Nutrition, Health and Physical Fitness – Procedures 6700

School Meals:

The district is committed to serving healthy meals to children served in a timely manner

- Annually distributing meal applications and determining eligibility for school meals;
- Protecting the identity of students eligible for free and reduced-price meals;
- Ensuring meals meet USDA meal pattern requirements;
- Ensuring meal periods are in compliance with USDA regulations;
- Establishing a Food Safety Plan;
- Determining meal prices and submitting them to the board for approval annually;
- Using the full entitlement of USDA Foods;
- Maintaining a nonprofit school food service account;
- Ensuring all revenues are used solely for the school meal program;
- Establishing a meal charge policy;
- Accommodating children with special dietary needs;
- Ensuring compliance with USDA nondiscrimination policies;
- Following proper procurement procedures; and
- Ensuring compliance with the Smart Snacks in School standards.

• The District will make drinking water available where school meals are served during meal time.

Health and Physical Education Program

The District’s K-12 health and physical education programs will be aligned with the Washington State Health and Physical Education K-12 Learning Standards and will include, but not be limited to, the development of knowledge and skills to be physically active, eat nutritiously, access reliable health information and services, communicate effectively, and set health-enhancing goals.

The District will ensure that the following requirements are met:

- All students in grades one through eight receive an average of one hundred instructional minutes per week of physical education per year.
- All high school students are required to complete a minimum of three semesters (1.5 credits) of physical education and one semester (.5 credit) of health education.
- The district will offer a one-credit course or its equivalent in physical education for each grade in the high school program (grades 9-12).
- All students have equal and equitable opportunities for health and physical education.
- All students, from kindergarten through grade 12, will participate in a quality, standards-based health and physical education program.
- OSPI developed assessments or other strategies will be used in health and physical education, formerly known as classroom-based assessments (CBAs).
Additionally, school districts must conduct an annual review of their PE programs. The review must consist of numerous provisions, including:

- The number of individual students completing a PE class during the school year;
- The average number of minutes per week of PE received by students in grades 1 through 8, expressed in appropriate reporting ranges;
- The number of students granted waivers from PE requirements;
- An indication of whether all PE classes are taught by instructors who possess a valid health and fitness endorsement;
- The PE class sizes, expressed in appropriate reporting ranges;
- The district routinely modifies and adapts its PE curriculum for students with disabilities; and
- The District will provide equal opportunity for all students to participate in physical education classes

As a best practice and subject to available funding, the district will strive to ensure:

- Students will be moderately to vigorously active for at least 50% of class time during most or all physical education class sessions.
- All schools will have certificated physical education teachers providing instruction.
- All schools will have appropriate class sizes, facilities, equipment, and supplies needed to deliver quality health and physical education consistent with state standards.
- All physical education teachers will be encouraged to participate in professional development.

**Physical Activity**

Physical education class is not to be used or withheld as punishment for any reason. All schools, as a best practice and subject to available funding, will participate in a multi-component approach by which schools use all opportunities for students to be physically active, such as the Comprehensive School Physical Activity Program (CSPAP) recommended by the Centers for Disease Control and Prevention, and will provide the following:

- Quality physical education;
- Physical activity during the school day (brain boosters/energizers);
- Physical activity before and after school;
- Recess (which will not be used or withheld as punishment for any reason);
- Family and community engagement;
- Staff wellness and health promotion;
- The District will support active transport to and from school

**Wellness Committee**

The district will convene a wellness committee to establish goals for the district-level wellness policy and to oversee its development, implementation, periodic review and updating. The
membership of the committee will represent all school levels (elementary and secondary schools) and may include:

- Parents and caregivers;
- Students;
- Representatives of the school nutrition program (e.g., school nutrition director);
- Physical education teachers;
- School health professionals (e.g., health education teachers, nurses, physicians, dentists, health educators, and other allied health personnel who provide school health services, school counselors, psychologists, social workers, or psychiatrists);
- School administrators (e.g., superintendent, principal, vice principal),
- Health professionals (e.g., dietitians, doctors, nurses, dentists); and
- Members of the general public.

The wellness committee is responsible for:

- Understanding wellness policy requirements;
- Identifying and creating partnership between the District and community to create and communicate resources for staff and students to practice life-long healthy habits;
- Planning and communicating to constituent’s wellness committee initiatives;
- Monitoring progress towards goals “triennially”

Nutrition services department is responsible for:

- Annual public notification of the wellness policy;
- Revising the wellness policy; and
- Establishing wellness committee membership and operating protocol;