevention, safety, which may include the dangers of gang membership, and accident prevention; language arts, including reading, writing, grammar, speaking and spelling; mathematics; physical education; science; social studies, including, but not limited to, citizenship, economics, geography, government and history; and in addition, on at least the secondary level, one or more foreign languages and vocational education. For purposes of this subsection, language arts may include American sign language or signed English, provided such subject matter is taught by a qualified instructor under the supervision of a teacher who holds a certificate issued by the State Board of Education.

(c) Each local and regional board of education shall on September 1, 1982, and annually thereafter at such time and in such manner as the Commissioner of Education shall request, attest to the State Board of Education that such local or regional board of education offers at least the program of instruction required pursuant to this section, and that such program of instruction is planned, ongoing and systematic. <http://www.cga.ct.gov/2005/pub/Chap164.htm#Sec10-16b.htm>.

**Connecticut General Statutes Section 10-215a. Nonpublic school and nonprofit agency participation in feeding programs.** Nonpublic schools and nonprofit agencies may participate in the school breakfast, lunch and other feeding programs provided in sections 10-215 to 10-215b under such regulations as may be promulgated by the State Board of Education in conformance with said sections and under the federal laws governing said programs, except that such schools, other than the endowed academies approved pursuant to section 10-34, and agencies shall not be eligible for the funding described in subdivision (2) of subsection (a) of section 10-215b.

<http://www.cga.ct.gov/2007/pub/Chap169.htm#Sec10-215a.htm>.

**Connecticut General Statutes Section 10-215b. Duties of State Board of Education re feeding programs.** (a) The State Board of Education is authorized to expend in each fiscal year an amount equal to (1) the money required pursuant to the matching requirements of said federal laws and shall disburse the same in accordance with said laws, and (2) ten cents per lunch served in the prior school year in accordance with said laws by any local or regional board of education, the regional vocational-technical school system or governing authority of a state charter school, interdistrict magnet school or endowed academy approved pursuant to section 10-34 that participates in the National School Lunch Program and certifies pursuant to section 10-215f that the nutrition standards established by the Department of Education pursuant to section 10-215e shall be met.

(b) The State Board of Education shall prescribe the manner and time of application by such board of education, the regional vocational-technical school system, such governing authority or controlling authority of the nonpublic schools for such funds, provided such application shall include the certification that any funds received pursuant to subsection (a) of this section shall be used for the program approved. The State Board of Education shall determine the eligibility of the applicant to receive such grants pursuant to regulations provided in subsection (c) of this section and shall certify to the Comptroller the amount of the grant for which the board of education, the regional vocational-technical school system, the governing authority or the controlling authority of a nonpublic school is eligible. Upon receipt of such certification, the Comptroller shall draw an order on the Treasurer in the amount, at the time and to the payee so certified.

(c) The State Board of Education may adopt such regulations as may be necessary in implementing sections 10-215 to 10-215b, inclusive.

(d) The Commissioner of Education shall establish a procedure for monitoring compliance by boards of education, the regional vocational-technical school system, or governing authorities with certifications submitted in accordance with section 10-215f and may adjust grant amounts pursuant to subdivision (2) of subsection (a) of this section based on failure to comply with said certification. <http://www.cga.ct.gov/2007/pub/Chap169.htm#Sec10-215b.htm>.

**Connecticut General Statutes Section 10-215e. Nutrition standards for food that is not part of lunch or breakfast program.** Not later than August 1, 2006, and January first of each year thereafter, the Department of Education shall publish a set of nutrition standards for food items offered for sale to students at schools. Such standards shall not apply to food sold as part of the National School Lunch Program and School Breakfast Program unless such items are purchased separately from a school lunch or breakfast that is reimbursable under such program. <http://www.cga.ct.gov/2007/pub/Chap169.htm#Sec10-215e.htm>.

**Connecticut General Statutes Section 10-215f. Certification that food meets nutrition standards.** (a) Each local and regional board of education, the regional vocational-technical school system, and the governing authority for each state charter school, interdistrict magnet school and endowed academy approved pursuant to section 10-34 that participates in the National School Lunch Program shall certify in its annual application to the Department of Education for school lunch funding whether, during the school year for which such application is submitted, all food items made available for sale to students in schools under its jurisdiction and not exempted from the nutrition standards published by the Department of Education pursuant to section 10-215e will meet said standards. Except as otherwise provided in subsection (b) of this section, such certification shall include food not exempted from said nutrition standards and offered for sale to students at all times, and from all sources, including, but not limited to, school stores, vending machines, school cafeterias, and any fundraising activities on school premises, whether or not school sponsored.

(b) Each board of education, the regional vocational-technical school system and each governing authority that certifies pursuant to this section compliance with the department's nutrition standards for food may exclude from such certification the sale to students of food items that do not meet such standards, provided (1) such sale is in connection with an event occurring after the end of the regular school day or on the weekend, (2) such sale is at the location of such event, and (3) such food is not sold from a vending machine or school store. <http://www.cga.ct.gov/2007/pub/Chap169.htm#Sec10-215f.htm>.

**Connecticut General Statutes Section 10-221o. Lunch Periods and Recess.** Each local and regional board of education shall require each school under its jurisdiction to (1) offer all full day students a daily lunch period of not less than twenty minutes, and (2) include in the regular school day for each student enrolled in grades kindergarten to five, inclusive, a period of physical exercise, except that a planning and placement team may develop a different schedule for a child requiring special education and related services in accordance with chapter 164 and the Individuals With Disabilities Education Act, 20 USC 1400 et seq., as amended from time to time. In the event of a conflict with this section and any provision of chapter 164, such other provision of chapter 164 shall be deemed controlling. <http://www.cga.ct.gov/2005/pub/Chap170.htm#Sec10-221o.htm>.

**Connecticut General Statutes Section 10-221p. Boards to make available for purchase nutritious and low-fat foods.** Each local and regional board of education and governing authority for each state charter school, interdistrict magnet school and endowed academy approved pursuant to section 10-34, shall make available in the schools under its jurisdiction for purchase by students enrolled in such schools nutritious and low-fat foods, which shall include, but shall not be limited to, low-fat dairy products and fresh or dried fruit at all times when food is available for purchase by students in such schools during the regular school day. <http://www.cga.ct.gov/2007/pub/Chap170.htm#Sec10-221p.htm>.

**Connecticut General Statutes Section 10-221q. Sale of beverages.** (a) Except as otherwise provided in subsection (b) of this section, each local and regional board of education and the governing authority for each state charter school, interdistrict magnet school and endowed academy approved pursuant to section 10-34, shall permit at schools under its jurisdiction the sale of only the following beverages to students from any source, including, but not limited to, school stores, vending machines, school cafeterias, and any fund-raising activities on school premises, whether or not school sponsored: (1) Milk that may be flavored but contain no artificial sweeteners and no more than four



grams of sugar per ounce, (2) nondairy milks such as soy or rice milk, which may be flavored but contain no artificial sweeteners, no more than four grams of sugar per ounce, no more than thirty-five per cent of calories from fat per portion and no more than ten per cent of calories from saturated fat per portion, (3) one hundred per cent fruit juice, vegetable juice or combination of such juices, containing no added sugars, sweeteners or artificial sweeteners, (4) beverages that contain only water and fruit or vegetable juice and have no added sugars, sweeteners or artificial sweeteners, and (5) water, which may be flavored but contain no added sugars, sweeteners, artificial sweeteners or caffeine. Portion sizes of beverages, other than water as described in subdivision (5) of this subsection, that are offered for sale pursuant to this subsection shall not exceed twelve ounces.

(b) Each such board of education or governing authority may permit at schools under its jurisdiction, the sale to students of beverages that are not listed in subsection (a) of this section, provided (1) such sale is in connection with an event occurring after the end of the regular school day or on the weekend, (2) such sale is at the location of such event, and (3) such beverages are not sold from a vending machine or school store. <http://www.cga.ct.gov/2007/pub/Chap170.htm#Sec10-221q.htm>.

For additional information, see *Overview of Connecticut Statutes for School Food and Beverages and Questions and Answers on Connecticut Statutes for School Food and Beverages*, available at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320754#Standards>.

#### **Regulations of Connecticut State Agencies Section 10-215b-1. Competitive Foods.**

(a) No school food authority shall permit the sale or dispensing to students of extra food items anywhere on the school premises from thirty minutes prior to the start of any state or federally subsidized milk or food service program until thirty minutes after such program.

(b) “Extra food items” means tea, coffee, soft drinks and candy.

(c) “School food authority” means the governing body which has the legal authority to operate one or more school feeding programs and receive state or federal subsidies for the operation of any such program.

(d) The provisions of this section shall not apply to the Department of Corrections.

*Note: Section 10-221q of the Connecticut General Statutes completely eliminates the sale of tea, coffee and soft drinks to students in all public schools, so it supersedes the timeframe previously allowed by Section 10-215b-1 of the Regulations of Connecticut State Agencies. This regulation only apply to schools participating in USDA’s National School Lunch Program, School Breakfast Program, After-School Snack Program and Special Milk Program.*

**Regulations of Connecticut State Agencies Section 10-215b-23. Income from the sale of food items.** The income from the sale to students of food items, anywhere on the school premises from thirty minutes prior to the start of any state or federally subsidized milk or food service program until 30 minutes after any such program, shall accrue to the school food authority for the benefit of state or federally subsidized milk or food service programs.

*Note: This regulation only apply to schools participating in USDA’s National School Lunch Program, School Breakfast Program, After-School Snack Program and Special Milk Program.*

**Regulations of Connecticut State Agencies Section 19-13-B42. Sanitation of Places Dispensing Foods or Beverages.** <http://www.dph.state.ct.us/BRS/food/fp1942.htm>

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- Healthy Fundraising*, Connecticut State Department of Education, 2005 (Revised February 2007): <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320754#Resources>
- Healthy School Meals Resource System*, U.S. Department of Agriculture: <http://schoolmeals.nal.usda.gov>
- Keys to Excellence in School Food and Nutrition Programs*, School Nutrition Association: <http://www.schoolnutrition.org/KEYS>

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Snacks Meeting Connecticut's Healthy Snack Standards, Connecticut State Department of Education:

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Additional resources can be found in the Department's *Healthy School Nutrition Environment Resource List* and *List of Nutrition-Related Websites*, available at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320754#Resources>. These lists contain websites and online resources to assist schools with promoting healthy eating and physical activity for children. The Department updates these lists regularly.

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## SECTION 5 – SCHOOL BEHAVIORAL HEALTH SERVICES

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### Definition

**B**ehavioral health services (which may be more generically referred to as mental health) refers to developmental, behavioral, cognitive, emotional, psychological and medical needs associated with optimal human functioning. Behavioral health typically addresses individual, family, social and environmental systems and their inter-relatedness. Services are provided by professionals with training in counseling, psychology, social work, nursing, medicine or, to a lesser extent, the social sciences and related programs. Staff may be exclusively school-based or may be associated with local community agencies.

Addressing behavioral health includes providing safe, supportive environments that encourage self-examination and inquiry, leading to growth as an individual and as a member of society. Although approaches to providing comprehensive behavioral health services to young people may differ, methods are likely to include individual or group counseling, student assistance or child study teams, and actions to positively affect the school climate. Although each of these program types has strengths and limitations, they can be most effective when combined within a coordinated plan of services and policies. To foster behavioral health schools need to be safe; ensure academic readiness, including appropriate nutrition, academic supports, health and mental health services, and intellectual challenge; support the validity of an individual's uniqueness; and respect differences.

### Rationale

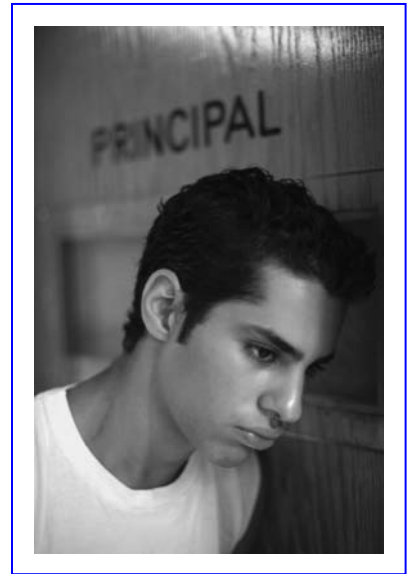
Mental health is an essential component of overall general health, and mental health disorders are genuine health conditions (President's New Freedom Commission on Mental Health, 2003; U.S. Public Health Service, 1999). Mental health treatment is efficacious, meaningful, and, when delivered consistently and comprehensively, reduces economic, social and psychological costs to individuals, their families and society. A study by the World Health Organization, in collaboration with the World Bank and Harvard University, of the impact of mental health disorders on established market economies during the 1990s found that mental health impairment is the second leading cause of disability and premature death (World Health Organization, 2001).

The costs of mental illness, both personal and economic, attest to the need for preventive services throughout the lifespan and targeted interventions as soon as issues emerge. Most schools provide some level of mental health-related service. These services commonly include referral (89 percent), assessment (80 percent), crisis intervention (78 percent), and screening (77 percent) (Lear, Isaacs, & Knickman, 2006). On any given school day, about 20 percent of the U.S. population is in a public school setting. Schools, therefore, have the unique potential to provide screening, prevention and early intervention services along with long-term oversight and follow up to a significant proportion of our society. Without investing in a significant number of additional resources, schools could extend these prevention and support services to their adult staff.



The traditional approach to behavioral health services provision in schools is based on the assumptions that schools must (1) identify those students who may have emotional, social, behavioral or psychiatric conditions that will predispose them to ongoing vulnerability and incapacity; and (2) provide support services to address those issues identified to enable students to benefit from their educational program. The results of the 2005 Connecticut School Health Survey (Connecticut's version of the national Youth Risk Behavior Survey) clearly identify the hazards confronted by young people, as well as some factors that effectively reduce risk:

- ✧ More Connecticut students report dating violence than is reported nationally.
- ✧ More Connecticut students report attempting suicide than is reported nationally.
- ✧ 23 percent of high school students have smoked marijuana in the last 30 days.
- ✧ 45 percent of high school students drank alcohol in the last 30 days.
- ✧ Nearly 30 percent of students reported having ridden in an automobile where the driver had been drinking alcohol.
- ✧ Students who say that their parents usually know where they are, are about 30 percent less likely to attempt suicide, experience dating violence, have sexual intercourse, or smoke marijuana. They are also 50 percent less likely to drink alcohol or smoke cigarettes.



School behavioral health personnel can contribute to the reduction of these trends through carefully and consistently focusing prevention and intervention efforts on these and related risk factors. The No Child Left Behind Act has increased focus on academic achievement with pressures on schools to achieve adequate yearly progress. At the same time that schools, in response to NCLB, are moving from a deficit model of educational evaluation and toward assessments based on a student's capacity to respond to teaching interventions, schools are also moving away from identifying social, emotional and behavioral deficits toward models based on normative development. The New Freedom Commission's recommendations emphasize the need for mental health in schools to focus on the following:

- ✧ Promoting social-emotional development, preventing mental health and psychosocial problems, and enhancing resiliency and protective buffers.
- ✧ Intervening as early as feasible after the onset of emotional, behavior, and learning problems and addressing severe and chronic problems.
- ✧ Addressing systemic issues at schools that affect both student and staff well-being, such as practices that engender bullying, alienation, student disengagement from classroom learning, and staff burnout.
- ✧ Establishing equitable guidelines, standards, and accountability for mental health in schools.
- ✧ Building the capacity of all school staff to address emotional, behavioral, and learning problems and promote healthy social-emotional development, drawing on all empirical evidence as an aid to developing a comprehensive, multifaceted and cohesive continuum of school-community interventions (Center for Mental Health in Schools & Center for School Mental Health Assistance, 2004).



This section presents policy recommendations, policy rationale, implementation strategies and resources for school behavioral health services.

## Policy Recommendations

Policy recommendations for school behavioral health services address the following ten areas.

1. **Eliminate stigma.** Stigma related to mental health disorders shall be eliminated.
2. **Informed consent.** The district shall develop protocols, policies, and procedures to obtain parental consent for children to participate in clinical assessment and treatment services.
3. **Mental health screening.** Early and ongoing screening shall be provided for existing and emerging conditions that affect social-emotional development, behavior and psychological functioning.
4. **Community-based linkages.** The district shall develop proactive linkages to local community services that provide supports for target conditions.
5. **Economically disadvantaged families.** The district shall, in collaboration with local community providers, develop and increase its capacity to provide appropriate services for young people whose family's economic circumstances may be a barrier to accessing best-practice services.
6. **Crisis intervention.** Capacity to provide crisis intervention and brief treatment services shall be strengthened.
7. **Staff development.** All school staff shall be informed about normative development, common potential stressors that may interfere with learning and behavioral health (e.g., bereavement, parental divorce), atypical emotional responses, classroom-based interventions that positively affect school climate, systems-based interventions that improve quality of life in school settings, and mechanisms for referring students for more extensive behavioral health services.
8. **Parent-school linkages.** Parent-school linkages related to the behavioral health needs of young people throughout childhood and adolescence shall be strengthened.
9. **Reduce risk behaviors.** Child and adolescent risk behaviors, including but not limited to tobacco use, unsafe sexual behaviors, drug and alcohol use, and suicide, shall be reduced.
10. **School climate initiatives.** Personal and systems-based programs to improve school climate shall be established.

## Policy Rationale and Implementation Strategies

### 1. *Eliminate stigma.* Stigma related to mental health disorders shall be eliminated.

Most professionals agree that mental illness has historically been viewed with confusion, suspicion and judgmental bias. Lack of understanding and fears coupled with a desire to distance oneself from the harsh reality of affected persons' lives have led society to reject individuals suffering from common and debilitating mental health conditions. Current estimates of the incidence of mental health disorders indicate that about 20 percent of the adult population suffers from some form of mental illness at any given time (U.S. Department of Health and Human Services, 1999). Surveys among school-aged populations offer similar results.

Although 1 in 5 children, adolescents and adults experience some form of mental illness, stigma associated with such conditions results in secretiveness and a reluctance to seek treatment, which in turn reduces the ability of support systems to reach their target populations. Schools, whose principal mission is to inform and educate, are uniquely positioned within their communities to confront stigmatization and promote understanding through dissemination of age-appropriate and developmentally informed communication.

Schools, families and other societal systems have the responsibility to teach positive social values associated with optimal functioning. Literature suggests that historical ignorance concerning mental illness and behavioral health disorders has led to intergenerational misunderstanding and a continued prejudice against individuals with these conditions. School staff should proactively and consistently confront these misunderstandings and provide in their place compassion, understanding and empathy. Through these means, the next generation of unaffected individuals will be able to assist those with behavioral health disorders to engage more fully in society.

Implementation strategies include:

- ✧ Use considerate and respectful language when discussing mental health conditions.
- ✧ Focus on the abilities and capacities of individuals, rather than limitations.
- ✧ Avoid derogatory and inaccurate labels such as “crazy,” “psycho,” or “mental” when discussing these conditions or the individuals that suffer from them.
- ✧ Furnish information, available through SAMHSA, National Institute of Mental Health and the World Health Organization, among others that corrects mistaken impressions about mental illness in our society, i.e., provide evidence-based information to rectify misconceptions directly associating mental illness with violence.
- ✧ Provide to any parent whose child presents with a mental health disorder a copy of a “Consumer’s Bill of Rights” (available from the Substance Abuse and Mental Health Services Administration (SAMHSA) website at [http://www.hcqualitycommission.gov/final/append\\_a.html](http://www.hcqualitycommission.gov/final/append_a.html)).
- ✧ Monitor local press reports regarding individuals with psychiatric disabilities and write letters to the editor to correct any misconceptions or negative portrayals of individuals with these conditions.
- ✧ Help the school community make the link between stigma and discrimination.

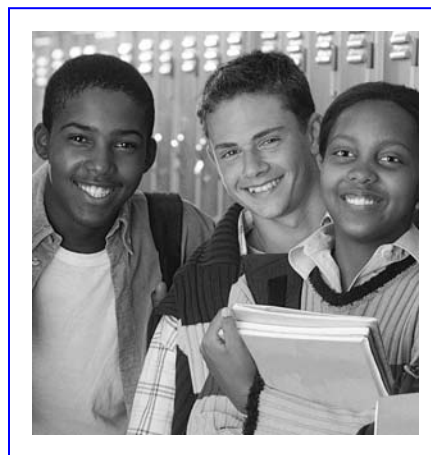
**2. *Informed consent.*** The district shall develop protocols, policies and procedures to obtain parental consent for children to participate in clinical assessment and treatment services.

Schools should attempt to obtain active parental consent for clinical evaluations and treatment services. In certain circumstances, crisis intervention services may be required before obtaining such consent; parents should be contacted as early as reasonably possible. Policies and procedures should clearly and completely address privacy and confidentiality issues before any conflicts arise.

Although there may be concern that a requirement for parental consent and involvement may create a barrier for serving adolescents, establishing these practices in the earliest grades can reduce this concern from the student's perspective and can promote understanding of behavioral health services as common practices from which many can benefit.

Implementation strategies include:

- ✧ Publish information about policies and procedures for obtaining parental consent, including privacy and confidentiality, in student and/or parent handbooks.
- ✧ Provide parental consent forms written in the parents' dominant language and avoid ambiguous, confusing or nonstandard terms. Forms should explain the purpose, intent and process in which the student will be participating, including alternative assessment or treatment options, procedures, risks, benefits and specifics of what will be maintained as confidential, as well as costs or compensation.
- ✧ Avoid technical terms whenever possible and provide clear, straightforward explanations of technical terms whenever they must be used.
- ✧ Frame the permission statement in the consent form as the parents themselves would state it.



**3. *Mental health screening.*** Early and ongoing screening shall be provided for existing and emerging conditions that affect social-emotional development, behavior and psychological functioning.

Schools have developed the capacity to identify early conditions that impede academic achievement, such as autism and other developmental and learning disabilities. Although school counselors, psychologists and social workers commonly participate in these assessments, their expertise has not always been incorporated into the broader structure to screen for conditions that may emerge later in a student's development.

When schools face more complex behavioral health issues, such as childhood disintegrative disorder, depression, schizophrenia or other dysfunctional conditions, they frequently address them on a case-by-case basis, which can result in a wide disparity in services provided to children and their families. Schools and districts must develop within their structures more comprehensive, cohesive systems of care to provide early detection and screening, as well as thorough evaluation of need and subsequent treatment.

Behavioral issues are often viewed from the perspective of how they disrupt school and classroom activities. School staff needs to distinguish between disciplining students for normative behaviors, such as sloppiness, competitiveness and risk-taking that may temporarily interfere with classroom management, and problematic behaviors that require professional assessment.

Implementation strategies include:

- ✧ Require principles of informed consent to guide administration of screening tools.
- ✧ Screen children, while planning collaboratively with their parents, at the first indication of poor academic adjustment in relation to social, emotional, developmental, cognitive or other peer-matched functional measures. Additional screening may be appropriate as children encounter significant developmental or chronological stressors that may affect their education, such as changing family or school circumstances.
- ✧ Use developmental norms, when appropriate, in screenings to establish thresholds for additional services.
- ✧ Use screening to identify functional areas that may benefit from additional supports, rather than establishing diagnostic data.
- ✧ When school personnel participate in statewide or national surveys, provide staff and administration with disaggregated data, when available and appropriate, to inform them of local trends.
- ✧ Use principles of Response to Intervention cited in the 2004 Individuals with Disabilities Education Act (IDEA) to address social-developmental-behavioral learning.

**4. *Community-based linkages.* The district shall develop proactive linkages to local community services that provide supports for behavioral health conditions.**

Schools need to improve the integration of services with outside community agencies through creative mechanisms that are not dependent on funding. For example, providing space for a local mental health agency to meet with children during the school day would eliminate scheduling and transportation barriers that often prevent children from receiving necessary services. Linkages should focus on early identification, referral and follow up. Collaboration between schools and local agencies should adhere to guidelines that address confidentiality, informed consent and the inclusion of parents as partners.

Implementation strategies include:

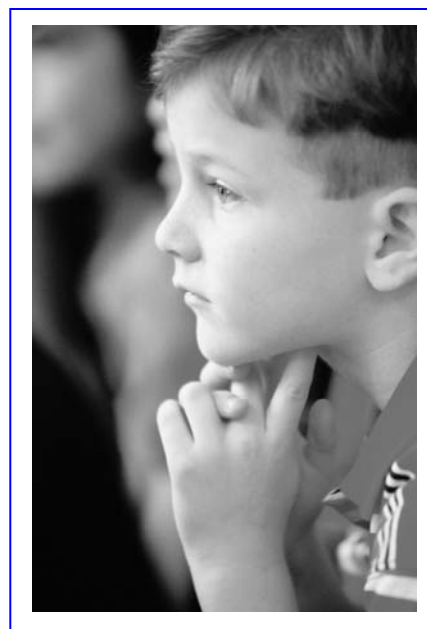
- ✧ Build linkages that accommodate the needs of individuals, their families and organizational systems.
- ✧ Consider providing space for local mental health agencies to meet with client children during the school day.
- ✧ Ensure that collaboration between schools and local agencies adheres to guidelines addressing confidentiality, informed consent and the inclusion of parents as partners.
- ✧ Ensure that any request for release of information clearly indicates what information will be shared, with whom, and for what period of time.
- ✧ Develop contractual relationships (memoranda of understanding or agreement) with outside agencies rather than collaborating on a case-by-case basis.
- ✧ Engage in coordinated, collaborative case planning that includes representation from multiple associated disciplines, e.g. nursing, social work, counseling, psychology.

5. **Economically disadvantaged families.** The district shall, in collaboration with local community providers, develop and increase its capacity to provide appropriate services for young people whose family's economic circumstances may be a barrier to accessing best-practice services.

Lack of funding and inadequate insurance coverage are among the most significant barriers to support for families and children who need it. Through the Health Insurance for Uninsured Kids and Youth (HUSKY) plan, children and their families who meet eligibility criteria can receive insurance coverage either free or at reduced cost. Although this plan meets the needs of some of the more vulnerable members of our society, the cost of mental health treatment is still prohibitive for a significant portion of the public. These families often also have incorrect information or the impression that mental health needs are less important than other health concerns.

Implementation strategies include:

- ✧ Work with parent groups and through information mechanisms, such as letters to the home, websites, and parent and student handbooks, to communicate the contributions that healthy social-emotional, developmental and psychiatric status make to academic and overall functioning.
- ✧ Help parents advocate for more expansive, coordinated services for children and families.
- ✧ Assist families with ensuring that their children have health insurance and provide appropriate application materials when needed.
- ✧ Review and catalogue, in collaboration with local health providers, free or reduced-cost services available in the community and develop protocols to ensure that those with greatest need receive priority.
- ✧ Establish formal relationships with providers in the *Community Collaborative System of Care* ([http://www.ct.gov/dcf/lib/dcf/behavioral\\_health/pdf/ct\\_comm\\_coll\\_for\\_child\\_&\\_fam\\_directory.doc](http://www.ct.gov/dcf/lib/dcf/behavioral_health/pdf/ct_comm_coll_for_child_&_fam_directory.doc)).
- ✧ Participate in the Mental Health Transformation activities administered by the Connecticut Department of Mental Health and Addiction Services (<http://www.dmhas.state.ct.us/transformation.htm>).
- ✧ Create and annually update a listing of all licensed providers in your community, along with any special instructions related to enrollment, application for services, types of treatment, etc.
- ✧ Develop resource packets for families that include listings of relevant community and state services with explanations of the services, intake mechanisms, approximate costs, and alternative resources for families with economic limitations that may affect students' access to necessary services.



6. **Crisis intervention.** Capacity to provide crisis intervention and brief treatment services shall be strengthened.

Childhood and adolescence is a period in human development when one experiences many changes in functioning within a short time frame. As a result of these ongoing, normative challenges, young people frequently require brief interventions to help them develop and improve their coping and problem-solving skills. Although many schools offer high-quality, meaningful supports for such intermittent crises in students' lives, many of these services are provided in a reactive mode. Schools will respond more effectively and strategically by developing protocols and procedures for addressing such predictable needs. Overarching philosophies related to the milestones, challenges and skills development that affect the healthy growth of young people should govern the provision of crisis-related and brief treatment services.

Implementation strategies include:

- ✧ Develop appropriate protocols with a decision tree that indicates how, when, and by whom services are to be delivered, what the follow-up plan will be, and how the family will be included in assisting students through transitional periods.
- ✧ Establish in each school a safety committee, as suggested by CGS 10-220f, to increase staff and student awareness of health and safety issues and to review the adequacy of emergency response procedures. Each school should have comprehensive emergency response plans that anticipate relocation, temporary isolation from other support services, and mental health triage and brief treatment, in addition to other challenges to typical school operations.
- ✧ As allowed by CGS 10-231, substitute every three months a crisis drill in place of the required fire drill. Use these opportunities to practice “lockdown” and evacuation drills.
- ✧ Establish a crisis team that considers the physical plant, the student and community population, capacity of external agencies, and their involvement with municipal emergency management services. This team should be able to respond to the individual and group needs of the student body.
- ✧ Establish proactive relationships and agreements with the regional agency overseeing Emergency Mobile Psychiatric Services (<http://www.ct.gov/dcf/cwp/view.asp?a=2558&q=314354>) for effective facilitation of urgent referrals for services.
- ✧ Gather and analyze data on urgent requests for support services to ensure that interventions, protocols and deployment of behavioral health staff are responsive to current and emerging trends in the student body.
- ✧ Ensure full implementation of the Connecticut Comprehensive School Counseling Program (<http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Special/counseling.pdf>).
- ✧ Ensure that mental health staff employed by the school applies evidence-based techniques and practices that address specific goals and outcomes.
- ✧ Facilitate transfer to community mental health specialists those youngsters who might benefit from more long-term interventions.



7. **Staff development.** All school staff shall be informed about normative development, common potential stressors that may interfere with learning and behavioral health (e.g., bereavement, parental divorce), atypical emotional responses, classroom-based interventions that positively affect school climate, systems-based interventions that improve quality of life in school settings, and mechanisms for referring students for more extensive behavioral health services.

Teachers' pre-service education includes little information about the normative development of young people and behaviors that might emerge throughout a student's educational career. Schools should ensure that each staff member has adequate information about normative development.

Implementation strategies include:

- ✧ Provide staff orientation and training that addresses the typical developmental milestones, emotional needs and activities that affect young people. Staff should be particularly knowledgeable about the age group with whom they interact but should also be familiar enough with general development to recognize how their students fit within the continuum of growth during the school years.
- ✧ Schedule regular in-service workshops provided by behavioral health services staff that address typical development, anomalous development, and strategies to assist students in their passage through the school system.
- ✧ Ensure that mental health personnel receive relevant professional training that increases their skills and capacity to meet the behavioral health needs of students.
- ✧ Collaborate with colleagues in higher education to incorporate more comprehensive education about child development and age-appropriate education into pre-service training.

8. **Parent-school linkages.** Parent-school linkages related to the behavioral health needs of young people throughout childhood and adolescence shall be strengthened.

The involvement of parents is essential for creating a supportive, social behavioral health program. Students who receive high quality support services in a school setting but return to a home with an uninformed or uninvolved environment will not benefit as fully as they might from supports that have been put into place. Moreover, parents as taxpayers may be the school's best ally in leveraging financial and municipal support for the expansion of behavioral health services. Involvement of parents in the overall planning for and oversight of behavioral health needs and programming can be another method for reducing stigmatization and encouraging socially informed curriculum and services. Although in some rare occasions parents may not be able to play a beneficial role in addressing a youngster's mental health needs, the inclusion of parents closes the loop on assisting students within all the environments that affect them.

Schools can be one of the most powerful and meaningful sources of information for successful parenting. School staff members receive constant exposure to emerging developments and policies affecting young people. Schools should become information centers for the families they serve using, along with other strategies, resource packets that include information about normative development, local resources, areas of concern and advocacy around emerging or existing needs.

Implementation strategies include:

- ✧ Ensure that all staff members and students use considerate and respectful language.
- ✧ Ensure that conversations are two-way, that each person is heard and understood, and that structures for these conversations remain flexible.
- ✧ Become an information center for the families you serve, using along with other strategies, resource packets that include information about normative development, local resources, areas of concern and advocacy around emerging or existing needs.
- ✧ Assist parents in becoming actively involved in their child's education.
- ✧ Create "action teams" that are made up of parents, school staff and administrators, and students to develop comprehensive plans to increase family and community involvement.
- ✧ Conduct regular, ongoing information and training sessions addressing childhood development, limit-setting, positive reinforcement, homework skills, new math, etc., for parents and other concerned adults.
- ✧ Create and annually update a listing of licensed providers in your community, along with any special instructions related to enrollment, application for services, types of treatment, etc.
- ✧ Develop resource packets for families that include listings of community and state services with explanations of the services, intake mechanisms, the approximate costs of services, and alternative resources for families with economic limitations that might affect students' access to necessary services.
- ✧ Develop scheduling that accommodates family schedules as well as organizational staff schedules.

9. **Reduce risk behaviors.** Child and adolescent risk behaviors, including but not limited to tobacco use, unsafe sexual behaviors, drug and alcohol use, and suicide, shall be reduced.

Young people need to test external boundaries and realize their own internal capacities as part of their normal development. Unfortunately, modern society offers innumerable risks and hazards that can have fatal consequences. Drugs, alcohol and violence remain the greatest threats to young people and their successful transition into adulthood. Schools need to work with the community to identify hazards and risks, offer alternatives and recommend strategies to reduce the hazards associated with risk-taking behaviors.

Implementation strategies include:

- ✧ Ensure that staff is familiar with the content and recommendations in *Guidelines for Suicide Prevention: Policy and Procedures*, 2<sup>nd</sup> Edition, 2004 published by the Connecticut State Department of Education ([http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Student/PsychSocial/SP\\_Guidelines.pdf](http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Student/PsychSocial/SP_Guidelines.pdf)).
- ✧ Provide to all staff the most recent results of the Connecticut School Health Survey, which informs the public about the rates of risk-associated behaviors.

- ✧ Use curricular materials that are evidence-based and replicable between groups. For examples, see the CDC Registries of Programs Effective in Reducing Youth Risk Behaviors at <http://www.cdc.gov/HealthyYouth/AdolescentHealth/registries.htm>.

**10. School climate initiatives.** Personal and systems-based programs to improve school climate shall be established.

Schools themselves must become safer, more predictable, and increasingly responsive to the needs of young people and their families. Staff members need support to strengthen their capacity to support others. Systemic consideration must include the physical, emotional and humanistic needs of the school community. Violence must be reduced. Acceptance of differences should guide interpersonal interaction, pro-social and non-judgmental values should guide decision making, and responsibility should be taught and modeled.

Implementation strategies include:

- ✧ Develop structures that provide safety while encouraging the involvement of students, families and the community in school-based activities.
- ✧ Identify for each student an adult who will serve as mentor, aide, adviser and guide. Encourage the development of long-term relationships between students and staff that endure while the student attends the school.
- ✧ Use schoolwide contingency programs that provide reinforcement for positive behaviors and consistent consequences for errors. The State Education Resource Center, in collaboration with the University of Connecticut and the State Department of Education, provides training and consultation on incorporating schoolwide positive behavioral supports.
- ✧ Advise your school's student government to consider and respond to climate issues related to accountability and responsibility.
- ✧ Increase students' willingness to listen respectfully and responsively to one another.
- ✧ Encourage decision making by consensus instead of simple majority or administrative privilege.



## Legislation Pertaining to School Behavioral Health Services

**Connecticut General Statutes Section 10-16b. Prescribed courses of study.** (a) In the public schools the program of instruction offered shall include at least the following subject matter, as taught by legally qualified teachers, the arts; career education; consumer education; health and safety, including, but not limited to, human growth and development, nutrition, first aid, disease prevention, community and consumer health, physical, mental and emotional health, including youth suicide prevention, substance abuse prevention, safety, which may include the dangers of gang membership, and accident prevention. <http://www.cga.ct.gov/2007/pub/Chap164.htm#Sec10-16b.htm>

**Connecticut General Statutes Section 10-19. Teaching about alcohol, nicotine or tobacco, drugs and acquired immune deficiency syndrome. Training of personnel.** (a) The knowledge, skills and attitudes required to understand and avoid the effects of alcohol, of nicotine or tobacco and of drugs, as defined in subdivision (17) of section 21a-240, on health, character, citizenship and personality development shall be taught every academic year to pupils in all grades in the public schools; and, in teaching such subjects, textbooks and such other materials as are necessary shall be used. Annually, at such time and in such manner as the Commissioner of Education shall request, each local and regional board of education shall attest to the State Board of Education that all pupils enrolled in its schools have been taught such subjects pursuant to this subsection and in accordance with a planned, ongoing and systematic program of instruction. The content and scheduling of instruction shall be within the discretion of the local or regional board of education. Institutions of higher education approved by the State Board of Education to train teachers shall give instruction on the subjects prescribed in this section and concerning the best methods of teaching the same. The State Board of Education and the Board of Governors of Higher Education in consultation with the Commissioner of Mental Health and Addiction Services and the Commissioner of Public Health shall develop health education or other programs for elementary and secondary schools and for the training of teachers, administrators and guidance personnel with reference to understanding and avoiding the effects of nicotine or tobacco, alcohol and drugs.

(b) Commencing July 1, 1989, each local and regional board of education shall offer during the regular school day planned, ongoing and systematic instruction on acquired immune deficiency syndrome, as taught by legally qualified teachers. The content and scheduling of the instruction shall be within the discretion of the local or regional board of education. Not later than July 1, 1989, each local and regional board of education shall adopt a policy, as the board deems appropriate, concerning the exemption of pupils from such instruction upon written request of the parent or guardian. The State Board of Education shall make materials available to assist local and regional boards of education in developing instruction pursuant to this subsection. <http://www.cga.ct.gov/2007/pub/Chap164.htm#Sec10-19.htm>

**Connecticut General Statutes Section 10-19b. Advisory councils on drug abuse prevention.** Advisory councils on drug abuse education and prevention established by municipalities pursuant to subsection (a) of Section 4126 of the Drug Free Schools and Communities Act of 1986 may serve as a resource for public schools in the field of substance abuse prevention and education and may assist in the development of out-of-school activity for students. <http://www.cga.ct.gov/2007/pub/Chap164.htm#Sec10-19b.htm>

**Connecticut General Statutes Section 10-76ff. Procedures for determining if a child requires special education.** (a) Each local and regional board of education shall follow the procedures outlined in this section in determining if a child requires special education and related services, as defined in section 10-76a. (1) In conducting an evaluation of the child, the local or regional board of education shall: (A) Use a variety of assessment tools and strategies to gather relevant functional and developmental information, including information provided by the child's parent or guardian, that may assist in determining (i) whether the child is a child, (I) who requires special education and related services pursuant to subparagraphs (A) and (C) of subdivision (5) of section 10-76a, (II) whose disability has an adverse effect on his educational performance, and (III) who, by reason of such adverse effect requires special education and related services, and (ii) the content of the child's individualized education program, including information related to enabling the child to be involved in and progress in the general curriculum or, for preschool children, to participate in appropriate activities; (B) not use any single procedure as the sole criterion for determining whether a child is a child with a disability or determining an appropriate educational program for the child; and (C) use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors. (2) Each local and regional board of education shall ensure that: (A) Tests and other evaluation materials used to assess the child are (i) selected and administered so as not to be discriminatory on a racial or cultural basis, and (ii) provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so; (B) any standardized tests that are given to the child (i) were validated for the specific purpose for which they are used, (ii) are administered by trained and knowledgeable personnel, and (iii) are administered in accordance with any instructions provided by the producer of such tests; (C) the child is assessed in all areas of suspected disability; and (D) assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the child are provided. (3) In accordance with section 10-76d and applicable federal law and regulations, upon completion of administration of tests and other evaluation materials, the determination of whether the child is a child requiring special education and related services shall be made by a team consisting of qualified professionals and the parent or guardian of the child and a copy of the evaluation report and the documentation for such determination shall be given to the parent or guardian of the child. (4) The local or regional board of education shall not determine that a child requires special education and related services based solely on (A) a lack of instruction in reading or math or limited English proficiency, or (B) evidence that the child's behavior violates the school's disciplinary policies or evidence that is derived from the contents of discipline records. <http://www.cga.ct.gov/2007/pub/Chap164.htm#Sec10-76ff.htm>

**Connecticut General Statutes Section 10-209. Records not to be public. Provision of reports to schools.** (a) No record of any medical examination made or filed under the provisions of sections 10-205, 10-206, 10-207 and 10-214, or of any psychological examination made under the supervision or at the request of a board of education, shall be open to public inspection. <http://www.cga.ct.gov/2007/pub/Chap169.htm#Sec10-209.htm>

**Connecticut General Statutes Section 10-212b. Policies prohibiting the recommendation of psychotropic drugs by school personnel.** (a) For purposes of this section, (1) "psychotropic drugs" means prescription medications for behavioral or social-emotional concerns, such as attentional deficits, impulsivity, anxiety, depression and thought disorders, and includes, but is not limited to, stimulant medication and antidepressants, and (2) "school health or mental health personnel" means school nurses or nurse practitioners appointed pursuant to section 10-212, school medical advisors appointed pursuant to section 10-205, school psychologists, school social workers, school counselors and such other school personnel who have been identified as the person responsible for communication with a parent or guardian about a child's need for medical evaluation pursuant to a policy adopted by a



local or regional board of education as required by subsection (b) of this section.

<http://www.cga.ct.gov/2007/pub/Chap169.htm#Sec10-212b.htm>

**Connecticut General Statutes Section 10-220a. In-service training. Professional development. Institutes for educators. Cooperating and beginning teacher programs, regulations.** (a) Each local or regional board of education shall provide an in-service training program for its teachers, administrators and pupil personnel who hold the initial educator, provisional educator or professional educator certificate. Such program shall provide such teachers, administrators and pupil personnel with information on (1) the nature and the relationship of drugs, as defined in subdivision (17) of section 21a-240, and alcohol to health and personality development, and procedures for discouraging their abuse, (2) health and mental health risk reduction education which includes, but need not be limited to, the prevention of risk-taking behavior by children and the relationship of such behavior to substance abuse, pregnancy, sexually transmitted diseases, including HIV-infection and AIDS, as defined in section 19a-581, violence, child abuse and youth suicide, (3) the growth and development of exceptional children, including handicapped and gifted and talented children and children who may require special education, including, but not limited to, children with attention-deficit hyperactivity disorder or learning disabilities, and methods for identifying, planning for and working effectively with special needs children in a regular classroom, (4) school violence prevention and conflict resolution, (5) cardiopulmonary resuscitation and other emergency life saving procedures, (6) computer and other information technology as applied to student learning and classroom instruction, communications and data management, (7) the teaching of the language arts, reading and reading readiness for teachers in grades kindergarten to three, inclusive, and (8) second language acquisition in districts required to provide a program of bilingual education pursuant to section 10-17f. The State Board of Education, within available appropriations and utilizing available materials, shall assist and encourage local and regional boards of education to include: (A) Holocaust education and awareness; (B) the historical events surrounding the Great Famine in Ireland; (C) African-American history; (D) Puerto Rican history; (E) Native American history; (F) personal financial management; and (G) topics approved by the state board upon the request of local or regional boards of education as part of in-service training programs pursuant to this subsection. <http://www.cga.ct.gov/2007/pub/Chap170.htm#Sec10-220a.htm>

**Connecticut General Statutes Section 10-220f. Safety committee.** Each local and regional board of education may establish a school district safety committee to increase staff and student awareness of safety and health issues and to review the adequacy of emergency response procedures at each school. Parents and high school students shall be included in the membership of such committees.

<http://www.cga.ct.gov/2007/pub/Chap170.htm#Sec10-220f.htm>

**Connecticut General Statutes Section 10-221. Boards of education to prescribe rules, policies and procedures.** (d) Not later than July 1, 1991, each local and regional board of education shall develop, adopt and implement policies and procedures in conformity with section 10-154a for (1) dealing with the use, sale or possession of alcohol or controlled drugs, as defined in subsection (8) of section 21a-240, by public school students on school property, including a process for coordination with, and referral of such students to, appropriate agencies and (2) cooperating with law enforcement officials.

(e) Not later than July 1, 1990, each local and regional board of education shall adopt a written policy and procedures for dealing with youth suicide prevention and youth suicide attempts. Each such board of education may establish a student assistance program to identify risk factors for youth suicide, procedures to intervene with such youth, referral services and training for teachers and other school professionals and students who provide assistance in the program. <http://www.cga.ct.gov/2007/pub/Chap170.htm#Sec10-221.htm>



**Connecticut General Statutes Section 10-222d. Policy on bullying behavior.** Each local and regional board of education shall develop a policy, for use on and after February 1, 2003, to address the existence of bullying in its schools. Such policy shall: (1) Enable students to anonymously report acts of bullying to teachers and school administrators, (2) enable the parents or guardians of students to file written reports of suspected bullying, (3) require teachers and other school staff who witness acts of bullying or receive student reports of bullying to notify school administrators, (4) require school administrators to investigate any written reports filed pursuant to subdivision (2) of this section and to review any anonymous reports, (5) include an intervention strategy for school staff to deal with bullying, (6) provide for the inclusion of language in student codes of conduct concerning bullying, (7) require the parents or guardians of students who commit any verified acts of bullying and the parents or guardians of students against whom such acts were directed to be notified, and (8) require each school to maintain a list of the number of verified acts of bullying in such school and make such list available for public inspection. The notification required pursuant to subdivision (7) of this section shall include a description of the response of school staff to such acts and any consequences that may result from the commission of further acts of bullying. For purposes of this section, "bullying" means any overt acts by a student or a group of students directed against another student with the intent to ridicule, humiliate or intimidate the other student while on school grounds or at a school-sponsored activity which acts are repeated against the same student over time. <http://www.cga.ct.gov/2007/pub/Chap170.htm#Sec10-222d.htm>

**Connecticut General Statutes Section 10-231. Fire drills. Crisis response drills.** Each local and regional board of education shall provide for a fire drill to be held in the schools of such board at least once each month, except that once every three months a crisis response drill may be substituted for a fire drill. <http://www.cga.ct.gov/2007/pub/Chap170.htm#Sec10-231.htm>

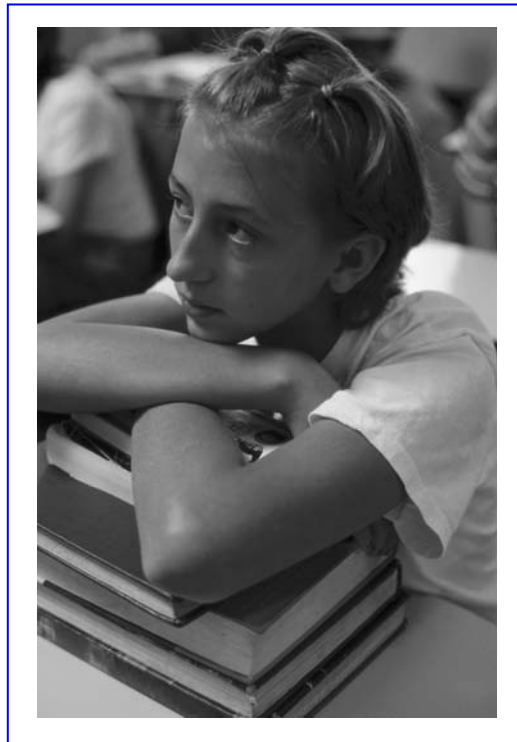
**Connecticut General Statutes Section 17a-101. (Formerly Sec. 17-38a). Protection of children from abuse. Mandated reporters. Educational and training programs.** (a) The public policy of this state is: To protect children whose health and welfare may be adversely affected through injury and neglect; to strengthen the family and to make the home safe for children by enhancing the parental capacity for good child care; to provide a temporary or permanent nurturing and safe environment for children when necessary; and for these purposes to require the reporting of suspected child abuse, investigation of such reports by a social agency, and provision of services, where needed, to such child and family.

(b) The following persons shall be mandated reporters: Any physician or surgeon licensed under the provisions of chapter 370, any resident physician or intern in any hospital in this state, whether or not so licensed, any registered nurse, licensed practical nurse, medical examiner, dentist, dental hygienist, psychologist, coach of intramural or interscholastic athletics, school teacher, school principal, school guidance counselor, school paraprofessional, school coach, social worker, police officer, juvenile or adult probation officer, juvenile or adult parole officer, member of the clergy, pharmacist, physical therapist, optometrist, chiropractor, podiatrist, mental health professional or physician assistant, any person who is a licensed or certified emergency medical services provider, any person who is a licensed or certified alcohol and drug counselor, any person who is a licensed marital and family therapist, any person who is a sexual assault counselor or a battered women's counselor as defined in section 52-146k, any person who is a licensed professional counselor, any person paid to care for a child in any public or private facility, child day care center, group day care home or family day care home licensed by the state, any employee of the Department of Children and Families, any employee of the Department of Public

Health who is responsible for the licensing of child day care centers, group day care homes, family day care homes or youth camps, the Child Advocate and any employee of the Office of Child Advocate.

(c) The Commissioner of Children and Families shall develop an educational training program for the accurate and prompt identification and reporting of child abuse and neglect. Such training program shall be made available to all persons mandated to report child abuse and neglect at various times and locations throughout the state as determined by the Commissioner of Children and Families.

(d) Any mandated reporter, as defined in subsection (b) of this section, who fails to report to the Commissioner of Children and Families pursuant to section 17a-101a shall be required to participate in an educational and training program established by the commissioner. The program may be provided by one or more private organizations approved by the commissioner, provided the entire costs of the program shall be paid from fees charged to the participants, the amount of which shall be subject to the approval of the commissioner. <http://www.cga.ct.gov/2007/pub/Chap319a.htm#Sec17a-101.htm>



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## Resources

- Community Collaborative System of Care: [http://www.ct.gov/dcf/lib/dcf/behavioral\\_health/pdf/ct\\_comm\\_coll\\_for\\_child\\_&\\_fam\\_directory.doc](http://www.ct.gov/dcf/lib/dcf/behavioral_health/pdf/ct_comm_coll_for_child_&_fam_directory.doc)
- Connecticut Behavioral Health Plan: <http://www.ctbhp.com/>
- Connecticut Mental Health Transformation State Incentive Grant: <http://www.dmhas.state.ct.us/transformation.htm>
- Connecticut State Department of Education Coordinated School Health Partnerships: <http://www.ct.gov/sde/healthyconneCTions>
- Connecticut State Department of Education Primary Mental Health Program: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&q=320752>
- Connecticut State Department of Education Special Education Resources: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=320730#publications>
- Crisis Response – Creating Safe Schools: <http://www.ed.gov/admins/lead/safety/training/responding/index.html>
- Developing Quality Programs for Pupil Services: A Self-Evaluative Guide: <http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Special/QPPupilSrves.pdf>
- Healthcare for Uninsured Kids and Youth (HUSKY): <http://www.huskyhealth.com/>
- Internet Mental Health: <http://www.mentalhealth.com/>
- Internet Resource for Special Children: <http://www.irsc.org/>
- MedLine Plus – School Health: <http://www.nlm.nih.gov/medlineplus/schoolhealth.html>
- Model Special Education Policies and Procedures Manual, 2007: <http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Special/PolicyProceduresManual.pdf>
- National Institute of Mental Health: <http://www.nimh.nih.gov/>
- Practice Guidelines for Recovery-Oriented Behavioral Health Care: <http://www.dmhas.state.ct.us/documents/practiceguidelines.pdf>
- Report on Attention-Deficit Hyperactivity Disorder (ADHD): [http://www.ctserc.org/initiatives/teachandlearn/ADHD\\_report\\_5-2-05.pdf](http://www.ctserc.org/initiatives/teachandlearn/ADHD_report_5-2-05.pdf)
- School Mental Health Services in the United States, SAMHSA: <http://mentalhealth.samhsa.gov/publications/allpubs/sma05%2D4068/>
- School-based Mental Health Services: A Selected Bibliography, The center for Health and Healthcare in Schools: [http://www.healthinschools.org/sbhcs/biblio\\_mental.asp](http://www.healthinschools.org/sbhcs/biblio_mental.asp)
- The Collaborative for Academic, Social and Emotional Learning (CASEL): <http://www.casel.org/home/index.php>
- The National Center for School Crisis and Bereavement: <http://www.cincinnatichildrens.org/svc/alpha/s/school-crisis/default.htm>
- The World Health Organization – Mental Health: [http://www.who.int/mental\\_health/en/index.html](http://www.who.int/mental_health/en/index.html)
- UCLA School Mental Health Project: <http://smhp.psych.ucla.edu/>
- University of Maryland School of Medicine Center for School Mental Health Analysis and Action: <http://csmha.umaryland.edu/index.html>

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## SECTION 6 – STAFF WELLNESS

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### Definition

Staff wellness/health promotion is defined as opportunities for school staff members to improve their health status through activities such as health assessments, health education and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to improved health status, improved morale, and a greater personal commitment to the school's overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have improved productivity, decreased absenteeism and reduced health insurance costs (CDC, 2005).

### Rationale

Healthy, engaged teachers and staff are essential supports for student learning. Staff wellness programs contribute to an overall healthy school environment and climate, affecting all members of the school community—students, faculty and other staff, and families—as well as all other aspects of the health of the wider school community. Health promotion and wellness programs for staff encourage all adults in the school to pursue healthy lifestyles. A healthy lifestyle includes physical, social, emotional and mental health. Personal commitment by school staff to learning about and leading healthy lives can contribute to students' greater understanding and commitment to better health and strengthen the coordinated school health approach. Staff role modeling demonstrates to students the benefits of leading healthy physical and social lives. Moreover, better overall health for the adults in school improves morale. Districts with formal staff wellness programs experience savings in health care costs; higher daily attendance by staff; increased staff loyalty, job satisfaction, morale and retention; and improved general health and well-being. Site-based staff wellness programs are health promoting and preventive efforts that work. Workplaces that feature programs and activities that promote workers' health are more attractive to prospective employees, present a positive community image, and experience increased productivity.



This section presents policy recommendations, policy rationale, implementation strategies and resources for staff wellness.

## Policy Recommendations

A comprehensive school staff wellness program requires an environment that values, supports and protects the well-being of teachers, staff and students; an organizational structure that incorporates policies, goals and objectives addressing school staff wellness and safety into the school and district culture; and the commitment of resources to health promotion, disease prevention and occupational safety.

Policy recommendations for staff wellness address the following nine areas.

1. **Health promoting actions.** The district shall disseminate information, build awareness, provide health education, and support health-promoting activities that focus on skill development and lifestyle behavior change for staff members.
2. **Access to facilities.** Staff shall have access to facilities that meet employee wellness needs and interests.
3. **Application of nutrition standards.** Nutrition standards shall apply to all foods and beverages, including those in vending machines available to staff members.
4. **Tobacco use policies.** All use of tobacco by students, staff members and visitors shall be prohibited on school grounds.
5. **Safe social and physical environments.** Social and physical environments shall be safe and supportive, supported by district expectations of healthy behaviors and implementation of policies that promote health and safety and reduce the risk of disease.
6. **Integration of the staff wellness program.** The staff wellness program shall be integrated into district and school culture and structure.
7. **Linkage with other programs.** Staff wellness programs shall be linked to related programs such as employee assistance programs, emergency care, and programs that help employees balance work and family life.
8. **Worksite screening programs.** The district shall offer worksite screening programs linked to medical care to ensure follow up and appropriate treatment, as necessary.
9. **Evaluation and improvement.** The district shall conduct ongoing evaluation to inform the improvement of the staff wellness program's effectiveness and efficiency.

Adapted from: *Healthy People 2010* <http://www.healthypeople.gov/> and *The National Association of State Boards of Education*: <http://www.schoolwellnesspolicies.org/resources/SchoolStaffWellness.pdf>.



## Policy Rationale and Implementation Strategies

School boards, superintendents, central office personnel, building principals, health educators and physical educators, school nurses, food service staff, custodians and maintainers, school mental health professionals, and all other staff can play a variety of roles in the development, promotion, implementation and evaluation of the staff wellness program. Many of these people can do so within the ordinary scope of their employment in a school and district, often without additional monetary cost. School and community organizations, such as the PTA/PTO, can become involved in all of these capacities as well, and can potentially be the source of both moral and financial support for school staff wellness programs. Getting most, if not all, on board with the school or district's wellness movement can benefit the climate, morale and overall wellness of the school.

Suggested steps for developing and maintaining a staff wellness program:

1. Identify a coordinator
2. Secure support of policy makers
3. Form a wellness committee
4. Conduct a survey of employees' needs and interests
5. Develop a mission, goals and objectives for the program
6. Evaluate the program at regular intervals

As part of a coordinated school health approach school staff wellness programs can draw on many district and community resources such as swimming pools, weight training equipment and facilities, running tracks and par-fit courses, and other recreational facilities to promote physical activity. Physical education staff can provide instruction about developing and maintaining fitness and lifelong physical activity. Fundraisers, celebrations and school food service programs can provide settings for promoting good nutrition. School health staff can assist with screenings, health education and immunizations. Maintenance and risk management staff can ensure the safety of the workplace. As with any complex program, a comprehensive staff wellness program needs to evolve over time. A well-developed program will address the health and wellness of staff as comprehensively as the school and district programs designed to promote the health of students and their families. In this way, health becomes integral to the climate and culture of the entire school community.

1. **Health promoting actions.** The district shall disseminate information, build awareness, provide health education, and support health-promoting activities that focus on skill development and lifestyle behavior change for staff members.

Effective educational programs aimed at reducing risk factors and increasing protective factors lead to behavior change that improves health.

Implementation strategies include:

- ✧ Provide health promotion programs such as health screenings, physical activity and fitness programs, nutrition education, weight management, smoking cessation, and stress management.

- ✧ Encourage staff participation by introducing wellness programs to new staff at orientation sessions, presenting information at regular staff meetings, enclosing fliers and brochures with paychecks, providing information in newsletters and e-mail messages, and offering health insurance discounts for participants.
- ✧ Organize health expos or fairs and promote attendance by school personnel. Local hospitals, health maintenance organizations, and health departments are usually willing partners in organizing such events.
- ✧ Provide education and resources to help employees make informed decisions about health care.
- ✧ Provide release time so that employees can participate in health-promoting activities.
- ✧ Provide information to employees regarding issues related to wellness and aging, which may include health insurance benefits upon retirement.

**2. Access to facilities.** Staff shall have access to facilities that meet employee wellness needs and interests.

Adults are more likely to engage and continue participation in programs when those programs and activities interest them, when they feel that the programs are relevant to them, and when programs and facilities are easily accessible and safe.

Implementation strategies include:

- ✧ Provide school personnel wellness activity facilities, such as a staff fitness center, or allow staff to use the school facilities during unassigned time, and before and after school.
- ✧ Accommodate staff with short- or long-term disabilities.
- ✧ Arrange with community partners for use of physical activity facilities, such as walking or running tracks, fit-trails, fitness centers, swimming pools and racquet sports courts for school personnel at no or reduced cost.
- ✧ Develop a yearly calendar of wellness activities based on monthly or seasonal themes.

**3. Application of nutrition standards.** Nutrition standards shall apply to all foods and beverages, including those in vending machines available to staff members.

Healthy eating helps people stay in shape, feel good and avoid risk factors that can lead to heart disease, stroke, cancer, and diabetes. Unfortunately, many people do not heed national nutrition recommendations, such as the *Dietary Guidelines for Americans* and *MyPyramid*. In combination with insufficient physical activity, this behavior is resulting in more Americans becoming overweight than ever before.

Implementation strategies include:

- ✧ Prepare, adopt and implement a plan that ensures qualified food preparation and food service staff, pleasant eating areas for staff and students, and an overall environment that encourages healthy food choices and healthy eating behaviors.

- ✧ Ensure that school nutrition programs offer options during cultural celebrations and for staff and students with dietary and cultural restrictions.
- ✧ Stock vending machines with healthy foods and beverages or identify alternative sources of funding to replace vending machine revenues (see Section 4, School Nutrition Services, for additional information on healthy food choices at school).

**4. *Tobacco use policies.* All use of tobacco by students, staff members and visitors shall be prohibited on school grounds.**

Tobacco causes more preventable deaths in the United States than poor eating habits and physical inactivity combined. People who avoid tobacco use can expect to live healthier, longer lives.

Implementation strategies include:

- ✧ Establish policies, if not already in place, that prohibit tobacco advertising and tobacco use on school property, in school vehicles, and at school-sponsored events.
- ✧ Publicize and uniformly enforce tobacco use policies.
- ✧ Offer smoking cessation programs to staff and students.
- ✧ Offer incentives for participation in smoking cessation programs and continued abstinence.

**5. *Safe social and physical environments.* Social and physical environments shall be safe and supportive, supported by district expectations of healthy behaviors and implementation of policies that promote health and safety and reduce the risk of disease.**

The social environment affects the choices that people make. Policies that support healthy behaviors and discourage unhealthy ones can positively influence school culture. Safe, supportive, pleasant and enjoyable settings will contribute to greater receptiveness to health-promoting activities and policies. Maintaining a health-promoting environment requires not only establishing a social and psychological climate that supports the attitudes, feelings and values of all staff but also removing or reducing physical hazards that might cause injuries and illness.

Implementation strategies include:

- ✧ Minimize staff exposure to environmental hazards, physical dangers, and the possibility of injuries that can be incurred while supervising sports, science experiments, art and industrial arts classes, food preparation, and off-campus activities.
- ✧ Educate staff about ergonomic precautions, such as proper desk set-ups for support staff and proper lifting techniques for maintenance staff and those who assist with lifting students with special needs.
- ✧ Teach proper handling of needles and syringes for health services providers and universal precautions for those who might come in contact with human tissue and fluids.
- ✧ Provide staff with adequate safety equipment and educate them in its proper use.

- ✧ Inform staff about safety and involve them in the development and revision of safety policies and procedures.
- ✧ Consider inspections by the U.S. Occupational Safety and Health Administration (OSHA) to verify compliance with safety standards.
- ✧ Reduce stress and burnout by helping staff feel valued.
- ✧ Respect the social, economic and cultural backgrounds of an increasingly diverse work force.
- ✧ Ensure that the district complies with accessibility requirements of the Americans with Disabilities Act.
- ✧ Enforce and ensure that staff members understand policies that address sexual and other harassment.

**6. *Integration of the staff wellness program.* The staff wellness program shall be integrated into district and school culture and structure.**

Programs that are integrated throughout school and district culture and support the district's mission are more likely to receive support than unincorporated standalone activities. School staff health promotion serves the district's mission by benefiting teaching and learning. Incorporating a coordinated approach to wellness for all persons in the school community—students and their families, school staff, as well as volunteers and the community—can increase effectiveness and sustainability.

Implementation strategies include:

- ✧ Designate a district-level staff wellness coordinator to be a member of the district coordinated school health team. The coordinator should be able to lead and coordinate, committed to good nutrition and a physically active lifestyle, and willing to build interest, participation and support by advocating for wellness.
- ✧ Establish a broadly representative wellness committee that holds regular meetings to ensure continuity, motivation and broad ownership of the program.
- ✧ Be prepared to demonstrate the benefits of a staff wellness program and how it supports the district's mission to the board of education, the superintendent and principals, and key community leaders. Provide information about the costs of the program in terms of staff, time, facilities, resources and actual dollars; scheduling and facilities requirements; compatibility with and improvement of school image and culture; and program implementation plans. Include the long-term fiscal benefits to the district, such as projected health insurance savings, reduction of absenteeism and risk and injury to staff, and increased staff retention.
- ✧ Develop and conduct a survey to determine employee wants and needs. A wellness program is about behavioral change; people will be more willing to participate when they are involved in the change process.
- ✧ Develop a mission statement, goals, objectives and a plan based on the needs and interests of school staff. This will establish a foundation that will be sustained over time.
- ✧ Feature wellness at staff development days to demonstrate system-wide support for school staff wellness activities.

- ❖ Schedule an annual cycle of staff health promotion activities.
- ❖ Plan to address diverse racial, cultural, ethnic and linguistic needs and interests of staff related to health promotion, for example, create a multicultural calendar that respects the range of culturally important dates among school staff. Avoid scheduling meetings or other important events on the major holidays of any religious group.
- ❖ Develop a plan of incentives and recognition for participation in school wellness activities.
- ❖ Establish a fun atmosphere and positive reinforcement for participation.
- ❖ Encourage adherence to and completion of personal improvement programs.
- ❖ Involve school staff in the development and revision of staff wellness policies and procedures.



**7. *Linkage with other programs.*** Staff wellness programs shall be linked to related programs such as employee assistance programs, emergency care, and programs that help employees balance work and family life.

Services such as employee assistance programs and emergency care supplement or expand the district's capacity to address the complex health needs of staff. These services can be obtained through contracts with agencies that specialize in employee assistance services, an agreement with a hospital or other health care provider, or district employees with specialized training.

Implementation strategies include:

- ❖ Provide free, confidential, short-term counseling to help employees identify and deal with stressful problems.
- ❖ Include comprehensive counseling, help for balancing work and family and other personal responsibilities, and drug and alcohol rehabilitation.
- ❖ Ensure that the social environment of the work site encourages school staff members to discuss stressful situations with their supervisors and other staff.
- ❖ Familiarize managers and supervisors with employee assistance programs to provide them with the information they need to know how and when to make referrals or recommendations to employees who seek help.
- ❖ During school crises, such as a disaster, personal loss or school emergency, use the school crisis team to provide staff with assistance to deal with their own grief reactions to enable them to be helpful to students.

**8. *Worksite screening programs.*** The district shall offer worksite screening programs linked to medical care to ensure follow up and appropriate treatment, as necessary.

Screenings help to raise awareness by informing staff about health risks and identify health problems before they escalate into more serious conditions.

Implementation strategies include:

- ✧ Provide an immunization program for school personnel.
- ✧ Develop and implement a disease prevention education program for all school personnel, including informational programs on bloodborne pathogens, sun safety, and respiratory diseases such as influenza and asthma.
- ✧ Incorporate screenings into health fairs, including risk assessments such as Body Mass Index (BMI), blood pressure or cholesterol.
- ✧ Partner with local hospitals or other health care providers to provide screenings.
- ✧ Plan for individual follow-up interventions to support behavior change or treat identified conditions.

**9. *Evaluation and improvement.*** The district shall conduct ongoing evaluation to inform the improvement of the staff wellness program's effectiveness and efficiency.

Evaluation helps to identify what needs to happen, determine how well objectives are being met, find out whether the program is making a difference, and guide improvements. Evaluation is an ongoing process and includes needs assessments, ratings by program participants, and impact data.

Implementation strategies include:

- ✧ Establish baseline data to provide a standard for measuring progress.
- ✧ Regularly survey the school personnel to identify needs and interests.
- ✧ Document the staff wellness program development and implementation process, tracking information such as ideas considered, activities and programs offered, attendance at activities, feedback from participants, screenings offered and data from those screenings, and community assessments.
- ✧ Incorporate evaluation into the staff wellness program design to ensure a systematic, organized approach to assessing program offerings and making improvements.
- ✧ Use data collection strategies that include but are not limited to pre- and post-surveying of employees and participants, suggestion or comments box, and informal polling by members of the wellness committee.
- ✧ Use feedback from staff and other data to make decisions regarding continuation, modification, addition or elimination of staff wellness activities.
- ✧ Track costs and benefits and report regularly to decision makers.



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## Legislation Pertaining to Staff Wellness

Connecticut does not currently have any legislation related to staff wellness in schools.

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- Healthy People 2010: Goals for the Nation*, 2007. <http://www.healthypeople.gov/>. Retrieved on January 8, 2007.
- The National Association of Boards of Education, 2007. *School Staff Wellness Policies*. <http://www.schoolwellnesspolicies.org/resources/SchoolStaffWellness.pdf>. Retrieved on January 8, 2007.

## Resources

- Addressing the Challenges: Staff Wellness*, Council of Chief State School Officers:  
[http://www.ccsso.org/projects/School\\_Health\\_Project/Addressing\\_the\\_Challenges/6499.cfm](http://www.ccsso.org/projects/School_Health_Project/Addressing_the_Challenges/6499.cfm)
- American Association for Active Lifestyles & Fitness:  
<http://www.aahperd.confex.com/aahperd/2002/finalprogram/AAALF.htm>
- Connecticut Department of Public Health Obesity Program:  
<http://www.dph.state.ct.us/bch/HEMS/Obesity.html>
- Connecticut State Department of Education Coordinated School Health Partnerships:  
<http://www.ct.gov/sde/healthyconneCTions>
- ConnectiFIT - Keeping Connecticut Healthy: <http://www.connectifit.uconn.edu>
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[http://www.nasbe.org/healthy\\_schools/FHRTL.htm](http://www.nasbe.org/healthy_schools/FHRTL.htm)
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- School Employee Wellness: A Guide for Protecting the Assets of Our Nation's Schools*, Directors of Health Promotion and Education, 2007: <http://www.schoolempwell.org/>
- School Staff Wellness*, National Association of State Boards of Education:  
<http://www.schoolwellnesspolicies.org/resources/SchoolStaffWellness.pdf>
- The Wellness Councils of American (WELCOA)*:  
<http://www.welcoa.org/freeresources/index.php?category=8>
- Why Wellness Works*, Wellness Councils of America and Canada: <http://www.welcoa.org>
- WIC Works Learning Center Staff Wellness - National Employee Health and Fitness*, National Association for Health and Fitness: [http://www.nal.usda.gov/wicworks/Learning\\_Center/Staff\\_Wellness.html](http://www.nal.usda.gov/wicworks/Learning_Center/Staff_Wellness.html)



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## SECTION 7 – HEALTHY SCHOOL ENVIRONMENT

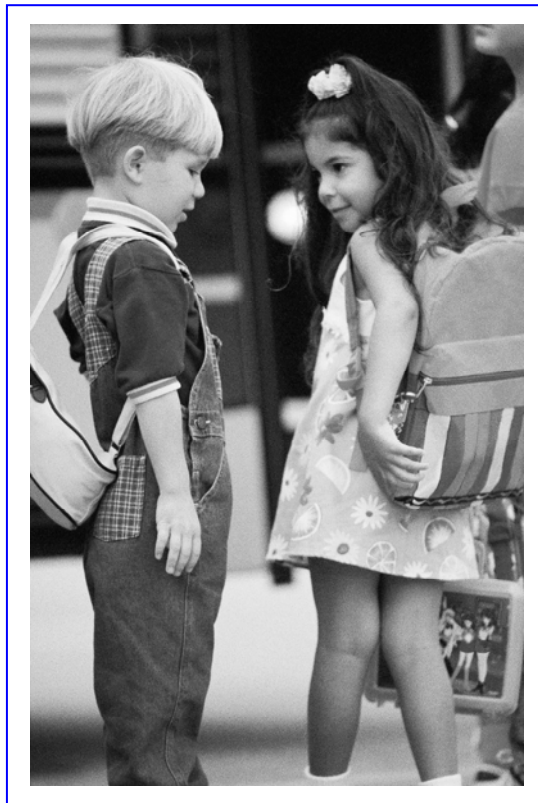
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### Definition

**A** healthy school environment includes the physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, biological or chemical agents, and physical conditions such as temperature, noise and lighting. The psychological environment includes the physical, emotional and social conditions that affect the well-being of students and staff (CDC, 2005).

For ease in understanding, this section is divided into two components that together comprise an overall and comprehensive healthy school environment: (1) social emotional school environment and (2) physical school environment. Each section will be discussed separately.



## Component 1: Social Emotional School Environment

### Definition

The term “school climate” is often used to refer to the emotional and social aspects of school environment. A measure of the quality of school climate is students’ feelings of safety and connectedness to their school. In a positive and healthy school climate students feel close to people at school, are happy to be there, feel a part of the school, believe teachers treat them fairly, and feel personally safe while at school. Safety includes physical, emotional, and intellectual considerations. Intellectual safety is a subset of emotional safety and refers to students’ comfort when they take intellectual risks at school, such as asking questions, making comments, joining groups, and choosing to study difficult topics.

### Rationale

Students who attend schools with a positive, respectful climate are able to focus on learning and realize their academic, interpersonal and athletic potential (U.S. Department of Education, 1999). Such schools have clearly, explicitly communicated policies and procedures that set clear boundaries for respectful, nonviolent treatment of school community members and support an environment that is free of negative and harmful physical, social, emotional and intellectual language and actions. When students perceive they have a stake in their school community, negative anti-social and risky behaviors tend to decrease and participation in school community programs and projects, including academic activities, tends to increase.

School climate is critically linked to risk prevention and health promotion (NASBE, 1994). A positive, respectful school climate provides a solid foundation for supporting students’ academic achievement and development of positive attitudes and behaviors. Students who are connected to school (i.e., feel safe, perceive themselves to be treated fairly by adults, are happy to be in school, feel they are a part of the school community, and feel close to people at school) experience less distress and engage in fewer risk-taking behaviors (Blum, 2002, 2005). Students with high levels of school connectedness demonstrate lower levels of violence and report more factors that protect them from engaging in risky sexual and substance abuse behaviors. Teachers report that students with a commitment to school have high self-esteem. The school social-emotional climate is predictive of mothers’ reports of their school-age children’s substance abuse and psychiatric issues. A strong relationship exists between school climate and student self-concept, student absenteeism, and suspension rates. Students who feel safe, cared for, appropriately supported, and sensitively encouraged to learn in challenging and meaningful ways experience increased academic achievement.





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**SOCIAL EMOTIONAL SCHOOL ENVIRONMENT**

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School climate research suggests that positive interpersonal relationships and optimal learning opportunities can increase achievement levels and reduce high-risk behavior for students in all demographic environments. According to Megan L. Marshall of the Center for Research on School Safety, School Climate, and Classroom Management (2002), “research on school climate in high-risk urban environments indicates that a positive, supportive, and culturally conscious school climate can significantly shape the degree of academic success experienced by urban students. Furthermore, researchers have found that positive school climate perceptions are protective factors for boys and may supply high-risk students with a supportive learning environment yielding healthy development, as well as preventing antisocial behavior.”

A positive school climate results in positive outcomes for school personnel as well. Characteristics of school climate, especially trust, respect, mutual obligation and concern for others’ welfare, can have powerful effects on educators’ and learners’ interpersonal relationships (Center for Social and Emotional Education, 2005). Safe, collaborative learning communities where students feel safe and supported report increased teacher morale, job satisfaction, and retention. The interaction of various characteristics of school and classroom climate can create a fabric of support that enables all members of the school community not only to learn but also to teach at optimum levels (Freiberg, 1998). Conversely, a negative school climate interferes with learning and development.

This section presents policy recommendations, policy rationale, implementation strategies and resources for social emotional school environment.



## Policy Recommendations

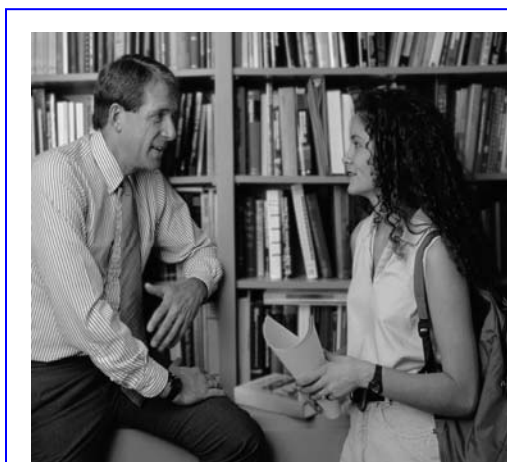
Policy recommendations for social emotional school environment address the following 15 areas:

- 1.1. *Connectedness with a caring, responsible adult.* Opportunities shall be created for students to feel attached to at least one caring, responsible adult at school.
- 1.2. *Clear policies and procedures.* Anti-bullying policies and procedures shall be clearly articulated and fairly managed with consistent follow-through.
- 1.3. *Consistent intervention.* All members of the school community shall recognize acts of name-calling, teasing, exclusion, taunting, threatening, harassment and other bullying behaviors, and intervene immediately when they occur.
- 1.4. *Administrative leadership.* School administrators shall provide visible, vocal and consistent leadership for respectful behavior.
- 1.5. *Adult codes of conduct.* Faculty, staff and administrators shall adhere to state and national professional codes of conduct.
- 1.6. *Family involvement.* Parent, guardian and family involvement in the school shall be strongly supported.
- 1.7. *Preventing peer cruelty.* Efforts to prevent peer cruelty shall be fully in place.
- 1.8. *Academic programs.* All students shall have challenging and appropriate academic programs.
- 1.9. *School size.* The school student population shall not exceed 1,200.
- 1.10. *Professional development.* All school staff shall receive significant professional development in violence prevention, i.e., conflict resolution, peer mediation, bullying prevention, school climate improvement, social-emotional learning, and character education.
- 1.11. *School climate committee.* Every school shall have a standing committee responsible for school climate improvement initiatives.
- 1.12. *School climate assessment.* Every school shall conduct a detailed school climate assessment and create a site-based improvement plan based on assessment findings.
- 1.13. *School mission statement.* School mission statements shall include provisions for a healthy emotional environment.
- 1.14. *Supervision.* Schools shall provide adequate, appropriate supervision in all areas of the school.
- 1.15. *Title IX coordinator.* Title IX coordinators shall be the official contact persons for students who feel they are objects of peer or adult cruelty.

## Policy Rationale and Implementation Strategies

### 1.1. *Connectedness with a caring, responsible adult.* Opportunities shall be created for students to feel attached to at least one caring, responsible adult at school.

Making sure every child perceives that he or she has an adult champion at school is one of the most important academic and social supports a child in school can have. A special connection with an adult means that the student feels entirely comfortable seeking out that adult to share information, concerns, worries, achievements and problems about personal or school matters. Although friendships with adults at school generally differ from relationships with peers, students who have a special connection with an adult feel that someone will help them when necessary, keep conversations confidential as appropriate, and be caring, concerned and compassionate. Students trust that these adults will never make them feel disrespected for making mistakes, sharing emotions freely, or being vulnerable in other ways. In other words, students with these relationships feel emotionally and physically safe and supported when with the adult and feel no reservations about sharing their feelings. A special connection with an adult can mean the difference between academic and social success and failure. Implementation strategies include:



- ✧ Create advisory groups to meet regularly with faculty or staff mentors who follow the students throughout their tenure at the school.
- ✧ Pair students with a specific adult at school who will make daily contacts and have conversations.
- ✧ Target students who identify as not having a significant adult in school for specific outreach to work toward creating such a relationship.

### 1.2. *Clear policies and procedures.* Anti-bullying policies and procedures shall be clearly articulated and fairly managed with consistent follow-through.

Connecticut has had a statewide anti-bullying law since July 2002 (CGS 10-222d). All of the state's public school districts have created district policies as the law directs. However, policies are ineffective unless all relevant constituents (i.e., family members, students, faculty, staff, board members) have a clear understanding of policy components, and policy enforcement is fair and consistent. Policies and procedures require legal scrutiny and practical, ethical evaluation.

Implementation strategies include:

- ✧ Develop a clear, commonly understood definition of peer cruelty or bullying that is embraced by all school community members and stakeholders.

## SOCIAL EMOTIONAL SCHOOL ENVIRONMENT

- ✧ Clearly communicate in oral, print and electronic form that respect is the school's cultural norm and no form of physical, emotional or intellectual peer cruelty will be tolerated.
- ✧ Work toward consensus throughout the school to ensure that students, faculty, staff and school community visitors (parents, community members) maintain and enforce common expectations predictably, consistently and immediately.
- ✧ Frame clear, fair, developmentally appropriate intervention strategies that include disciplinary actions that are restorative and educative rather than merely punitive.
- ✧ Design carefully articulated anti-bullying policies that include not only the consequences of peer cruelty but also procedures for thoughtful, fair reporting, investigation, due process and appeal.
- ✧ Create anti-bullying policies that direct schools not only to intervene when bullying occurs but also to institute prevention efforts focusing on improvement of overall school climate, the ultimate remedy for bullying.
- ✧ Send copies of policies and procedures home to be read and signed.
- ✧ Post policies and procedures on the school district website.

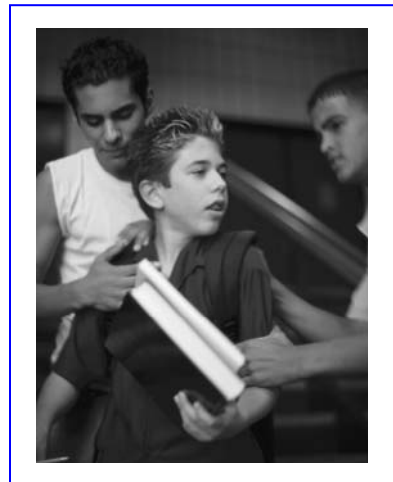
1.3. **Consistent intervention.** All members of the school community shall recognize acts of name-calling, teasing, exclusion, taunting, threatening, harassment and other bullying behaviors, and intervene immediately when they occur.

Research indicates that remedying bullying requires the creation and maintenance of a school climate that intervenes unconditionally the first time an unkind act occurs. Bullying is far less likely to continue when all members of the school community recognize and work to eliminate any form of meanness before it becomes habitual. Preventing the development of a pattern is far superior to waiting for true bullying to emerge.

*"Any act of aggression by peers [or adults] that compromises the safety of the person being targeted for that aggression in any way has a tremendous and long-lasting negative impact on a student [or adult]. . . . Fun is only fun if everybody involved agrees it's fun. Even without malicious intent, if it hurts, if it's mean, if it excludes, if it frightens, it will impact a [person's] sense of safety," (Bluestein 2001).*

Implementation strategies include:

- ✧ Create zero-tolerance attitudes among all school administrators, faculty and staff for any form of peer cruelty.
- ✧ Involve all school community stakeholders (students, faculty, staff, parents, guardians, community members) in an ongoing dialogue to establish a culture of respect within the school context.
- ✧ Communicate simple, direct, and appropriate comments for responding to students who perform unacceptable acts of peer cruelty (e.g., "that's not appropriate," "language, please," "you know better," "ouch!," "not acceptable," "we don't do that here").



SOCIAL EMOTIONAL SCHOOL ENVIRONMENT

1.4. **Administrative leadership.** School administrators shall provide visible, vocal, and consistent leadership for respectful behavior.

Leadership matters. Delegation of authority for maintaining a positive, respectful school climate to others communicates that administrators do not believe that this concern warrants committed leadership. School administrators should be constantly vigilant and model respectful behavior throughout the school. The school should demonstrate constant reminders of what respect looks, feels, and sounds like. Respect includes courtesy in words and deeds; reference to individuals in school by the names they wish to be called; engagement in true listening; opportunities to discuss important or difficult matters; demonstration of compassion for others; fair and appropriate treatment of others; honesty, forthrightness, trustworthiness, understanding and acceptance of differences; recognition that adults as well as students make mistakes; and honest apologies for transgressions. Schools where administrators assume responsibility for such leadership are reported to be much more physically, emotionally and intellectually safe than schools where administrators do not.

Implementation strategies include:

- ✧ School administrators, faculty and staff greet students as they get off the bus and enter the school and classrooms, and throughout the day.
- ✧ School administrators, faculty and staff supervise the hallways during passing periods and in all public areas in the school where students gather (e.g., cafeteria, locker rooms, playgrounds, playing fields, parking lots).
- ✧ Include in all methods of communication to students, parents and guardians frequent consistent, explicit messages that respectful behavior is expected (newsletters, website, electronic messages, letters home, course/school expectations).
- ✧ Ensure constant visible modeling of respectful behaviors by everyone in the school, especially building administrators.
- ✧ Continually remind everyone in the school of what respect looks, feels and sounds like.

1.5. **Adult codes of conduct.** Faculty, staff and administrators shall adhere to state and national professional codes of conduct.

Although the Connecticut anti-bullying law does not address adults bullying colleagues and students, the Connecticut Codes of Responsibility for Administrators and for Teachers and the National Education Association’s Code of Ethics clearly outline moral responsibility for ethical conduct toward others. All adults in schools should not only be familiar with the content of these documents but also carefully adhere to them. (See “Preamble to the Code of Ethics of the National Education Association” on Page 154.)

Implementation strategies include:

- ✧ Give all administrators, faculty and staff copies of relevant codes of professional conduct annually.

## SOCIAL EMOTIONAL SCHOOL ENVIRONMENT

- ✧ Ensure that all administrators, faculty and staff read, review and discuss the contents of the codes of professional conduct on a regular basis.
- ✧ Ensure that all administrators, faculty and staff recognize and understand the importance of role-modeling for students and colleagues.
- ✧ Create and implement procedures for dealing with violations of professional codes of conduct by adults in school.

### ***Preamble to the Code of Ethics of the National Education Association***

The educator, believing in the worth and dignity of each human being, recognizes the supreme importance of the pursuit of truth, devotion to excellence, and the nurture of the democratic principles. Essential to these goals is the protection of freedom to learn and to teach and the guarantee of equal educational opportunity for all. The educator accepts the responsibility to adhere to the highest ethical standards.

The educator recognizes the magnitude of the responsibility inherent in the teaching process. The desire for the respect and confidence of one's colleagues, of students, of parents, and of the members of the community provides the incentive to attain and maintain the highest possible degree of ethical conduct. The Code of Ethics of the Education Profession indicates the aspiration of all educators and provides standards by which to judge conduct.

Recommended principles and practices are available at <http://www.nea.org/aboutnea/code.html>.

#### **1.6. *Family involvement.* Parent, guardian and family involvement in the school shall be strongly supported.**

Parents and guardians are a child's and the school's best ally. Adults in a child's world outside school care deeply about the child's academic achievement, safety and social development. Although those adults may not have the expertise of classroom teachers, they are experts in the lives of their children. For children to succeed at every level, all adults in their world must work collaboratively together on their behalf. The official inclusion of the parental and guardian voice on relevant school committees as well as informal inclusion in all communications (e.g., phone calls, e-mails, conferences, newsletters) is a central feature of a positive school climate. Parents and guardians must perceive the school as a place that welcomes their voices and their presence. When families are interested, engaged and supportive of school-initiated efforts, school-to-home collaboration and student success are far more likely.

Implementation strategies include:

- ✧ Be welcoming to parents, guardians and other family members with clear signage on the school's exterior.
- ✧ Invite parents, guardians and other family members to participate in school activities.



## SOCIAL EMOTIONAL SCHOOL ENVIRONMENT

- ✧ Welcome and include parental input and feedback in appropriate arenas (e.g., extracurricular offerings, homework quantity and content, student satisfaction, health and wellness, communication with school personnel).
- ✧ Inform parents and guardians about academic course offerings and invite them to make recommendations for their children.
- ✧ Encourage an active and engaged parent organization that supports the school and is in turn supported by it. (For additional information, see Section 8, School-Family-Community Partnerships.)

**1.7. Preventing peer cruelty.** Efforts to prevent peer cruelty shall be fully in place.

The Connecticut anti-bullying statute does not include bullying *prevention*. However, to achieve the law's intent of making students physically, emotionally and intellectually safe by creating and maintaining safe, healthy environments, prevention efforts must be central to school-based efforts. Virtually all forms of peer cruelty begin with low-level incidents of mean-spirited words and actions. Properly conceived prevention efforts can intervene with such actions before they escalate and become systemic.

Implementation strategies include:

- ✧ Require schoolwide violence prevention training and education.
- ✧ Incorporate school climate improvement goals into school wellness and school improvement plans.
- ✧ Ensure that anti-bullying policies and procedures reflect the intent of the law.
- ✧ Organize peer and student leadership programs and provide ongoing training.
- ✧ Develop targeted efforts to build trust among students and adults in school to encourage student disclosure of complaints, issues or concerns.

**1.8. Academic programs.** All students shall have challenging and appropriate academic programs.

Schools support connectedness by offering students diverse classroom and extra-curricular opportunities to develop personal relationships and a sense of belonging. Students who are academically challenged in keeping with their individual capabilities are more likely to feel successful and be engaged in learning. Students who are bored with their classes or have too many study halls or free periods are more likely to not only engage in appropriate activities but also to exert little effort. Challenging, exciting learning opportunities contribute significantly to feelings of connectedness. Boredom and lack of challenge are primary reasons for students dropping out of school before graduation. Striking a balance between academic challenge and overextension of expectations and requirements is of critical importance.

Implementation strategies include:

- ✧ Offer rigorous, developmentally appropriate academic courses at all levels.
- ✧ Encourage faculty and staff to use academic lessons (e.g., literature, history, science) to connect to and reinforce respectful, ethical treatment of others.

## SOCIAL EMOTIONAL SCHOOL ENVIRONMENT

- ✧ Give students multiple opportunities for thoughtful, public discussion and reflection of real-life themes and concerns during academic classes and in extra-curricular settings.
- ✧ Provide all students with social skills training and education on conflict resolution, anger management, problem solving, appropriate communication strategies, positive relationships, and listening skills.

**1.9. School size.** The school student population shall not exceed 1,200.

Research clearly demonstrates that, when the size of the student body exceeds 1,200, a positive school climate is far less likely. Many schools in Connecticut, including many primary and elementary schools, far surpass this threshold. Although reducing the total number may be logistically impossible, creating the feeling of a smaller school is possible. Schools with large student populations should explore options for organizing students in safe, smaller, learning-friendly schools within schools.

Implementation strategies include:

- ✧ Create houses or teams in which students learn and develop relationships apart from the larger school population.
- ✧ Organize family-sized advisory groups led by adults who are regularly in school (e.g., administrators; faculty and staff; office, cafeteria and custodial staff.)
- ✧ Offer regularly a variety of activity-oriented groups during school hours (e.g., theater, music, chess, crafts, science, robotics).

**1.10. Professional development.** All school staff shall receive significant professional development in violence prevention, i.e., conflict resolution, peer mediation, bullying prevention, school climate improvement, social-emotional learning, and character education.

Section 10-145a(d) of the Connecticut General Statutes recommends that “any candidate in a program of teacher preparation leading to a professional certification shall be encouraged to complete a school violence prevention and conflict resolution component of such a program.” School personnel without appropriate knowledge, understanding and skills should not be responsible for keeping students safe. Violence prevention and school climate improvement are complex, multidimensional issues requiring everyone’s concerted attention. When all staff members have opportunities to learn about and practice violence prevention skills, the achievement of a safe, healthy school environment is more likely. The best violence prevention efforts occur outside the curriculum and focus on creating positive and meaningful relationships for all members of the school community—among adults, between adults and students, and among students. Many exemplary, promising science-based programs are available for classroom use.

Implementation strategies include:

- ✧ Ensure that all school administrators and staff learn conflict resolution skills.
- ✧ Train school staff to incorporate violence prevention into peer mediation and student assistance teams.

## SOCIAL EMOTIONAL SCHOOL ENVIRONMENT

- ✧ Provide bullying prevention education and training to all school administrators, faculty and staff; after-school workers; cafeteria, custodial and office staff; bus drivers; and extracurricular coaching and athletic staff.
- ✧ Educate school administrators, faculty and staff; after-school workers; cafeteria, custodial and office staff; bus drivers; and extracurricular coaching and athletic staff about the importance of listening to complaints and concerns, taking them seriously, and not ignoring or dismissing reports by students or parents and guardians.
- ✧ Provide school climate improvement education and training to all administrators, faculty and staff; after-school workers; cafeteria, custodial and office staff; bus drivers; and extracurricular coaching and athletic staff.
- ✧ Inform administrators, faculty and staff about social-emotional learning.
- ✧ Provide adequate education and training for proper implementation of character education programs.

**1.11. *School climate committee.* Every school shall have a standing committee responsible for school climate improvement initiatives.**

Every school has numerous committees. School-based curriculum committees, health and wellness committees, diversity committees, personnel committees and others have been fixtures in most schools for a long time. A safe, healthy school environment, which is a prerequisite for academic achievement, also merits a standing committee. Incorporating these responsibilities into an existing school wellness or diversity committee, or linking with existing committees, may be practical (See Chapter 2, Fostering Collaboration and Establishing Local Practices). If not, the creation of a standalone school climate committee that conducts surveys, develops a school climate improvement plan, and monitors and reports on this work may be necessary. Ongoing, targeted attention by a designated committee ensures attention to school climate issues.

Implementation strategies include:

- ✧ Determine whether an existing or newly created committee will assume responsibility for school climate improvement.
- ✧ Charge the committee with responsibility for school climate improvement to monitor activities, conduct surveys, analyze data, and create school climate improvement action plan(s).



## SOCIAL EMOTIONAL SCHOOL ENVIRONMENT

**1.12. School climate assessment.** Every school shall conduct a detailed school climate assessment and create a site-based improvement plan based on assessment findings.

Maintaining a healthy, safe learning environment should be as data-driven as academic achievement. Dozens of survey tools, many at no cost, are available to gather data such as identifying students who lack a significant adult with whom to connect; safe and unsafe physical areas; and how students, parents, guardians, faculty and staff perceive physical, emotional and intellectual safety (The Comprehensive School Climate Inventory, Dorn, 2005). Such data are necessary to support school climate and safety improvement plans.

Implementation strategies include:

- ✧ Thoroughly assess the school physical plant to determine which areas require more targeted supervision.
- ✧ Survey students, parents and faculty and staff for perceptions of social, emotional and intellectual comfort and safety.
- ✧ Survey students to determine whether they have a significant, positive relationship with at least one adult in school.
- ✧ Assign responsibility for overseeing data collection and using the findings to create an action plan to the standing committee that manages school climate and safety improvement efforts.

**1.13. School mission statement.** School mission statements shall include provisions for a healthy emotional environment.

Elementary schools have consistently attended to social-emotional learning. Middle schools similarly recommend that social and emotional concerns be central to school goals (National Middle School Association, 2003). High school accreditation requires the inclusion and documentation of social, emotional and civic aspects of education (New England Association of Schools and Colleges NEASC: <http://www.alliance.brown.edu/pubs/neasc/std1.shtml>). The explicit inclusion of this key element in the stated mission of the school acknowledges the significance of creating a safe, healthy environment as a precondition for optimal learning.

Implementation strategies include:

- ✧ Ensure that the school board and administrators review and revise district and school mission statement(s) to include explicit statements in support of a physically, emotionally and intellectually safe and healthy school environment.

## SOCIAL EMOTIONAL SCHOOL ENVIRONMENT

**1.14. Supervision.** Schools shall provide adequate, appropriate supervision in all areas of the school.

Negligent privacy occurs when students act without supervision or surveillance, “when those who supervise and monitor children do not remain vigilant and unwittingly provide the opportunity for victimization. Negligent privacy can occur on a playground filled with second graders, in a crowded high school cafeteria, during a youth group camping trip, or even 10 feet away from a teacher in a classroom. Simply put, negligent privacy occurs when adults are not paying close attention to children under their care” (Dorn, 2005). When the typical ratio of students to adults in school is 10:1, technological equipment may be needed to ensure student safety.

Implementation strategies include:

- ✧ Use video surveillance to augment human supervision. All cameras must be in working order and positioned to capture all angles in the area.
- ✧ Empower peer leaders to work with adults in school to take responsibility for watching, monitoring and reporting for instances when school safety is compromised.

**1.15. Title IX coordinator.** Title IX coordinators shall be the official contact persons for students who feel they are objects of peer or adult cruelty.

Legally, every school district in Connecticut must have at least one Title IX coordinator. District Title IX coordinators are expected to receive training in “protected class” (racial, sexual) harassment and to be the contact person for reporting incidents. Title IX coordinators have a legal and moral duty to take reports seriously, report them appropriately, and manage the investigative process. Nonprotected class harassment, i.e., harassment other than racial or sexual, has no such official champion. Consequently, nonprotected class bullying behaviors in schools are treated quite differently, depending on how individual school districts decide to manage reports and investigations. Response to nonprotected class bullying ranges from having no official pathway for reporting and case management to the same treatment as protected-class reports. Nonprotected class cruelty needs to receive attention consistent with Title IX allegations throughout the state. If a school aims to maintain physical, emotional and intellectual safety, all forms of cruelty, whether perpetrated by peers or adults, must receive equally serious responses. Assigning responsibility for nonprotected class cruelty to the district Title IX coordinator would be a huge step in that direction.

Implementation strategies include:

- ✧ Provide all Title IX Coordinators with professional development (education and training) in bullying prevention and school climate improvement.
- ✧ Give Title IX Coordinators official responsibility for managing nonprotected class bullying related allegations.
- ✧ Schedule regular opportunities for Title IX Coordinators to inform school community (adults and students) about their presence and their roles and responsibilities.

## Legislation Pertaining to School Social Emotional Environment

**Connecticut General Statutes Section 10-222d. Policy on bullying behavior.** Each local and regional board of education shall develop a policy, for use on and after February 1, 2003, to address the existence of bullying in its schools. Such policy shall: (1) Enable students to anonymously report acts of bullying to teachers and school administrators and require students to be notified annually of the process by which they may make such reports, (2) enable the parents or guardians of students to file written reports of suspected bullying, (3) require teachers and other school staff who witness acts of bullying or receive student reports of bullying to notify school administrators, (4) require school administrators to investigate any written reports filed pursuant to subdivision (2) of this section and to review any anonymous reports, (5) include an intervention strategy for school staff to deal with bullying, (6) provide for the inclusion of language in student codes of conduct concerning bullying, (7) require the parents or guardians of students who commit any verified acts of bullying and the parents or guardians of students against whom such acts were directed to be notified, (8) require each school to maintain a list of the number of verified acts of bullying in such school and make such list available for public inspection, and (9) direct the development of case-by-case interventions for addressing repeated incidents of bullying against a single individual or recurrently perpetrated bullying incidents by the same individual that may include both counseling and discipline. The notification required pursuant to subdivision (7) of this section shall include a description of the response of school staff to such acts and any consequences that may result from the commission of further acts of bullying. For purposes of this section, "bullying" means any overt acts by a student or a group of students directed against another student with the intent to ridicule, harass, humiliate or intimidate the other student while on school grounds, at a school-sponsored activity or on a school bus, which acts are repeated against the same student over time. Such policies may include provisions addressing bullying outside of the school setting if it has a direct and negative impact on a student's academic performance or safety in school.

<http://www.cga.ct.gov/2007/pub/Chap170.htm#Sec10-222d.htm>



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**Resources**

Anti-Defamation League: <http://www.adl.org/>

Center for Social and Emotional Education: <http://www.csee.net/>

Character Education Partnership: <http://www.character.org/>

Connecticut State Department of Education Coordinated School Health Partnerships: <http://www.ct.gov/sde/healthyconneCTions>

Education Development Center, Health and Human Development Programs: <http://www.hhd.org/>

Instructional Support Services, Inc.: <http://www.janebluestein.com/>

Peace Education Foundation: <http://www.peace-ed.org/>

Peaceful Playgrounds: <http://www.peacefulplaygrounds.com>

Protecting Students from Harassment and Hate Crime: <http://www.ed.gov/offices/OCR/archives/Harassment/index.html>

Southern Poverty Law Center: <http://www.tolerance.org/>

*The Respectful School: How Educators and Students Can Conquer Hate and Harassment*, Association for Supervision and Curriculum Development, 2003.

U.S. Department of Human Resources: <http://www.stopbullyingnow.hrsa.gov/index.asp>

U.S. Department of Education: <http://www.ed.gov/about/offices/list/osers/osep/gtss.html>

U.S. Department of Justice: <http://www.ojp.usdoj.gov>

## Component 2: Physical School Environment

### Definition

The physical school environment includes physical and aesthetic surroundings of the school buildings. Factors influencing the physical environment include the school building (its age and architecture) and its surroundings; biological or chemical agents that are detrimental to health; and physical conditions such as temperature, noise and lighting (Marx, Wooley, & Northrop, 1998).

### Rationale

A healthy physical school environment promotes learning, productivity, comfort, good health and safety for students and staff in the following ways (State of Maine, 2002):

- ✧ Protects health and safety
- ✧ Provides a safe and comfortable place to work and study
- ✧ Minimizes distractions and hazards to students, staff, and visitors
- ✧ Provides information to staff and students on possible risks to health and safety
- ✧ Trains and instructs staff and students regarding safe practices
- ✧ Provides safety equipment and specific training when hazards cannot be eliminated

Maintaining a healthy school environment ensures that the physical setting for education (school sites, buildings, transportation and equipment) is of high quality, meets at least minimum standards and guidelines, does not interfere with the education process, and supports teaching and learning.



## PHYSICAL SCHOOL ENVIRONMENT

This section presents policy recommendations, policy rationale, implementation strategies and resources for physical school environment.

## Policy Recommendations

Policies and programs for physical school environment address the following five areas:

- 2.1. **Exposure to indoor and outdoor allergens.** School staff shall work to prevent exposure to both indoor and outdoor allergens through comprehensive air quality and pesticide programs within the framework of existing codes and standards.
- 2.2. **Safety committees.** Districts and schools shall have active cross-organizational safety committees that ensure that programs and policies comply with workplace and public facilities safety rules and regulations, and that maintenance and repair policies are in place.
- 2.3. **ADA compliance.** Facilities shall comply with requirements of the American Disabilities Act (ADA).
- 2.4. **Policies and practices.** The school district shall formalize operating, maintenance and capital replacement policies and practices that all staff and administration support and follow.
- 2.5. **Transportation.** Transportation shall be an essential service that is managed in accordance with all state and federal regulations and guidelines.

## Policy Rationale and Implementation Strategies

2.1. *Exposure to indoor and outdoor allergens.* School staff shall work to prevent exposure to both indoor and outdoor allergens through comprehensive air quality and pesticide programs within the framework of existing codes and standards.

Schools need to attend to strategies to reduce exposure to allergic triggers both in school and on school grounds. Preventing life-threatening reactions and keeping students and staff free of symptoms will enhance their ability to participate in academic functions, such as teaching and learning.

Implementation strategies include:

- ✧ Implement indoor and outdoor air quality programs, such as Tools for Schools, that minimize exposure to allergens and irritants (<http://www.epa.gov/iaq/schools/>).
- ✧ Monitor and report conditions that might be related to indoor air quality, including conditions such as:
  - Health-related complaints, e.g., respiratory problems, sore or scratchy throat, skin rash, eye irritation, headache
  - Drowsiness
  - Evidence of water intrusion into the building
  - Odors
  - High energy consumption
  - Construction or renovation activities
- ✧ Enforce integrated pest management programs that adhere to pesticide application statutes and regulations and limit application during school hours.
- ✧ Enforce anti-idling laws to prevent unnecessary exposure to exhaust and other gaseous fumes.



## PHYSICAL SCHOOL ENVIRONMENT

2.2. **Safety committees.** Districts and schools shall have active cross-organizational safety committees that ensure that programs and policies comply with workplace and public facilities safety rules and regulations, and that maintenance and repair policies are in place.

Safety committees can serve as the lead in ensuring that the proper policies and procedures are in place to promote a healthy physical environment for staff and students. Such a committee or committees would include representatives from the various employees or departments that have direct responsibility for the safety of the building. These committees can avert significant problems by addressing health and safety issues in a proactive manner.

Implementation strategies for *safety committees* include:

- ✧ Establish multidisciplinary safety committees at district and school levels. These committees may be a subcommittee of a larger school health committee, such as the school health council or the wellness team (see Chapter 2, Fostering Collaboration and Establishing Local Practices).
- ✧ Communicate safety policies to staff, students and families through venues such as written publications, e.g., parent handbooks, staff orientation packets and newsletters.
- ✧ Develop and implement policies that address student safety on school-sponsored and out-of-school trips, e.g., bus safety, appropriate staff to student ratios, and actions to address student health concerns.

Implementation strategies to address *safety on school property* include:

- ✧ Provide for safe movement of motorized vehicles, non-motorized vehicles, and pedestrian traffic on school property through established and well-marked plans.
- ✧ Inform and train all staff and students on specific Occupational Health and Safety Administration (OSHA) safety policies and procedures applicable to all areas of work and school including, but not limited to:
  - blood-borne pathogens
  - body mechanics
  - fire safety
  - hazard communication (including chemical safety)
  - emergency response planning
  - egress procedures
  - physical environment standards
  - safety and security
  - other state and federal safety standards as indicated by a comprehensive safety assessment
- ✧ Comply with local and state policies that address design and specifications for new schools and construction and renovation. (See “Legislation Pertaining to Physical School Environment” on Page 169 for specific references.)
- ✧ Apply construction and renovation procedures that eliminate or minimize workers’ and occupants’ exposure to environmental hazards and comply with environmental protection guidelines for air quality and school design.



## PHYSICAL SCHOOL ENVIRONMENT

- ◇ Ensure the availability of the following:
  - Attractive, safe, and clean facilities
  - Student bathrooms equipped with running water, soap, paper towels, and toilet paper at all times
  - Buildings, grounds, and play areas and equipment that are in good repair
  - Approved soft surfaces beneath all playground equipment
  - Supervised school grounds and play areas before and after school, during recesses and at lunchtime

Implementation strategies to address *classroom safety and student conduct* include:

- ◇ Enforce safe and drug-free school policies, including prohibition of tobacco, alcohol and other substances at school, at school-sponsored events, and on school property; and banning of firearms and other deadly weapons from the school grounds.
- ◇ Provide safety education for students.
- ◇ Ensure safe practices and supervision in science and shop classes, art courses, culinary classes, and vocational education classes to prevent serious injuries to staff and students from exposure to dangerous chemicals or unsafe equipment.
- ◇ Limit exposure to live animals in regular education classes to prevent animal bites, allergic reactions and infection.
- ◇ Institute security programs that include access, signage, clearly marked emergency equipment, and evacuation and lockdown plans.

Implementation strategies for *disaster preparedness* include:

- ◇ Establish safety plans for crisis and other emergency situations, such as terrorism, natural disasters, and student and staff injuries.

**2.3. ADA Compliance.** Facilities shall comply with requirements of the American Disabilities Act (ADA).

Access to all facilities for students and staff with disabilities is necessary to be in compliance with ADA and other federal laws. These laws enhance safety for people with disabilities, prevent injury, and promote an environment that supports diversity and inclusion for all. Access includes attention to the building and the grounds as well as school transportation. This access also extends to all activities and events such as graduation, school plays, sporting events, and board of education meetings.

Implementation strategies include:

- ◇ Periodically review compliance with all ADA provisions, such as access and reasonable accommodations, including renovation projects.
- ◇ Consider children's height and other dimensions when designing or purchasing facilities such as drinking fountains, toilet stalls, lavatories, sinks, seats and tables. Other considerations include accessible routes to buildings and other spaces, ground surfaces, pick-up and drop-off sites, all floors in multiple-story buildings, and parking spaces.

## PHYSICAL SCHOOL ENVIRONMENT

- ✧ Adhere to ADA requirements for all programs open to parents and the public, such as graduation exercises, school drama events, sporting events and board of education meetings.

**2.4. Policies and Practices.** The school district shall formalize operating, maintenance and capital replacement policies and practices that all staff and administration support and follow.

Policies and procedures that establish a comprehensive preventive maintenance program will help school districts avoid premature deterioration of school buildings, their operations and school grounds. In addition to avoidance of premature deterioration, comprehensive maintenance programs protect the health and safety the students, staff and school community.

Implementation strategies include:

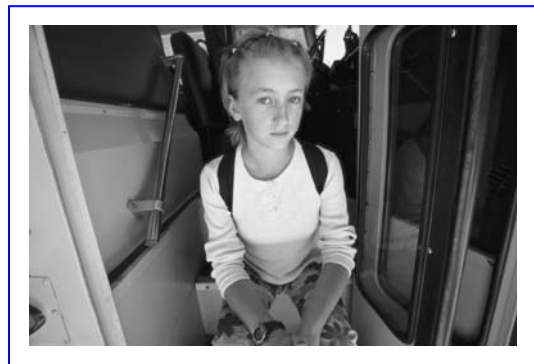
- ✧ Establish policies and procedures for handling, use and storage of hazardous materials, including exposure to bodily fluids and access to material safety data sheets (MSDS).
- ✧ Require comprehensive preventive maintenance procedures for buildings, equipment and grounds, including consideration of weather-related problems such as rain and snow.
- ✧ Ensure timely repair of school facilities.
- ✧ Develop and implement capital improvement policies and procedures that include a replacement schedule, budgetary allotments and analysis of program needs, technology and age of equipment.

**2.5. Transportation.** Transportation shall be an essential service that is managed in accordance with all state and federal regulations and guidelines.

A transportation plan provides a process for schools to determine transportation safety and the needs of students. Compliance with the district plan is designed to optimize safety to protect both drivers and students. These plans address transportation in and outside the regular school day such as field trips and other out-of-district trips, emergencies procedures, loading and unloading procedures, and procedures for children with special needs.

Implementation strategies include:

- ✧ Conduct vehicle inspections that comply with state and federal regulations and guidelines (including special education requirements).
- ✧ Adhere to anti-idling laws.
- ✧ Ensure that drivers meet state licensing, physical, skill and knowledge requirements.
- ✧ Conduct bus safety drills for students and staff, as required by state regulations.
- ✧ Institute a review system (including tracking and analysis) for indicators of problem areas such as crash statistics, driver grievances, complaints and fleet age and appearance.



## Legislation Pertaining to Physical School Environment

The following sections of the Connecticut General Statutes are available at <http://www.cga.ct.gov/2007/pub/Title10.htm>:

Section 10-217c. Definitions. As used in sections 10-217d to 10-217g, inclusive.

Section 10-217d. Warning labels.

Section 10-217e. Purchase of art or craft materials by local or regional school districts.

Section 10-217f. Availability of lists of carcinogenic substances, potential human carcinogens and certain toxic substances.

Section 10-217g. Exemptions.

Section 10-231a Pesticide application at schools: Definitions

Section 10-231b. Pesticide applications at schools: Authorized applicators.

Section 10-231c. Pesticide applications at schools without an integrated pest management plan.

Section 10-231d. Pesticide applications at schools with an integrated pest management plan.

Section 10-231e. Maintenance of heating, ventilation and air conditioning system.

Section 10-231f. Indoor air quality committee.

Section 10-291. Approval of plans and site. Expense limit.

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- Taras, H.; Duncan, P.; Luckenbill, D.; Robinson, J; Wheeler, L.; Wooley, S. (eds.). (2005) *Health, Mental Health, and Safety Guidelines for Schools*. Elk Grove Village, IL: American Academy of Pediatrics.
- State of Maine. (2002). *Guidelines for coordinating school health programs*. Augusta, ME: State Department of Education and State Department of Human Services. <http://www.maineeshp.com/>. Retrieved on January 22, 2007.

**Resources**

- Americans with Disabilities Act. U.S. Department of Justice: <http://www.ada.gov> and U.S. Department of Transportation: <http://www.nhtsa.dot.gov>
- Connecticut State Department of Education Coordinated School Health Partnerships: <http://www.ct.gov/sde/healthyconneCTions>
- Health, Mental Health, and Safety Guidelines for Schools*, American Academy of Pediatrics, 2004
- Tools for Schools Program: <http://www.epa.gov/iaq/schools/>
- U.S. Department of Environmental Protection Agency: <http://www.epa.gov/>

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## SECTION 8 – SCHOOL-FAMILY-COMMUNITY PARTNERSHIPS

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### Definition

*“Schools, families and communities all contribute to student success, and the best results come when all three work together.”*

Connecticut State Board of Education, *Position Statement on School-Family-Community Partnerships*

The school-family-community partnerships component is defined by collaborative programs involving school personnel, families, community members and organizations to support student success. Partners work together in planning, coordinating and implementing activities at home, at school and in the community to support the academic, emotional and social success of students. Using the term partnership rather than involvement is important because it helps to capture the concept that home, school and community share responsibility for children—schools, families and communities as overlapping spheres of influence in children’s lives (Epstein, 1995). Students also play an important role in these partnerships and must take responsibility for their own learning. Each partner is viewed as an equally contributing member, maintaining a certain independence while acknowledging shared responsibility. To succeed, the partnership must be flexible and based on mutual trust and respect.

**Note:** Throughout this document the words parent(s) and family(ies) are used in the broadest sense to mean those adults with primary responsibility for children. We prefer the use of family to parent because not all responsible agents are parents but most are family, either by relationship or function.

### Rationale

The Connecticut State Board of Education’s *Position Statement on School-Family-Community Partnerships* (2003) recognizes that education is a shared responsibility throughout every student’s life.

Comprehensive, well-planned partnerships between family, school and community result in higher student achievement and well-being. Partnerships improve communication, resulting in reinforcement of consistent messages about health and safety. When schools, families and communities collaborate as partners, they discover that they can interact in many ways to support children’s learning. The key is for the school to offer an array of activities and actively encourage families and community members to become involved so that all find ways to support children’s success.

In school-family-community partnerships, the word school is placed first for a reason. It is the school’s right and responsibility to take the first step toward building a partnership. This does not mean that the school owns the partnership, but that the school does own many of the resources that will support a partnership with families. For example, the school owns the schedule, teachers’ time, facilities for meetings, various technologies that can support communication, and the ability to allocate resources. Parents cannot be expected to come to the school uninvited and unwelcomed. Schools can be intimidating places—many parents will not walk in if school staff members do not open the door. Although schools should take the lead in developing and sustaining effective partnerships, partnership activities must be implemented at home and in the community, as well as at school.

*“When schools build partnerships with families that respond to their concerns and honor their contributions, they are successful in sustaining connections that are aimed at improving student achievement” (Henderson and Mapp, 2002).*

More than three decades of research have shown that family involvement improves student learning. This is true whether the child is in preschool or high school, whether the family is affluent or poor, or whether the parents finished high school (Henderson & Mapp, 2002). When families are involved, students are more likely to:

- ✧ Earn higher grades and test scores, and enroll in higher-level programs
- ✧ Be promoted, pass their classes, and earn credits
- ✧ Attend school regularly
- ✧ Have better social skills, show improved behavior, and adapt well to school
- ✧ Graduate and go on to postsecondary education

Families and schools also benefit. Research shows that families often develop a greater sense of effectiveness, stronger social ties, and a desire to continue their own education. Teachers report that help from families enhances their work, and families who are more involved have more positive views of teachers. Increased involvement develops feelings of ownership, resulting in families being more supportive of school and community initiatives.

## Introduction to Guiding Principles

Although research has provided substantial evidence that family and community involvement is important to children's academic success, most schools still have quite limited relationships with their students' families and communities. Schools can remedy this situation by taking the lead in promoting more expansive school-family-community partnerships and creating comprehensive programs that involve families and communities in children's education and development. The following guiding principles have been shown to be important aspects of successful partnerships.

### **Create partnerships that accommodate differences**

Successful partnerships exhibit as much variety as the local conditions that create them. To be effective, they must recognize, respect and address families' diverse interests, needs and talents, as well as economic and cultural differences. Partnerships must accommodate these differences by providing multiple opportunities for participation at various times and locations. From early childhood and preschool programs to before- and after-school settings, partnerships must be tailored to all stages and settings of a student's educational career. The objective is for schools, families and their surrounding communities to aid each other in rearing healthy, successful children.

### **Build on family strengths**

Educators should have certain biases toward families. Educators should presume that parents are intelligent, are interested in their children, want to work with schools, and will be involved if given the opportunity. They should proceed on the assumption that all parents have something to offer. This means learning to value and affirm the skills and talents that different parents possess. The diversity of the families that send children to public schools should be considered a community asset, not a problem.





***Meet families where they are***

Parents do not have to come to school to be involved. Parents can have a positive impact on student success by promoting learning at home and reinforcing what is taught in school (Redding, 2000). In fact, the most important predictor of students' achievement in school is the extent to which students' families are able to create a home environment that encourages learning, express high but not unrealistic expectations for their children's achievement and future careers, and become involved in their children's education at school and in the community.

***Establish effective communication***

Communication is the bedrock of relationships between schools and families. The barriers to creating effective relationships, and then partnerships, can be overcome through consistent and careful communication. Every word and action that comes from the school tells parents how important they are. Effective two-way communication between families and schools is essential to support the child's success in school. Because families are diverse, educators must design many and varied avenues for communication. Issues of language, race, class and culture must be thoughtfully considered. Very often the most effective communication with a parent comes from another parent. Schools need to make better use of involved parents who can act as mediators, advocates and liaisons for other parents. In addition, more effort should be placed on helping to develop leadership skills of those parents interested in performing outreach and organizing activities in the community.

This section presents policy recommendations, policy rationale, implementation strategies and resources for School-Family-Community Partnerships.



## Policy Recommendations

School-family-community partnership policies related to coordinated school health should be consistent with parent involvement policies required by other programs. For example, the No Child Left Behind Act (U.S. Department of Education, 2004) requires schools and districts that receive Title 1 funds to develop and implement parent involvement policies. Ideally, a school or district will have just one comprehensive policy that consistently addresses requirements and good practices for building relationships with families and the community for the benefit of all students.

Policies related to the school-family-community partnerships component should address the Connecticut State Board of Education standards. These standards are based on more than 30 years of research (Epstein 1995) and as a whole create a comprehensive school-family-community partnership program.

Policy recommendations for school-family-community partnerships include the following six areas:

1. **Parenting practices.** The district shall promote and support parenting skills and an understanding of child development.
2. **Communication.** The district shall promote ongoing, meaningful and effective communication among schools, families and the community about school programs and student progress.
3. **Volunteering.** The district shall provide appropriate training and involve families and community members in instructional and support areas both in and out of the school.
4. **Home learning.** The district shall involve families in learning activities at home and in the community, including interactive homework and other curriculum-linked enrichment activities.
5. **Decision making, governance and advocacy.** The district shall provide opportunities and support for all families to participate in school decisions, governance and advocacy.
6. **Community collaboration.** The district shall enable schools and families to access resources from community businesses, social service agencies and other groups, and serve as resources to the community.

## Policy Rationale and Implementation Strategies

Different practices can be implemented to foster each of the six policy standards of involvement. To be effective, any use of these standards should focus on educational goals and be designed to engage students and families in developing specific knowledge and skills. Parent and community involvement that is linked directly to student health, learning and safety has greater effect on achievement than more general involvement. The goal, of course, is for schools, families and communities to work together to support healthy, successful children.

Each of the standards and policies is described below along with key challenges for implementation. A common theme throughout these policies is the notion of bi-directionality, or in other words, a two-way conversation. Successful partnerships are built not only by schools conveying meaningful information *to* families, but also by schools receiving information *from* families to inform effective policy and practice.

The district's implementation plan should include activities that address each of the six policies. There are many activities that schools can use to build partnerships with families and their community. The strategies listed below are simply suggestions representing each of the six standards. Activities will often address more than one standard. Schools should choose their own activities based on a self-study of current practices, their school improvement goals, and family and student needs and interests.

1. **Parenting practices.** The district shall promote and support parenting skills and an understanding of child development.

**Standard: Parenting practices are promoted and supported.** Parenting involves promoting and supporting basic parenting skills and the family's primary role in encouraging children's learning at every age and grade level. The goal of this policy is to help all families establish home environments that support children as students, as well as helping schools understand families. The challenge is to provide information to *all* families who want it or need it, not only to the few who can attend workshops or meetings at the school.

Implementation strategies include:

- ✧ Provide workshops, videotapes, computerized phone messages on parenting and child development at each age and grade level.
- ✧ Offer family support and education programs to assist families with health, nutrition and parenting in partnership with community groups or health providers.
- ✧ Conduct home visits and neighborhood meetings to help families understand school health and wellness initiatives and to help schools understand families.
- ✧ Invite families to join students for school meals.
- ✧ Develop a parent-to-parent network to promote school and community resources for parenting, health and nutrition.

2. **Communication.** The district shall promote ongoing, meaningful and effective communication among schools, families and the community about school programs and student progress.

**Standard: Communication between home and school is regular, two-way, and meaningful.**

Communication is the foundation of partnerships. This standard speaks to promoting ongoing, meaningful and effective communication among schools, families and the community about school programs and student progress. Communication is not only from school to home, but also from home to school and with the community. The challenge is to make all print and nonprint communications clear and understandable for *all* families, and to provide multiple avenues for families to convey information to the school.

Implementation strategies include:

- ✧ Provide information to help families incorporate health and wellness into their daily lives in school newsletters and websites.
- ✧ Include a tear-off section or e-mail address in newsletters and on websites to encourage two-way communication.
- ✧ Produce parent materials in multiple languages and provide language translators to assist families as needed.
- ✧ Conduct surveys of families on students' strengths and needs and families' suggestions and reactions to school health and wellness programs.
- ✧ Provide informal activities at which families, staff and community members can interact.

3. **Volunteering.** The district shall provide appropriate training and involve families and community members in instructional and support areas both in and out of the school.

**Standard: Parents are welcome in the school and their support and assistance are sought.**

Volunteering includes recruiting and organizing parent and community support for classrooms, school functions and student activities both in and out of the school. Common challenges in this area are to recruit widely, provide training, and create flexible schedules for volunteers so that all families know that their time and talents are welcomed and valued.

Implementation strategies include:

- ✧ Ensure that office staff greetings, signs near the entrances, and any other interactions with parents create a climate in which parents feel valued and welcome.
- ✧ Ensure that parents who are not able to volunteer in the school building or during the school day are given options for helping in other ways.
- ✧ Provide training and assist staff members in creating an inviting climate and effectively using volunteer resources.
- ✧ Ensure that volunteer activities are meaningful and built on volunteers' interests and abilities.
- ✧ Show appreciation for parents' participation and value their diverse contributions.

4. **Home learning.** The district shall involve families in learning activities at home and in the community, including interactive homework and other curriculum-linked enrichment activities.

**Standard: Parents play an integral part in assisting student learning at home.** Learning at home refers to providing information, ideas and opportunities to families about how to help students at home and in the community with academic decisions, homework and curriculum-related activities. Homework, in this context, has been redefined to mean not only work that students do alone, but also interactive activities that students share and discuss with others at home. The challenge schools face is to design and implement meaningful interactive homework where students take responsibility to discuss important classwork and ideas with their families.

Implementation strategies include:

- ✧ Host family fitness programs and healthy cooking classes at school or in the community.
- ✧ Make school facilities available to families to support their efforts to be physically active.
- ✧ Assign interactive homework that requires family discussions about health and wellness issues.
- ✧ Send home health and wellness activity packets for families on a regular basis.
- ✧ Encourage students and families to participate in health and wellness events in the community, such as fun runs, walk-a-thons, etc.



5. **Decision making, governance and advocacy.** The district shall provide opportunities and support for all families to participate in school decisions, governance and advocacy.

**Standard: Parents are full partners in the decisions that affect children and families.**

Decision making involves providing opportunities for all families to develop and strengthen their leadership role in school governance. Parent organizations such as the Parent Teacher Association (PTA) provide opportunities for parents to learn leadership skills and engage in school decisions. A challenge in this area is to actively include parent leaders from all racial, ethnic, socioeconomic, and other groups in the school. Student representatives too should be included in governance groups.

Implementation strategies include:

- ✧ Include parents in health and wellness committees; assist parent members in outreach strategies so they can effectively act as liaisons with other parents.
- ✧ Conduct parent focus groups to increase the school's understanding of parents' concerns and ideas related to health and wellness issues.
- ✧ Include families in planning and implementation of health and wellness events.
- ✧ Develop a school-family-community partnerships action team to plan and facilitate the partnership program, or use an existing team (see "Organizing School Health Teams" in Chapter 2, Fostering Collaboration and Establishing Local Practices).
- ✧ Encourage the formation of PTAs and/or other parent groups to identify and respond to issues of interest to parents.

6. **Community collaboration.** The district shall enable schools and families to access resources from community businesses, social service agencies and other groups, and serve as resources to the community.

**Standard: Community resources are used to strengthen schools, families and student learning.**

Communication structures between educators and the community need to be strengthened to create supportive, respectful interactions focused on student, parent and community goals for education. Not only are families and schools dependent on each other for success, but employers, civic and religious organizations, and our communities as a whole rely on families and schools to produce educated, productive participants in our democracy. Since so many community members have a stake in the success of our next generation, they need to share responsibility for achieving that success. New partners need to be continually brought to the table and helped to understand how they can support families and schools. Likewise, educators, children and parents should be organized to give back to their community. Collaborating with community agencies includes challenges associated with crossing organizational boundaries, and sharing resources and information.

Implementation strategies include:

- ✧ Include community members in health and wellness committees.
- ✧ Distribute information regarding health and wellness resources and agencies that serve families within the community.
- ✧ Represent school health and wellness programs at local health fairs and clinics, and offer to host community health programs and events at the school.
- ✧ Inform staff members of the health and wellness resources available in the community and develop strategies for using those resources.
- ✧ Build additional community capacity by bringing together resources already available through multiple social service programs.
- ✧ Use school and district data on school and family health and wellness needs to inform community partners of resource gaps.



Sources for Implementation Strategies: National PTA, 1997; National Network of Partnership Schools, 2006; Making Health Academic, 2003.



## Getting Started

To develop effective school-family-community partnerships that will be effective in promoting students' social, emotional and academic growth, schools should consider the following steps to develop a comprehensive and permanent program. The process is similar to the one suggested for school health teams. The school-family-community partnership team should have representation on the school health team and work in collaboration with the team.

### *Create an Action Team*

Parents, educators, administrators and others deemed appropriate must be represented and involved in reaching a common understanding and in setting goals to which all are committed.

### *Examine Current Practice*

Review the current status of parent and family involvement. Survey staff and parents to ensure a clear understanding of the current situation. The indicators of successful policy developed by the National PTA and the National Network of Partnership Schools are useful tools.

### *Develop a Plan of Improvement*

Based on the evaluation of current practice, identify first steps and priority issues. Pay close attention to developing a comprehensive, well-balanced plan that includes activity in each of the six standard areas.

### *Secure Support*

For optimal success, keep stakeholders (those responsible for implementation, those who will be affected, and those outside the school/program who have influence over the outcome) aware of the plan and willing to lend support to its success. Financial resources need to be determined and budgeted.

### *Provide Professional Development for School/Program Staff*

Effective training is essential. The best models for training are those that provide staff with several opportunities to interact with the issues, work together, and monitor and evaluate progress.

### *Evaluate and Revise the Plan*

Parent and family involvement is not a one-time goal. It merits a process of continuous improvement and a commitment to long-term success. Celebrate success and continue working toward a comprehensive, ongoing goal-oriented program of partnerships.

## Legislation Pertaining to School-Family-Community Partnerships

### *Federal Legislation*

Public Law 107-110, the *No Child Left Behind Act of 2001*

1. SEC. 1118. PARENTAL INVOLVEMENT.

(a) LOCAL EDUCATIONAL AGENCY POLICY-

(1) IN GENERAL- A local educational agency may receive funds under this part only if such agency implements programs, activities, and procedures for the involvement of parents in programs assisted under this part consistent with this section. Such programs, activities, and procedures shall be planned and implemented with meaningful consultation with parents of participating children.

(2) WRITTEN POLICY- Each local educational agency that receives funds under this part shall develop jointly with, agree on with, and distribute to, parents of participating children a written parent involvement policy. The policy shall be incorporated into the local educational agency's plan developed under section 1112, establish the agency's expectations for parent involvement, and describe how the agency will –

(A) involve parents in the joint development of the plan under section 1112, and the process of school review and improvement under section 1116;

(B) provide the coordination, technical assistance, and other support necessary to assist participating schools in planning and implementing effective parent involvement activities to improve student academic achievement and school performance;

(C) build the schools' and parents' capacity for strong parental involvement as described in subsection (e);

(D) coordinate and integrate parental involvement strategies under this part with parental involvement strategies under other programs, such as the Head Start program, Reading First program, Early Reading First program, Even Start program, Parents as Teachers program, and Home Instruction Program for Preschool Youngsters, and State-run preschool programs;

(E) conduct, with the involvement of parents, an annual evaluation of the content and effectiveness of the parental involvement policy in improving the academic quality of the schools served under this part, including identifying barriers to greater participation by parents in activities authorized by this section (with particular attention to parents who are economically disadvantaged, are disabled, have limited English proficiency, have limited literacy, or are of any racial or ethnic minority background), and use the findings of such evaluation to design strategies for more effective parental involvement, and to revise, if necessary, the parental involvement policies described in this section; and

(F) involve parents in the activities of the schools served under this part.

(3) RESERVATION-

(A) IN GENERAL- Each local educational agency shall reserve not less than 1 percent of such agency's allocation under subpart 2 of this part to carry out this section, including promoting family literacy and parenting skills, except that this paragraph shall not apply if 1 percent of such agency's allocation under subpart 2 of this part for the fiscal year for which the determination is made is \$5,000 or less.

(B) PARENTAL INPUT- Parents of children receiving services under this part shall be involved in the decisions regarding how funds reserved under subparagraph (A) are allotted for parental involvement activities.

(C) DISTRIBUTION OF FUNDS- Not less than 95 percent of the funds reserved under subparagraph (A) shall be distributed to schools served under this part.

(b) SCHOOL PARENTAL INVOLVEMENT POLICY-

(1) IN GENERAL- Each school served under this part shall jointly develop with, and distribute to, parents of participating children a written parental involvement policy, agreed on by such parents, that shall describe the means for carrying out the requirements of subsections (c) through (f). Parents shall be notified of the policy in an understandable and uniform format and, to the extent practicable, provided in a language the parents can understand. Such policy shall be made available to the local community and updated periodically to meet the changing needs of parents and the school.

(2) SPECIAL RULE- If the school has a parental involvement policy that applies to all parents, such school may amend that policy, if necessary, to meet the requirements of this subsection.

(3) AMENDMENT- If the local educational agency involved has a school district-level parental involvement policy that applies to all parents, such agency may amend that policy, if necessary, to meet the requirements of this subsection.

(4) PARENTAL COMMENTS- If the plan under section 1112 is not satisfactory to the parents of participating children, the local educational agency shall submit any parent comments with such plan when such local educational agency submits the plan to the State.

(c) POLICY INVOLVEMENT- Each school served under this part shall –

(1) convene an annual meeting, at a convenient time, to which all parents of participating children shall be invited and encouraged to attend, to inform parents of their school's participation under this part and to explain the requirements of this part, and the right of the parents to be involved;

(2) offer a flexible number of meetings, such as meetings in the morning or evening, and may provide, with funds provided under this part, transportation, child care, or home visits, as such services relate to parental involvement;

(3) involve parents, in an organized, ongoing, and timely way, in the planning, review, and improvement of programs under this part, including the planning, review, and improvement of the school parental involvement policy and the joint development of the schoolwide program plan under section 1114(b)(2), except that if a school has in place a process for involving parents in the joint planning and design of the school's programs, the school may use that process, if such process includes an adequate representation of parents of participating children;

(4) provide parents of participating children –

(A) timely information about programs under this part;

(B) a description and explanation of the curriculum in use at the school, the forms of academic assessment used to measure student progress, and the proficiency levels students are expected to meet; and

(C) if requested by parents, opportunities for regular meetings to formulate suggestions and to participate, as appropriate, in decisions relating to the education of their children, and respond to any such suggestions as soon as practicably possible; and

- (5) if the schoolwide program plan under section 1114(b)(2) is not satisfactory to the parents of participating children, submit any parent comments on the plan when the school makes the plan available to the local educational agency.
- (d) SHARED RESPONSIBILITIES FOR HIGH STUDENT ACADEMIC ACHIEVEMENT- As a component of the school-level parental involvement policy developed under subsection (b), each school served under this part shall jointly develop with parents for all children served under this part a school-parent compact that outlines how parents, the entire school staff, and students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership to help children achieve the State's high standards. Such compact shall –
- (1) describe the school's responsibility to provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the children served under this part to meet the State's student academic achievement standards, and the ways in which each parent will be responsible for supporting their children's learning, such as monitoring attendance, homework completion, and television watching; volunteering in their child's classroom; and participating, as appropriate, in decisions relating to the education of their children and positive use of extracurricular time; and
  - (2) address the importance of communication between teachers and parents on an ongoing basis through, at a minimum –
    - (A) parent-teacher conferences in elementary schools, at least annually, during which the compact shall be discussed as the compact relates to the individual child's achievement;
    - (B) frequent reports to parents on their children's progress; and
    - (C) reasonable access to staff, opportunities to volunteer and participate in their child's class, and observation of classroom activities.
- (e) BUILDING CAPACITY FOR INVOLVEMENT- To ensure effective involvement of parents and to support a partnership among the school involved, parents, and the community to improve student academic achievement, each school and local educational agency assisted under this part –
- (1) shall provide assistance to parents of children served by the school or local educational agency, as appropriate, in understanding such topics as the State's academic content standards and State student academic achievement standards, State and local academic assessments, the requirements of this part, and how to monitor a child's progress and work with educators to improve the achievement of their children;
  - (2) shall provide materials and training to help parents to work with their children to improve their children's achievement, such as literacy training and using technology, as appropriate, to foster parental involvement;
  - (3) shall educate teachers, pupil services personnel, principals, and other staff, with the assistance of parents, in the value and utility of contributions of parents, and in how to reach out to, communicate with, and work with parents as equal partners, implement and coordinate parent programs, and build ties between parents and the school;
  - (4) shall, to the extent feasible and appropriate, coordinate and integrate parent involvement programs and activities with Head Start, Reading First, Early Reading First, Even Start, the Home Instruction Programs for Preschool Youngsters, the Parents as Teachers Program, and public preschool and other programs, and conduct other activities, such as parent resource centers, that encourage and support parents in more fully participating in the education of their children;

- (5) shall ensure that information related to school and parent programs, meetings, and other activities is sent to the parents of participating children in a format and, to the extent practicable, in a language the parents can understand;
  - (6) may involve parents in the development of training for teachers, principals, and other educators to improve the effectiveness of such training;
  - (7) may provide necessary literacy training from funds received under this part if the local educational agency has exhausted all other reasonably available sources of funding for such training;
  - (8) may pay reasonable and necessary expenses associated with local parental involvement activities, including transportation and child care costs, to enable parents to participate in school-related meetings and training sessions;
  - (9) may train parents to enhance the involvement of other parents;
  - (10) may arrange school meetings at a variety of times, or conduct in-home conferences between teachers or other educators, who work directly with participating children, with parents who are unable to attend such conferences at school, in order to maximize parental involvement and participation;
  - (11) may adopt and implement model approaches to improving parental involvement;
  - (12) may establish a districtwide parent advisory council to provide advice on all matters related to parental involvement in programs supported under this section;
  - (13) may develop appropriate roles for community-based organizations and businesses in parent involvement activities; and
  - (14) shall provide such other reasonable support for parental involvement activities under this section as parents may request.
- (f) **ACCESSIBILITY**- In carrying out the parental involvement requirements of this part, local educational agencies and schools, to the extent practicable, shall provide full opportunities for the participation of parents with limited English proficiency, parents with disabilities, and parents of migratory children, including providing information and school reports required under section 1111 in a format and, to the extent practicable, in a language such parents understand.
- (g) **INFORMATION FROM PARENTAL INFORMATION AND RESOURCE CENTERS**- In a State where a parental information and resource center is established to provide training, information, and support to parents and individuals who work with local parents, local educational agencies, and schools receiving assistance under this part, each local educational agency or school that receives assistance under this part and is located in the State shall assist parents and parental organizations by informing such parents and organizations of the existence and purpose of such centers.
- (h) **REVIEW**- The State educational agency shall review the local educational agency's parental involvement policies and practices to determine if the policies and practices meet the requirements of this section.

### *State Legislation*

**Connecticut General Statutes Section 10-4g. Parental and community involvement in schools; model program; school-based teams.** (b) The State Board of Education shall develop a program to encourage local and regional boards of education to develop and implement plans to involve parents of students in the educational process in that district and to increase community involvement in the schools. The local programs shall include, but not be limited to, providing regular contact with all parents, including opportunities for parents to meet with their children's instructors for the purpose of reviewing the curriculum of their child's program, and developing strategies for parents to actively assist in the educational process. Such local programs shall also include the development of written materials designed to familiarize parents with their child's curriculum and to detail specific activities parents and students may undertake together to enrich the child's education experience and development.

<http://www.cga.ct.gov/2007/pub/Chap163.htm#Sec10-4g.htm>

**Connecticut General Statutes Section 10-221. Boards of education to prescribe rules, policies and procedures.** (f) Not later than September 1, 1998, each local and regional board of education shall develop, adopt and implement written policies and procedures to encourage parent-teacher communication. These policies and procedures may include monthly newsletters, required regular contact with all parents, flexible parent-teacher conferences, drop-in hours for parents, home visits and the use of technology such as homework hot lines to allow parents to check on their children's assignments and students to get assistance if needed. <http://www.cga.ct.gov/2007/pub/Chap170.htm#Sec10-221.htm>

**Connecticut General Statutes Section 10-220. Duties of boards of education.** (c) Annually, each local and regional board of education shall submit to the Commissioner of Education a strategic school profile report for each school under its jurisdiction and for the school district as a whole. The superintendent of each local and regional school district shall present the profile report at the next regularly scheduled public meeting of the board of education after each November first. The profile report shall provide information on measures of (1) student needs, (2) school resources, including technological resources and utilization of such resources and infrastructure, (3) student and school performance, (4) equitable allocation of resources among its schools, (5) reduction of racial, ethnic and economic isolation, and (6) special education. For purposes of this subsection, measures of special education include (A) special education identification rates by disability, (B) rates at which special education students are exempted from mastery testing pursuant to section 10-14q, (C) expenditures for special education, including such expenditures as a percentage of total expenditures, (D) achievement data for special education students, (E) rates at which students identified as requiring special education are no longer identified as requiring special education, (F) the availability of supplemental educational services for students lacking basic educational skills, (G) the amount of special education student instructional time with nondisabled peers, (H) the number of students placed out-of-district, and (I) the actions taken by the school district to improve special education programs, as indicated by analyses of the local data provided in subparagraphs (A) to (H), inclusive, of this subdivision. The superintendent shall include in the narrative portion of the report information about parental involvement and if the district has taken measures to improve parental involvement, including, but not limited to, employment of methods to engage parents in the planning and improvement of school programs and methods to increase support to parents working at home with their children on learning activities. <http://www.cga.ct.gov/2007/pub/Chap170.htm#Sec10-220.htm>



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**Resources**

Connecticut State Department of Education Coordinated School Health Partnerships:

<http://www.ct.gov/sde/healthyconneCTions>

Guidelines for Family-Friendly Schools, The Institute for Responsive Education:

<http://www.responsiveeducation.org/tipGuidelines.html>

NCLB Action Briefs. Public Education Network (PEN) and the National Coalition for Parent Involvement in Education (NCPIE): [http://www.publiceducation.org/nclb\\_actionbriefs.asp](http://www.publiceducation.org/nclb_actionbriefs.asp) and <http://www.ncpie.org/Resources/nclbactionbriefs.html>

No Child Left Behind: What's in It for Parents? A Guide for Parent Leaders and Advocates, Parent Leadership Associates: <http://www.centerforparentleadership.org/publications.html>

Measure of School, Family, and Community Partnerships, Northwest Regional Educational Laboratory, Johns Hopkins University: <http://www.nwrel.org/csrdp/Measurepartner.pdf>

National Center for Family & Community Connections with Schools, Southwest Educational Development Laboratory: [http://www.sedl.org/work/family\\_community.html](http://www.sedl.org/work/family_community.html)

National Network of Partnership Schools, Johns Hopkins University: <http://www.partnershipschools.org>

National Parent Teacher Association (PTA): <http://www.pta.org/>

North Central Regional Educational Laboratory's Pathways to School Improvement Project:

<http://www.ncrel.org/sdrs/>

The Education Trust: <http://www2.edtrust.org/EdTrust/Parents+and+Community>

The Family Involvement Network of Educators (FINE):

<http://www.gse.harvard.edu/hfrp/projects/fine.html>

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