| Requirement | Implementation Strategy | Implementation Plan | Person orTeam(responsible party) | Date Due | Date Done | Monitoring Plan | Compliant Policy? | Eval.Date |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Public Involvement**  | Build a team including:parents, students, food service staff, physical education instructors,school health professionals, school board and administration, and community members to develop, review, and implement wellness policy |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| *Action Plan to Correct* |  |  |  |  |  |  |  |  |
| **Designee** | Identify a designee to ensure compliance |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| *Action Plan to Correct* |  |  |  |  |  |  |  |  |
| **Nutrition Guidelines** | List and comply with Federal standards for all food and beverages sold on school campus during the school day |  |  |  |  |  |  |  |
| [ ]  | School meals for Breakfast and Lunch |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Free water available during lunchtime |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Competitive foods *(a la carte, vending, stores)* adhere to Smart Snacks |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Healthy fundraisers |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Providing sufficient seat time for breakfast and lunch  |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| *Action Plan to Correct* |  |  |  |  |  |  |  |  |
| **Nutrition Standards** | Establish standards for all non-sold food and beverages available on school campus |  |  |  |  |  |  |  |
| [ ]  | Identify food permitted at classroom celebrations |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Identify food permitted at school-wide celebrations |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Identify food permitted for student rewards |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Use non-food rewards |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| *Action Plan to Correct* |  |  |  |  |  |  |  |  |
| **Policy for Food and Beverage Marketing** | Permit marketing on the school campus during the school day of only those foods and beverages that meet the competitive foods requirements |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Exterior of vending machines |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Scoreboards |  |  |  |  |  |  |  |
| [ ]  | Posters  |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Menu boards |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Coolers |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Trash cans |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Food service equipment |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Cups |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| *Action Plan to Correct* |  |  |  |  |  |  |  |  |
| **Nutrition Promotion** | Establish specific and measurable goals for nutrition promotion using evidence-based strategies |  |  |  |  |  |  |  |
| [ ]  | Use techniques from the *Smarter Lunchrooms Movement*  |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Participate in the *Healthier U.S. School Challenge*  |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Become a *Team Nutrition* School |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Enhance cafeteria ambiance/education |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Apply for *the USDA Fresh Fruit and Vegetable* program |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Create a school garden/ participate in *Farm to School* |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Taste-testing days (e.g., “Taste of Idaho”) |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Host community meal events |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Wellness newsletters |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Host a Health Fair |  |  |  |  |  |  |  |
| [ ]  | Staff modeling healthy eating |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| *Action Plan to Correct* |  |  |  |  |  |  |  |  |
| **Nutrition Education**  | Establish specific and measurable goals for nutrition education using evidence-based strategies |  |  |  |  |  |  |  |
| [ ]  | Classroom –based nutrition education (incorporated into curriculum, cooking classes) |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Cafeteria interventions (MyPlate information, “Eat the colors of the rainbow” themes) |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Foodservice staff education (*scratch cooking, healthy meals)* |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Staff training (Continuing education on Nutrition |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Home and community (Sending information home, community education-Nutrition/Physical Activity nights) |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| *Action Plan to Correct* |  |  |  |  |  |  |  |  |
| **Physical Activity** | Establish specific and measurable goals for physical education using evidence-based strategies |  |  |  |  |  |  |  |
| [ ]  | Minutes/day or week |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Curriculum |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Fitness testing/Fitness Gram |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Daily recess time |  |  |  |  |  |  |  |
| [ ]  | Physical activity breaks in classes |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Recess before lunch |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Access to school facilities |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Safe Routes to school |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Walk-a-thon/clubs |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| *Action Plan to Correct* |  |  |  |  |  |  |  |  |
| **Other School-Based Wellness** | Establish specific and measurable goals for other school-based wellness activities using evidence-based strategies |  |  |  |  |  |  |  |
| [ ]  | Staff modeling/wellness programs |  |  |  |  |  |  |  |
| [ ]  | Staff training on healthy lifestyles |  |  |  |  |  |  |  |
| [ ]  | District staff certified in CPR |  |  |  |  |  |  |  |
| [ ]  | Programs to support total wellness (e.g., drug prevention, mental health, social and emotional health) |  |  |  |  |  |  |  |
| [ ]  | Recycling/environmental stewardship program |  |  |  |  |  |  |  |
| [ ]  | Recognition/reward program for students who exhibit healthy behaviors |  |  |  |  |  |  |  |
| [ ]  | Community partnerships to support programs, projects, events or activities |  |  |  |  |  |  |  |
| **Triennial Assessment** | At a minimum, assess the wellness policy every three years |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Extent in which policy compare to model policies |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Description of the progress toward goals |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Compliance with the wellness policy |  |  |  |  |  |  |  |
| *Action Plan to Correct* |  |  |  |  |  |  |  |  |
| **Public Notification** | Inform and update public about content and updates to wellness policy and results of triennial assessment |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Website, handbook, or newsletter |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| [ ]  | Report to school board |  |  |  |  |  | [ ]  Yes [ ]  No |  |
| *Action Plan to Correct* |  |  |  |  |  |  |  |  |

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