The 2010 Mississippi Healthy School Board Award is a distinguished honor that is given to school districts who have made great achievements in the implementation of school health programs in public schools. In this application, the following categories of school health will be assessed for each district’s commitment to:

- Individual School Health Council Development;
- Wellness Policy Implementation;
- Health Services;
- Physical Education;
- Health Education;
- Nutrition Education & Services;
- Staff/Faculty Wellness;
- Community/Family Involvement;
- Food Safe Schools;
- Marketing;
- Healthy School Environment; and
- Tobacco Policy Enforcement.

Application Instructions

1. Each school board will submit one signed original and 4 copies of the entire packet to:
   
   Amanda Williams
   Office of Healthy Schools
   P.O. Box 771
   Jackson, MS   39205

2. Any questions about the contents of the application should be directed to Amanda Williams at alwilliams@mde.k12.ms.us or 601-359-1813.

3. Faxed applications will not be accepted.

Application Criteria and Scoring

An interdisciplinary team of five individuals will score each application. Points for each question are based on how closely the district applies what is recommended in the “Local School Policy Wellness Guide for Development.” A total of 200 points can be earned, and no partial credit is given. 10 points of the total will be given to all of those who turn in their signed applications on time and have the correct number of copies included in their packets. Additional points will be given to those that meet the minimum requirements of the Healthy Students Act and also go above and beyond the minimum standards. The application that has the highest number of points will automatically receive the award. All districts will be required to submit each school’s wellness policy document and membership roster.
# 2010 Mississippi Healthy School Board Awards Application

## Part I

<table>
<thead>
<tr>
<th>School District Name (Please Print):</th>
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<tr>
<th>School Board President Name (Please Print):</th>
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<th>Superintendent Name (Please Print):</th>
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**Contact information for Person Submitting Application:**

<table>
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<tr>
<th>Name (Please Print)</th>
<th>Title</th>
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<th>Street Address</th>
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Enter the number of schools in the district____________________

[ ] Elementary  [ ] Middle School  [ ] High School

Enter the total number of students in the district_________________

## Part II

Please provide a brief summary (100 word limit) of **why your district should receive the 2010 Mississippi Healthy School Board Award.** (Please type on a separate sheet of paper and attach.)

## Part III

Directions: Please answer the following questions as accurately as possible.

**School Health Councils**

1. Has each school established a health council in your district that has 10 or more members representing the school, community, local businesses, parents, and students?

[ ] Yes  [ ] No
2. Does each school health council meet at least three times per year and have minutes to reflect those meetings?
   □ Yes  □ No

3. Has each school health council made at least one presentation to the school board within the last year?
   □ Yes  □ No

4. Do all schools in the district complete a school wellness assessment for planning/evaluation purposes, such as the School Health Index, at least every other year? *(Documentation may be requested in the event that a site visit occurs.)*
   □ Yes  □ No

5. Does at least one school board member serve on a school health council?
   □ Yes  □ No

**Implementing Wellness Policies**

To what extent is your school district implementing the following:

<table>
<thead>
<tr>
<th></th>
<th>Fully in Place</th>
<th>Developing/Partially in Place</th>
<th>Not in Place</th>
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<tbody>
<tr>
<td>1. School-level wellness policies that address the health needs/interests of your students, faculty, and staff based upon the School Health Index (or other assessment).</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>2. Developed ways to evaluate the stated goals and objectives of the school health councils.</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td>3. Documented improvements in student health-related attitudes and behaviors (e.g., discipline referrals for health-related infractions – smoking, alcohol, drugs, reduction in teen pregnancy, items consumed from vending machines, etc.)</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>4. Ensured a system is in place to monitor the impact of our SHC's in relation to key indicators (e.g., absenteeism, drop-out rates, high school completion rates, suspension rates, etc.)</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>6. Provided SHC updates to the following: school administrators, faculty/staff, parents/caregivers, or the community.</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td>7. Disseminated information concerning the availability of community resources (health insurance, child care, parks, etc.) to parents</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td>8. Communicated <em>changes</em> in policy to students, faculty/staff, parents/caregivers and the community</td>
<td>□</td>
<td>□</td>
<td>□</td>
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(e.g., newsletter, website, press release, etc.)

9. Distributed reminders to students, faculty/staff, parents/caregivers, and the community concerning upcoming healthy school activities and events.

10. Allowed students, faculty/staff, parents/caregivers, and the community to communicate feedback on health issues through formal communication channels (e.g., suggestion boxes, e-mail, survey, etc.)

**Health Services**
1. Is there at least one Registered Nurse (RN) assigned to the district on a daily basis?
   - [ ] Yes
   - [ ] No

2. If you have one, how many students is each school nurse responsible for at any given time in your district?

**Physical Education/Physical Activity/Health Education**
1. Does the district provide *structured physical education?* (Excludes varsity sports, intramural activities, and recess.)
   - [ ] Yes, If yes, what curriculum? _______________________  
   - [ ] No

2. How many of the following teach physical education classes in your district?
   - [ ] Licensed Physical Education
   - [ ] Certified Classroom Teacher
   - [ ] Non-certified staff

3. How many minutes per week of structured physical education do students in grades K-8 receive? (Excludes varsity sports, intramural activities, and recess.)
   - [ ] 150+
   - [ ] 90-119
   - [ ] 30-59
   - [ ] 120-149
   - [ ] 60-89
   - [ ] 0-29

4. Does the district conduct *Fitness Assessments* in the physical education classes?
   - [ ] Yes, tool used____________________  
   - [ ] No

5. Does the district allow waivers to exempt students from physical education? (If yes, identify waivers allowed)
   - [ ] Yes, _____________________________________________
   - [ ] No
6. Who teaches health education classes in the district? (Check all that apply)

- [ ] Health Education Endorsed Teacher
- [ ] Physical Education Teacher
- [ ] Regular Classroom Teacher
- [ ] Other, area specialty

7. For what grade levels is health education taught? (Circle all that apply)

- [ ] K  -  1  -  2  -  3  -  4  -  5  -  6  -  7  -  8  -  9  -  10  -  11  -  12

8. How many minutes per week are spent on health education in K-8?

- [ ] ≤ 30 minutes
- [ ] 30-45 minutes
- [ ] 45-60 minutes
- [ ] > 60 minutes

9. How many minutes per day does the district provide all K-8 students with an opportunity for physical activity outside of PE class (i.e., recess, physical activity period)?

- [ ] 31+
- [ ] 21-30
- [ ] 16-20
- [ ] 0-15

10. Does the district offer students opportunities to participate in intramural sports and/or after school activity programs?

- [ ] Yes
- [ ] No

11. Does the district offer parent/student programs that promote health and/or physical activity (e.g., family fun night, wellness challenge, family fitness events, health fairs at school, etc)?

- [ ] Yes
- [ ] No

12. Outside of school hours or when school is not in session, are the school facilities available for use by the community? (Check all that apply)

- [ ] Yes, outdoor facilities
- [ ] No, indoor facilities
- [ ] Yes, indoor facilities
- [ ] No, outdoor facilities

13. Does the district restrict physical activity (recess, physical education class, etc.) as a form of punishment for any type of offense?

- [ ] Yes
- [ ] No

**Nutrition**

1. Does the district employ or have a consulting Registered Dietitian (RD)?

- [ ] Yes
- [ ] No
2. How often does the lunch menu offer students a salad bar meal?

☐ Every day  ☐ 1-2 days a week

☐ 3-4 days a week  ☐ Never

☐ In one or some junior and high schools only

3. How often does the lunch menu offer a variety of fruit?

☐ Every day  ☐ 1-2 days a week

☐ 3-4 days a week  ☐ Never

4. How often does the lunch menu offer vegetables?

☐ Every day  ☐ 1-2 days a week

☐ 3-4 days a week  ☐ Never

5. Do the kitchen facilities in the district have fryers?

☐ Yes  ☐ No

6. Has the district implemented food purchasing and/or preparation practices to reduce the fat content of foods (use ovens, combi ovens; use lower fat pre-prepared foods, use low/reduced fat cheese, drain cooked beef, etc.)

☐ Yes  ☐ No

7. Does the district allow parents to bring fast food items on to campus for students lunches?

☐ Yes  ☐ No

8. Does the district allow advertisements of carbonated drinks in the cafeteria, school halls or in athletic departments?

☐ Yes  ☐ No

9. Does the district lunch schedule permit students at least 20 minutes to eat their lunch? (Excluding time required to stand in the lunch line, walk to and from class, etc)

☐ Yes  ☐ No If no, how long do students have? _______

10. Do food service staff and teachers coordinate activities to reinforce and/or enhance classroom nutrition education?

☐ Yes  ☐ No
11. How does the district promote the consumption of fresh fruits and vegetables (i.e., posters, free samples, etc.)?

__________________________________________________________________

12. How often does the breakfast program provide choices such as low-fat milk, 100% juice, fruits, high-fiber cereal, or low sugar items?

☐ Every day
☐ 1-2 days a week
☐ 3-4 days a week
☐ NA

13. Does the district offer an Expanded Breakfast Program?

☐ Grab n’ Go Breakfast
☐ Breakfast after 1st period
☐ Breakfast in the Classroom
☐ Does not offer

14. Does the district have vending machines accessible to students? (If yes, at what time of the day)

☐ Yes ______________________  ☐ No

15. What grade levels have access to the vending machines? (circle all that apply)

K 1 2 3 4 5 6 7 8 9 10 11 12

16. Are all items in vending machines on the “Approved Snack List”?

☐ Yes
☐ No

17. Do faculty/staff have their own vending machines with at least 50% of items on the “Approved Snack List”?

☐ Yes
☐ No

18. Does the district offer visual aids (e.g., signs/pictures) to promote healthy food selections to students?

☐ Yes
☐ No

19. Does the district allow students to have activity before lunch to increase plate consumption?

☐ Yes
☐ No

Staff/ Faculty Wellness

1. Does the district provide on-site wellness programs for staff and faculty?

☐ Yes
☐ No (If No, Skip Questions #2-3)
2. How are the current district faculty/staff wellness programs funded? (Check all that apply.)

- [ ] Entirely by the district
- [ ] Employees pay all fees
- [ ] Employees share some of the costs
- [ ] Supported by other outside funds

3. Which of the following wellness programs are offered to the district’s faculty/staff? (Check all that apply.)

- [ ] Stress Management
- [ ] Physical Activity Opportunities
- [ ] Health Screenings/Fairs
- [ ] Smoking Cessation Classes
- [ ] Healthy Eating/Nutrition/Weight Management
- [ ] Incentive(s) to participate in Wellness
- [ ] Other ______________________________________

4. Does the district allow faculty/staff to participate in physical activity at any time during the school day?

- [ ] Yes
- [ ] No

**Tobacco**

1. Is the use of all tobacco products prohibited on campus/school grounds/parking lots and at sports venues at all times? (Check all that apply)

- [ ] Yes, by all students
- [ ] Yes, by all faculty/staff
- [ ] Yes, by visitors
- [ ] Yes by all, but not after hours

2. Does the district policy prohibit students from wearing tobacco brand-name apparel including non-clothing items such as gym bags, water bottles, etc.?

- [ ] Yes
- [ ] No

3. Does the district have a tobacco education program in place that is used as an alternative to suspension or tobacco cessation services for those students who violate the tobacco use policy?

- [ ] Yes
- [ ] No

4. Is there signage located in prominent places at all campuses to communicate the tobacco use policy for the district?

- [ ] Yes
- [ ] No
5. Is all use of tobacco products prohibited by all staff on school grounds?
   [ ] Yes  [ ] No

**Healthy School Environment**

1. Are exit doors in all schools free of padlocks, chains and anything obstructing an exit?
   [ ] Yes  [ ] No

2. Are all exit signs illuminated and clearly visible in case of an emergency?
   [ ] Yes  [ ] No

3. Do all playgrounds in the district meet Federal guidelines for playground safety to prevent unintentional injuries of students?
   [ ] Yes  [ ] No

4. Are there two means of exit available in each classroom that might include two doors or a door and a window where students could get out in case of an emergency?
   [ ] Yes  [ ] No

5. Does every classroom in the district have air conditioning?
   [ ] Yes  [ ] No

**Part IV**

Please attach a copy of each school’s wellness policy document and a list of each school health council’s members.

**Certification**

We certify that to the best of our knowledge, this application is true and correct in all aspects.

______________________________________________  _________________
School Board President   Date

______________________________________________
Signature

______________________________________________  _________________
Superintendent   Date

______________________________________________
Signature