

CCSD Administrative Guidelines Regarding Student Wellness

Pursuant to the School Board's Student Wellness Program Policy (EEE), these administrative guidelines are to be utilized by CCSD staff in policy application:

I. Nutrition Guidelines

To the extent practicable, all schools in the Cherokee County School District (CCSD) will participate in available federal school meal programs. All foods and beverages made available on campus during the day will be consistent with the requirements of federal and state law. Guidelines for reimbursable school meals will not be less restrictive than regulations and guidance issued by the U.S. Secretary pursuant to the Child Nutrition Act and the Richard B. Russell National School Lunch Act, as those regulations and guidance apply to schools. The School Nutrition Director will develop procedures for operation of school nutrition programs at each school during the day with the objectives of promoting school health and reducing childhood obesity.

Food sold in schools must:

1. Comply with the general criteria*:
 - Be a "whole grain-rich" grain product containing 50% or more whole grains by weight, or have whole grains as the first ingredient; or
 - Have as the first ingredient a fruit, a vegetable, a dairy product, or a protein food; or
 - Be a combination food that contains at least ¼ cup fruit and/or vegetable.
- *If water is the first ingredient, the second ingredient must be one of the items above.
2. Meet, at a minimum, the Nutrition Standards for all foods sold in schools**:
 - Calorie limits:
 - Snack items: ≤ 200 calories
 - Entrée items: ≤ 350 calories
 - Sodium limits
 - Snack items: ≤ 200 mg
 - Entrée items: ≤ 480 mg
 - Fat limits:
 - Total fat: ≤35% of calories
 - Saturated fat: < 10% of calories
 - Trans-fat: zero grams
 - Sugar limit:
 - ≤ 35% of weight from total sugars in foods
- **If food does not meet the Nutrition Standards, it must qualify for an exemption from the Nutrition Standards.
3. Accompaniments such as cream cheese, salad dressing and butter must be included in the nutrient profile as part of the food item sold.

Beverages sold in schools must:

1. Be one of the allowable beverages for all grades:
 - Plain water (with or without carbonation)
 - Unflavored low-fat milk
 - Unflavored or flavored fat free milk and milk alternatives permitted by NSLP/SBP
 - 100% fruit or vegetable juice and
 - 100% fruit or vegetable juice diluted with water (with or without carbonation), and no added sweeteners.
2. Comply with the size limits for each grade:
 - Elementary schools may sell up to 8-ounce portions.
 - Middle schools and high schools may sell up to 12-ounce portions.
 - There is no portion size limit for plain water.
3. High Schools may allow additional "no calorie" and "lower calorie" beverage options to their students.

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- No more than 20-ounce portions of calorie-free, flavored water (with or without carbonation); and other flavored and/or carbonated beverages that are labeled to contain ≤ 5 calories per 8 fluid ounces or ≤ 10 calories per 20 fluid ounces.
- No more than 12-ounce portions of beverages with ≤ 40 calories per 8 fluid ounces, or ≤ 60 calories per 12 fluid ounces.

II. Guidelines for Committees

School principals or designees are to establish initiatives through physical education, nutrition education and other school based activities to promote or enhance student health and wellness. A school-based committee will identify and explore potential resources available; discuss the action steps required; assign responsibilities and set timelines; and, determine procedures for evaluation and measurement of the initiatives. Considerations for identifying initiatives may include an assessment of demographics/student needs, student ages, level and type of parent/community involvement and resources available.

III. Physical Education

All students in grades K-12 will have opportunities, support and encouragement to be physically active on a regular basis. The Cherokee County School District will provide physical education consistent with federal and state requirements and engage in promotion of physical activities aimed at attainment of the following goals:

1. Physical activity or recess is part of the daily curriculum (The removal of recess should be used only as a last resort, if used as a part of a teacher's discipline plan.);
2. Patterns of physical activity are encouraged in students' lives outside of physical education. The need for energy balance should be taken into consideration, as P.E. should not be the only activity where children are physically engaged;
3. Physical education is the environment where students learn, practice and are assessed on developmentally appropriate motor skills, social skills and knowledge;
4. Whenever possible, certified physical education instructors should teach physical education classes;
5. Student/teacher ratios in physical education classes are compliant with statutory requirements;
6. Time allotted physical education is consistent with up-to-date research, as well as with national and state standards;
7. Physical education includes instruction in individual activities as well as competitive and non-competitive team sports;
8. Adequate equipment is available for all students to participate in physical education/activity;
9. The school environment provides for safe and productive activities for all students;
10. The school works cooperatively together with families, communities and Partners in Education to assist in incorporating safe physical activity into students' daily lives;
11. School facilities are available outside the school day to encourage physical activity, and;
12. Students participate in periodic fitness assessments.

Parents should encourage students to be active after school. All students can find physical activities they enjoy; but parents should make sure that active play is part of their day outside of school.

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IV. Nutrition Education

It is the intent of the Board that the district will teach, encourage and support healthy eating by students. Schools will provide nutrition education consistent with federal and state requirements and engage in nutrition promotion aimed at attainment of the following goals:

1. Sequential nutrition education is integrated into core curricular areas of math, science, reading/language and language arts;
2. Schools are USDA Team Nutrition Schools;
3. Schools follow Georgia Health education curriculum;
4. The school cafeteria serves as a learning laboratory to support classroom instruction through menu offerings, point-of-sale information, signage, etc.;
5. The staff of the school nutrition program is professionally prepared in the area of nutrition/nutrition education and serves as a resource to classroom teachers;
6. Nutrition information taught by classroom teachers is reviewed by a qualified, credentialed nutrition professional. A resource list is available for teachers;
7. Classroom and cafeteria nutrition instruction/information is research based;
8. Nutrition information is shared with students, school staff, families, and the broader community through health fairs, publications, etc.;
9. Students receive nutrition messages throughout the school that are consistent with classroom instruction;
10. Nutrition education is linked to local school health programs, and;
11. Personnel at the district level will be available to work with coaches to offer healthy, nutritious plans for student athletes.

Examples of activities that can be measured may include, but are not limited to:

- a. Writing down food offerings in the school cafeteria and labeling by food group;
- b. Have each student plan a menu for their family using all the food groups;
- c. Encourage each grade level to work with the school cafeteria staff to plan a school lunch that will give healthy servings from each food group;
- d. Work with the school PTA to plan a nutrition fair, and;
- e. Work with district personnel to have emphasis on nutrition for annual science fair.

V. Other School-Based Activities

The school principal or designee will develop procedures that promote attainment of the following goals related to other school-based activities to promote wellness:

1. Counseling, psychological and social services

Counseling, psychological and social services are provided to improve students' mental, emotional and social health. These services include individual and group assessments, interventions and referrals. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment. Counseling, psychological and social services are provided by professionals such as certified school counselors, psychologists and social workers.

Example of possible counseling, psychological and social services initiative:
Stress reduction techniques for test taking

2. Family and community involvement

Family and community involvement is an integrated school, family and community approach for enhancing the health and well-being of students. School health advisory councils, coalitions and broadly based constituencies for school health can build support for school health program

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efforts. Schools actively solicit family involvement and engage community resources and service to respond more effectively to the health-related needs of students.

Examples of possible family and community involvement initiatives:

Partnerships with physician groups or local medical providers for physicals/sports safety, all-terrain vehicle safety, and advisement for Automated External Defibrillator (AED) equipment.

Partnerships with health/fitness clubs to provide student incentives for attendance or other performance awards.

Partnerships with service organizations for assistance with student medical/dental/vision needs.

VI. After-School Program Offerings

Partnerships with health-promotion organizations to provide educational materials and resources related to encouraging active lifestyles for students and families.

1. Health Education

Health education is a planned, sequential, K-12 curriculum that addresses the physical, mental, emotional, and social dimensions of health. The curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. The comprehensive health education curriculum includes a variety of topics such as personal health, family health, community health, consumer health, environmental health, sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and substance use and abuse. Health education is provided by qualified, trained teachers.

Examples of possible health education initiatives include:

Tobacco use prevention (Tobacco use, including cigarette smoking, cigar smoking and smokeless tobacco use, is the single leading preventable cause of death in the United States.)

Drug abuse prevention (focus on Meth abuse education in middle and high schools)

2. Health promotion for staff

Health promotions for staff are opportunities for school staff 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 their 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.

Examples of possible health promotion for staff include:

Stress Management Seminar

Weight Management Program Availability

Employee Assistance Program (EAP) promotion

3. Health services

Health services are 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;

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- Prevent and control communicable disease and other health problems;
- Provide 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.

Health services are provided by appropriate, qualified professionals, such as physicians, nurses, dentists, health educators, and other allied health personnel.

Classroom teachers and school support staff are provided assistance in detecting student health problems that may impact student learning.

Examples of possible health services initiatives include:

Flu prevention education

Peachcare for Kids information/enrollment materials

4. **Safety**

Safety relates to preventing unintentional injuries and violence, which are leading causes of death and disability among children, adolescents and young adults. Two-thirds of all deaths among adolescents are due to either unintentional injuries or violence. Major causes of unintentional injuries include motor vehicle crashes, drowning, poisoning, fires and burns, falls, sports and recreation related injuries, firearm related injuries, choking, suffocation, and animal bites. Types of violence are homicide, suicide, assault, sexual violence, rape, child maltreatment, dating and domestic violence, and self-inflicted injuries. Children and adolescents engage in many behaviors that increase their risk of injury, including not using seat belts, driving after drinking alcohol, carrying weapons, and engaging in physical fights.

Examples of possible safety initiatives include:

Water safety

Fire safety

Bus safety

All-terrain vehicle safety

VII. Implementation

In each school, as part of the School Improvement Plan (SIP), the principal or designee will be charged with operational responsibility for ensuring that the school works toward meeting the goals set within the wellness policy, developing procedures for evaluation, including indicators that may be used to measure the school's success in meeting the goals set forth herein.

School nutrition staff at the school and district level will monitor compliance with nutrition guidelines within school nutrition areas and will report to the Superintendent or designee at the district level, or to the school principal at the school level. The Superintendent or designee will develop an annual report on districtwide compliance with the wellness policy, based on input from schools within the district.