

New Mexico Public Education Department

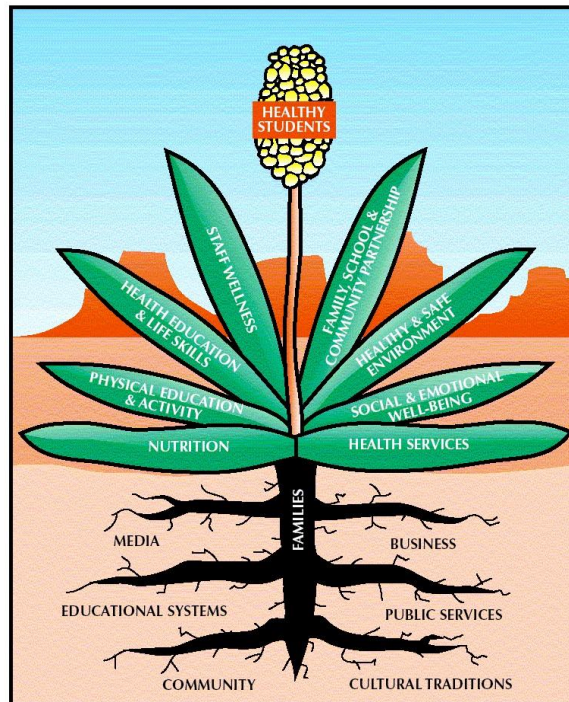
NM PED

Public Education Department

School District Wellness Policy

Guidance Document

HEALTHIER SCHOOLS - NEW MEXICO



Healthy Kids Make Better Students, Better Students Make Healthy Communities

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School District Wellness Policy Guidance Document

Introduction:

Developing and implementing a comprehensive school district wellness policy is essential to enhance the wellness culture of each individual school. The overall health of school staff also has a profound effect on the academic success and well-being of all New Mexico students. This guidance document is intended to assist school districts in developing and implementing wellness policies to create a learning environment that helps students meet their academic potential and enjoy lifelong health. Developing and maintaining a Wellness Policy enables each district to meet the Public Education Department Wellness Policy rule [6.12.6 NMAC](#). An approved Wellness Policy also meets the requirements of [section 204 of the Healthy, Hunger-Free Kids Act of 2010 \(the Act\), Public Law 111-296](#), which added Section 9A to the Richard B. Russell National School Lunch Act (NSLA) (42 U.S. Code § 1758b - local school wellness policy. The amendment expanded upon the previous local wellness policy requirements from the [Child Nutrition and Special Supplemental Nutrition Program for Women, Infants and Children \(WIC\) Reauthorization Act of 2004 \(Public Law 108-265\)](#).

The New Mexico school district wellness policy rule supports school districts to create a wellness policy that includes the components of a Coordinated School Health Model approach to student health and well-being (see Appendix C: School District Wellness Policy [6.12.6 NMAC](#)). Each school district and state chartered charter school is required to:

- A. Designate one or more persons within the school district, or at each school, as appropriate, charged with operational responsibility for ensuring that each school fulfills the district's wellness policy;
- B. Establish school health advisory councils;
- C. Develop goals for each of the following areas:
 1. nutrition and nutrition education;
 2. physical activity;
 3. physical education;
 4. health education;
 5. behavioral health;
 6. school safety;
 7. health services; and
 8. staff wellness and professional learning;
- D. Develop a plan for measuring the implementation and evaluation of the wellness policy.

Wellness Policy Process

Step 1: Formation and Purpose of the School Health Advisory Council (SHAC)

- A. The local board of education or charter school board will establish a district/charter SHAC that consists of: parent(s), school food authority personnel, school board member(s), school administrator(s), school staff, student(s), and community member(s).
- B. The SHAC will meet a minimum of two times annually for the purpose of making recommendations to the local school board in the development or revision, implementation, and evaluation of the wellness policy.
- C. The SHAC should work with the school district to designate at least one person within each district or at each school to assist in the wellness policy development and facilitation.

Step 2: The SHAC creates a draft K-12 (or applicable grades) wellness policy that addresses the following areas:

- A. Family, school and community involvement guidelines;
- B. Nutrition guidelines for school meals, competitive foods and beverages sold during the



- school day, exempt fundraisers, water, celebrations and rewards, nutrition promotion, nutrition education, food and beverage marketing in school, and school nutrition staff qualifications and professional standards requirement;
- C. Physical activity guidelines for before, during and/or after school;
 - D. Guidelines for a planned, sequential physical education curriculum that provides the optimal opportunity for all students to learn and develop skills, knowledge and attitudes that encourage a lifetime of physical activity, consistent with the Physical Education Content Standards with Benchmarks and Performance Standards set forth in [6.29.9 NMAC](#); Standards for Excellence;
 - E. Guidelines for a planned, sequential, health education curriculum that addresses the physical, mental, emotional, and social dimensions of health and is aligned to the Health Education Content Standards with Benchmarks and Performance Standards as set forth in [Standards for Excellence \(6.29.6.8 NMAC\)](#);
 - F. Establish course instructions for all students in grades 1 – 12 to receive instruction in health education and to require all students to complete a course in health education prior to graduation in either middle or high school that is aligned to high school Health Education Content Standards with Benchmarks and Performance Standards ([22-13-1.1 NMSA \(1978\)](#));
 - G. Develop a plan that addresses the behavioral health needs of all students in the educational process by focusing on the social and emotional well-being of students;
 - H. Provide and submit a Safe School Plan at each school, focused on healthy, safe environments, including but not limited to policies, procedures and an all-hazards emergency operations plan (EOP) that is inclusive of: prevention, protection, mitigation, response and recovery, and is aligned with the [National Response Framework](#), the U.S. Department of Education's [Guide for Developing High-Quality School Emergency Operations Plans](#) (2013), ([See Safe Schools tab in the NMPED website.](#))
 - I. A plan that addresses the health service needs of students in the educational process;
 - J. A plan that addresses the wellness needs of all staff that minimally ensures an equitable work environment that meets the Americans with Disabilities Act, Part III; and
 - K. The implementation and evaluation of all guidelines. School districts are asked to use the *Evaluation Template (Attachment C)* when creating the plan for measuring implementation and evaluation.

Step 3: The district/charter school maintains the following:

- A. The school district (or school) wellness policy that contains the required guidelines and includes language that meets their current needs and also supports growth over time (the school district/school may wish to share this policy with the local school board or governing body or seek approval from the local school board or governing body if required at the district or charter school level);
- B. An evaluation plan; and
- C. Public updates, including public access to the wellness policy, summary of changes made on at least an annual basis, annual assessments, and triennial assessments.

Step 4: The district/charter submits wellness policy documents to the Public Education Department on a date to be determined and communicated to every school on a three-year rotating cycle.

Dean Hopper, Director
Coordinated School Health & Wellness Bureau
New Mexico Public Education
Department
dean.hopper@state.nm.us



IMPORTANT: The school district wellness policy will be monitored as part of the PED's Coordinated School Health and Wellness Bureau's (CSHWB) nutrition administrative review process (three year rotating cycle), beginning in 2016-2017 and continuing in each subsequent year or sooner, based upon immediacy of required response to review findings, whenever a school district or state charter school is scheduled for an administrative review. School districts or charter schools should be prepared to provide health educators with access to their school district wellness policy during each school year that they are scheduled for review. A public school (i.e., local or state charter school) that does not participate in the U.S. Department of Agriculture's School Breakfast Program (SBP) or National School Lunch Program (NSLP) will be randomly assigned a year within the three year rotating cycle for submission of their wellness policy.

Additionally, districts are required to keep documentation demonstrating the district and/or school wellness policy has been made available to the public, documentation of efforts to review and update the wellness policy, including an indication of who is involved in the update and of methods used to make stakeholders aware of their ability to participate, and a copy of the most recent annual progress report and triennial assessment.

Action for Healthy Kids *Wellness Policy Tool: Seven Steps to Success* is a useful guide to schools in developing wellness policies. Each of the seven steps includes objectives, guiding questions and resources to assist you in developing your living wellness policy document:

<http://www.actionforhealthykids.org/tools-for-schools/revise-district-policy/wellness-policy-tool>.

Other resources: http://www.cdc.gov/healthyyouth/health_and_academics/index.htm.

[Wellsat: 2.0](#)

<http://www.bodyfactswellness.com/>

School District Wellness Policy Family, School and Community Involvement

Definition:

Family, school and community involvement means an integrated family, school and community approach for enhancing the health and well-being of students by establishing a district school health advisory council (SHAC) that is responsible for making recommendations to the local school board regarding the development or revision, implementation and evaluation of the wellness policy.

The family, school and community involvement component promotes long-term effective partnerships between families, schools, and communities in the planning and implementation of health promotion projects and events, both within the school and throughout the community. The partnership can encourage and sustain environmental changes that support healthy lifestyles for children and their families.

Wellness Policy Requirement:

Each local board of education shall establish a district SHAC that consists of parent(s), school food authority personnel, school board member(s), school administrator(s), and school staff, and student, and community members.

The SHAC will update or modify the wellness policy based on the results of the annual progress reports and



triennial assessments, and/or as District priorities change; community needs change; wellness goals are met; new health science information, and technology emerges; and new Federal or state guidance or standards are issued.

Goal:

The goal of family, school and community involvement within a coordinated school health approach is to create a wholistic school environment that is conducive to student health and academic achievement. This inclusive atmosphere features a shared responsibility that supports healthy children and families. Effective partnerships between families, schools and communities support the development and the maintenance of this comprehensive learning environment.

Other activities: Includes other activities each SHAC may create along with requirements, specific to the needs of the local school district.

- A. Increase community awareness of student health needs.
- B. Partner with the community to support policies and programs.

Sample Language Template:

[School District] Wellness Policy

[Note: The sample language templates are “basic” district-level wellness policy language that have been adapted from the Alliance for a Healthier Generation’s Model Wellness Policy template and meet the minimum Federal standards for local school wellness policy implementation under the Healthy, Hunger-Free Kids Act of 2010, and the minimum state standards set forth in the New Mexico Administrative Code (NMAC). The sample language templates include best practice standards, accepted in the education and public health fields, so that districts may copy and paste sample language to use within their wellness policies and edit where prompted and as needed. Where appropriate, the template includes optional policy language school districts may use to establish a stronger policy that meets the [Healthier US School Challenge: Smarter Lunchrooms \(HUSC:SL\) criteria](#). School districts should choose policy language that meets their current needs and also supports growth over time.]

Preamble

[Insert School District name] (hereto referred to as the District) is committed to the optimal development of every student. The District believes that for students to have the opportunity to achieve personal, academic, developmental, and social success, we need to create positive, safe, and health-promoting learning environments at every level, in every setting, throughout the school year.

Research shows that two components, good nutrition and physical activity before, during, and after the school day, are strongly correlated with positive student outcomes. For example, student participation in the U.S. Department of Agriculture’s (USDA) School Breakfast Program is associated with higher grades and standardized test scores, lower absenteeism, and better performance on cognitive tasks.^{i,ii,iii,iv,v,vi,vii} Conversely, less-than-adequate consumption of specific foods including fruits, vegetables, and dairy products, is associated with lower grades among students.^{viii,ix,x} In addition, students who are physically active through active transport to and from school, recess, physical activity breaks, high-quality physical education, and extracurricular activities – do better academically.^{xi,xii,xiii,xiv}

This policy outlines the District’s approach to ensuring environments and opportunities for all students to practice healthy eating and physical activity behaviors throughout the school day while minimizing commercial distractions. Specifically, this policy establishes goals and procedures to ensure that:

- Students in the District have access to healthy foods throughout the school day—both through reimbursable



school meals and other foods available throughout the school campus (See [6.12.5 Competitive Foods Requirements](#) per terms defined by federal laws and regulations, USDA competitive foods rules at 7 CFR 210.11 and 7 CFR 210.11a)—providing that all foods sold in schools and smart snacks provisions of the Healthy, Hunger Free Kids Act of 2010, the Richard B. Russell National School Lunch Act and the Child Nutrition Act of 1966 are incorporated for purposes of these rules.

- Students receive quality nutrition education that helps them to develop lifelong healthy eating behaviors;
- Students have opportunities to be physically active before, during, and after school;
- Schools engage in nutrition and physical activity promotion and other activities that promote student wellness;
- School staff are encouraged and supported to practice healthy nutrition and physical activity behaviors in and out of school;
- The community is engaged in supporting the work of the District in creating continuity between school and other settings for students and staff to practice lifelong healthy habits; and
- The District establishes and maintains an infrastructure for management, oversight, implementation, communication about, and monitoring of the policy and its established goals and objectives.

In consideration of [requirements, governing possible food allergies in schools](#), children with food allergies may qualify for a Section 504 plan through the individualized education program's (IEP) individualized health plan (IHP). (See [Individualized Healthcare Plan memo, March 19, 2015 - PED.](#)) Schools are to follow these guidelines to ensure protection of students against allergic reaction to foods:

- Ensure that a copy of the student's current IHP is attached to the student's current IEP;
- Follow guidance from Section 504 of the 1973 Rehabilitation Act in regards to persons with disabilities to include substantial limitations for an individual based on his or her food allergies; and
- Adhere to instructions under [6.12.2.9 NMAC, Student's Right to Self Administer Certain Medications](#) in the potential case of anaphylaxis that may affect breathing and/or potentially affect other major life activities of students due to an allergic reaction.

This policy applies to all students, staff, and schools in the District. *[Recommended Optional language includes:*

- *The District will coordinate the wellness policy with other aspects of school management, including the District's School Improvement Plan, when appropriate.*
- *NOTE: Include any relevant data or statistics from state or local sources supporting the need for establishing and achieving the goals in this policy.]*

School Health Advisory Council

Committee Role and Membership

The District will convene a representative district health advisory council (hereto referred to as the SHAC or work within an existing school health committee) that meets at least two times per year *[or specify frequency of meetings, with a minimum of two meetings per year. It is recommended to meet monthly while updating the wellness policy]* to establish goals and oversee school health and safety policies and programs, including development, implementation, and periodic review and update of this district-level wellness policy (heretofore referred to as "wellness policy").

The SHAC membership will represent all school levels (elementary and secondary schools) and include (to the extent possible), but not be limited to: parents and caregivers; students; representatives of the school nutrition program (ex., school nutrition director or school food authority); physical education teachers; health education teachers; special education teachers; classroom teachers; school health professionals (ex., health education teachers, school health services staff [i.e., nurses, physicians, dentists, health educators, and other allied health personnel who provide school health services], and mental health and social services staff [i.e., school counselors, psychologists, social workers, or psychiatrists]; school administrators (ex., superintendent, principal, assistant



principal), school board members; health professionals (ex., dietitians, doctors, nurses, dentists); and the general public. To the extent possible, the SHAC will include representatives from each school building and reflect the diversity of the community.

Leadership

The Superintendent or designee(s) will convene the SHAC and facilitate development of and updates to the wellness policy, and will ensure each school's compliance with the policy.

The name(s), title(s)/role(s), and contact information (email address is sufficient) of this/these individual(s) is listed in Appendix A. Each school will designate a school wellness policy lead, who will ensure compliance with the policy (refer to Appendix A).

Wellness Policy Implementation, Monitoring, Accountability, and Community Engagement

Implementation Plan

The District will develop and maintain a plan for implementation to manage and coordinate the execution of this wellness policy. The plan delineates roles, responsibilities, actions, and timelines specific to each school, as well as specific goals and objectives for nutrition standards for all foods and beverages available on the school campus, food and beverage marketing (per [USDA Food & Beverage Marketing and Advertising policies](#)), nutrition promotion and education, physical activity, physical education, and other school-based activities that promote student wellness. It is recommended that the school use the [Healthy Schools Program online tools](#) to complete a school level assessment based on the Centers for Disease Control and Prevention's School Health Index, create an action plan that fosters implementation, and generate an annual progress report.

This wellness policy and the progress reports can be found at: *INSERT URL for DISTRICT's WEBSITE.*

Recordkeeping

The District will retain records to document compliance with the requirements of the wellness policy at [District's Administrative Offices, Room #] and/or on [District's central computer network]. Documentation maintained in this location will include but will not be limited to:

- The written wellness policy;
- Documentation demonstrating compliance with community involvement requirements, including: (1) efforts to actively solicit SHAC membership from the required stakeholder groups; and (2) the participants' involvement in the development, implementation, and periodic review and update of the wellness policy;
- Documentation of annual policy progress reports for each school under its jurisdiction;
- Documentation of the triennial assessment* of the policy for each school under its jurisdiction; and
- Documentation demonstrating compliance with public notification requirements, including: (1) methods by which the wellness policy, annual progress reports, and triennial assessments are made available to the public; and (2) efforts to actively notify families about the availability of wellness policy.

Annual Progress Reports

The District will compile and publish an annual report to share basic information about the wellness policy and report on the progress of the schools within the district in meeting wellness goals. This annual report will be published around the same time each year [in *MONTH*], and will include information from each school within the District. This report will include, but is not limited to:

- The website address for the wellness policy and/or how the public can receive/access a copy of the wellness policy;
- A description of each school's progress in meeting the wellness policy goals;
- A summary of each school's events or activities related to wellness policy implementation;



- The name, position title, and contact information of the designated District policy leader(s) identified in Section I; and
- Information on how individuals and the public can get involved with the SHAC.

The annual report will be available in [*insert appropriate language(s) spoken in District*].

The District will actively notify households/families of the availability of the annual report.

The SHAC will establish and monitor goals and objectives for the District's schools, specific and appropriate for each instructional unit (elementary or secondary OR elementary, middle, and high school, as appropriate), for each of the content-specific components listed in the sections of this policy.

[*Optional additional policy language includes:*

- *The District will track, analyze, and report on any correlations between improvements in health-promoting environments with education outcomes, such as absenteeism, disciplinary referrals, test scores, average grades, or health measures such as consumption of whole grains, fruits, or vegetables through the school meal programs or BMI, or psycho-social measures such as self-reported "connectedness," or other school climate measures. The District is encouraged to collaborate with local research institutions and universities.*
- *The District will also track and annually report other related information, such as findings from food safety inspections, aggregate participation in school meals programs, income reported from competitive food sales, fundraising revenues, and other such information, as feasible.]*

***Triennial Progress Assessments**

At least once every three years, the District will evaluate compliance with the wellness policy per the CSHWB nutrition administrative review process to assess the implementation of the policy and include:

- The extent to which schools under the jurisdiction of the District are in compliance with the wellness policy; and
- A description of the progress made in attaining the goals of the District's wellness policy.

The position/person responsible for managing the triennial assessment and contact information is

_____ (*list the name, title and contact information of person responsible here*).

The SHAC, in collaboration with individual schools, will monitor schools' compliance with this wellness policy.

The District [*or school*] will actively notify households/families of the availability of the triennial progress report.

Revisions and Updating the Policy

The SHAC will update or modify the wellness policy based on the results of the annual progress reports and triennial assessments, and/or as: District priorities change; community needs change; wellness goals are met; new health science, information, and technology emerges; and new Federal or state guidance or standards are issued.

The wellness policy will be assessed and updated as indicated at least every three years, following the triennial assessment.

Community Involvement, Outreach, and Communications

The District is committed to being responsive to community input, which begins with awareness of the wellness policy. The District will actively communicate ways in which representatives of SHAC and others can participate in the development, implementation, and periodic review and update of the wellness policy through a variety of means appropriate for that district. The District will also inform parents of the improvements that have been made to school meals and compliance with school meal standards, availability of child nutrition programs and how to apply, and a description of and compliance with Smart Snacks in School nutrition standards. The District will use electronic mechanisms, such as email or displaying notices on the district's website, as well as non-electronic mechanisms, such as newsletters, presentations to parents, or sending information home to parents, to ensure that all families are actively notified of the content of, implementation of, and updates to the wellness policy, as well as how to get involved and support the policy. The District will ensure that communications are culturally and linguistically appropriate to the community and accomplished through means similar to other ways



that the district and individual schools are communicating other important school information with parents. The District will actively notify the public about the content of or any updates to the wellness policy annually, at a minimum. The District will also use these mechanisms to inform the community about the availability of the annual and triennial reports.

Evaluation

See Appendix C.

Resources:

1. New Mexico Public Education Department, [Coordinated School Health and Wellness Bureau](#) or phone: 505-827-1804 or 505-827-1821.
2. Youth Risk and Resiliency Survey (YRRS) – online at <http://youthrisk.org>
3. School District Wellness Policy [6.12.6](#) NMAC
4. [Wellness School Assessment Tool \(Wellsat 2.0\)](#)
5. “Healthy, Hunger-Free Kids Act of 2010” (Sec. 204 of Public Law 111-296): <http://www.fns.usda.gov/tn/local-school-wellness-policy>
6. USDA Memorandum on wellness policies: http://www.fns.usda.gov/sites/default/files/SP42-2011_os.pdf
7. The Centers for Disease Control and Prevention, Division of Adolescent and School Health Local School Wellness Policy: <http://www.cdc.gov/HealthyYouth/healthtopics/wellness.htm>
8. Action for Healthy Kids, *Wellness Policy Tool: Seven Steps to Success*, <http://www.actionforhealthykids.org/tools-for-schools/revise-district-policy/wellness-policy-tool>
9. *Promoting Healthy Youth, Schools and Communities: A Guide to Community-School Health Advisory Councils*, Iowa Department of Public Health, 2000: <http://www.schoolwellnesspolicies.org/resources/AGuideToCommunitySchoolHealthCouncils.pdf>
10. Team Nutrition: Local Wellness Policy Resources: <http://www.fns.usda.gov/tn/local-school-wellness-policy> .
11. Fit, Healthy and Ready to Learn, National Association of State Boards of Education, provides detailed guidance for development of school health policies following the Coordinated School Health Program model: <http://www.nasbe.org>.
12. Alliance for a Healthier Generation Healthy Schools Program online tools: <https://schools.healthiergeneration.org/>
13. [Fuel Up to Play 60](#) – Empowering Youth, Schools and Communities to Stay Healthy
14. [7.30.12 NMAC, Emergency Medications in Schools](#) – optional allowance for schools to stock supplies of albuterol aerosol canisters and spacers, or of standard-dose and pediatric-dose epinephrine auto-injectors
15. [Allergy and Emergency Action Plan Worksheet](#)



School District Wellness Policy Health Education

Definition:

Health education is the instructional program that provides the opportunity to motivate and assist all 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. As well, Health Education meets the content standards with benchmarks and performance standards as set forth in [6.29.1 NMAC Standards for Excellence](#).

Requirement:

In the 2010 Regular Legislative session, [Section 22-13-1.1\(J\) NMSA 1978](#) was amended to include health education as a requirement for graduation. Specifically:

Beginning with students entering the eighth grade in the 2012-2013 school year, a course in health education is required prior to graduation. Health education may be required in either middle school or high school, as determined by the school district. Each school district shall submit to the department by the beginning of the 2011-2012 school year a health education implementation plan for the 2012-2013 and subsequent school years, including in which grade health education will be required and how the course aligns with the department content and performance standards.

I. PED Required Activities: include the Public Education Department (PED) requirements outlined in the School District Wellness Policy rule [6.12.6 NMAC](#). The PED required activities are expected to be included in every wellness policy and submitted to the PED.

- A. The wellness policy shall include a planned, sequential, K-12 health education curriculum that addresses the physical, mental, emotional and social dimensions of health.
- B. The health education curriculum will be aligned to the health education content standards with benchmarks and performance standards as set forth in [NM PED Standards and Benchmarks](#).
- C. All schools will provide activities in comprehensive health education that align with the New Mexico Health Education Content Standards with Benchmarks and Performance Standards.
- D. All school districts/charter schools shall implement an “opt-out” policy that will ensure that parents have the ability to request their child to be exempted from the health education curriculum components that focus on the sexuality performance standards. The policy includes but is not limited to the process for parents to request an exemption of health education curriculum components that address the sexuality performance standards and how alternative lessons are established for the exempted parts of the curriculum.
- E. All school district/charter schools shall provide instruction about HIV and related issues found in the curriculum of the required health education content area to elementary, middle/junior high, and senior high school grades as set forth in [6.12.2.10 NMAC](#).
- F. [Section 22-13-1 NMSA 1978, Section H](#) was amended in 2016 to include a require lifesaving skills training for hands-on (compression only) psychomotor skills cardiopulmonary resuscitation training including training to recognize the signs of a heart attack, training on the use of an automated external defibrillator, and training on how to perform the Heimlich maneuver for choking victims. Section K (2) of this same rule further states that this training must be included as part of the Health Education course that is required by all students to graduate.



II. Other Activities: Includes other activities each SHAC can create in addition to the requirements, specific to the needs of the local school district/charter school.

- A. Health education lessons will be taught in a culturally sensitive and appropriate manner.
- B. Health education lessons use a variety of instructional strategies (e.g., role play, projects, media literacy, etc.).
- C. Health education is integrated into the core curriculum.
- D. Teachers, staff and administrators are made aware of coordinated school health professional development opportunities (e.g., School Health Education Institute, Head to Toe, New Mexico Activities Association, etc.).

Goal:

The goal of a comprehensive health education curriculum within a coordinated school health approach is to acquire life skills to help attain personal, family, community, consumer and environmental health.

Life Skills:

Traditionally, health education emphasized the learning and comprehension of health facts. The health education curriculum was organized around health topic areas to be taught as multiple independent instructional units, designed to increase knowledge.

The emergence of life skills education into health education calls for the emphasis to be placed on students being able to use essential knowledge and skills required to adopt, practice, and maintain healthy behaviors. Health education as life skills education requires a focus on prevention of risky behaviors including:

- ☐ use of tobacco, alcohol and other drugs
- ☐ poor dietary patterns
- ☐ sedentary lifestyles
- ☐ behaviors that result in sexually transmitted diseases/infections and unintended pregnancy
- ☐ behaviors that result in unintentional injuries
- ☐ violent and other anti-social behaviors

A life skills educational approach allows for health education to be taught as planned, sequential K-12 instructional units, designed to develop life skills, based on essential knowledge. These skills are: **(List only specific components covered under district's curriculum.)**

- ☐ communication
- ☐ non-violent conflict resolution
- ☐ decision-making
- ☐ goal setting
- ☐ stress management
- ☐ resisting negative social pressure
- ☐ negotiation skills
- ☐ establishing and maintaining values

Sample Language:

[6.29.6 NMAC](#) requires all school districts to adopt a K-12 Health Education Curriculum, aligned with the New Mexico Health Education Content Standards with Benchmarks and Performance Standards. The **(Insert District Name)** health education curriculum, including the required health education course where applicable, is aligned to these standards. **(District)** incorporates Health Education curriculum at all grade levels. The K-12 District Health Education Curriculum is available for review. In addition, each school district must develop and implement an



“opt-out policy” that will ensure that parents have the option to request that their child(ren) be exempt from any parts of the health education curriculum that address the sexuality performance standards. The policy must include: 1) the process for parents to request an exemption from any part of the health education curriculum that addresses the sexuality performance standards; and 2) how alternative lessons are established for the exempted parts of the curriculum.

NEW MEXICO

HEALTH EDUCATION STANDARDS

1. Students will comprehend concepts related to health promotion and disease prevention.
2. Students will demonstrate the ability to access valid health information and health-promoting products and services.
3. Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.
4. Students will analyze the influence of culture, media, technology, and other factors on health.
5. Students will demonstrate the ability to use interpersonal communication skills to enhance health.
6. Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.
7. Students will demonstrate the ability to advocate for personal, family, peer, and community health.

From the Health Education & Life Skills component of the *Healthier Schools NM* instructional program

Resources:

1. [National Health Education Standards](#)
2. [CDC: Whole School, Whole Community, Whole Child:](#)
A Collaborative Approach to Learning and Health
3. [Coordinated Approach to Child's Health \(CATCH\)](#)
4. [Sexual Risk Behavior Guidelines & Resources: CDC](#)
5. [National Sexuality Education Standards and Tools](#)
6. [American School Health Association](#)
7. [6.12.4 NMAC: Tobacco, Alcohol and Drug Free Schools](#)
8. [Project Heart Start](#)
9. [CSHWB Tools for Schools](#) – Lifesaving Skills/CPR Resources



School District Wellness Policy Nutrition and Nutrition Education

Objective: The school district is committed to serving healthy meals to children, with plenty of fruits, vegetables, whole grains, and fat-free, flavored, and low-fat, non-flavored milk; moderate in sodium, low in saturated fat, and zero grams *trans*-fat per serving (nutrition label or manufacturer's specification), and to meet the nutrition needs of school children within their calorie requirements. The school meal programs aim to improve the diet and health of school children, help mitigate childhood obesity, model healthy eating to support the development of lifelong healthy eating patterns, and support healthy choices while accommodating cultural food preferences and special dietary needs.

Federal Final Rule Requirements: At a minimum, policies are required to include:

- **Specific goals** for nutrition promotion and education, physical activity, and other school-based activities that promote student wellness. LEAs are required to review and consider evidence-based strategies in determining these goals.
- **Standards and nutrition guidelines for all foods and beverages** sold to students on the school campus during the school day that are consistent with Federal regulations for:
 - School meal nutrition standards, and the
 - Smart Snacks in School nutrition standards.
- **Standards for all foods and beverages provided, but not sold, to students** during the school day (e.g., in classroom parties, classroom snacks brought by parents, or other foods given as incentives).
- **Policies for food and beverage marketing** that allow marketing and advertising of only those foods and beverages that meet the Smart Snacks in School nutrition standards.

[7 CFR 210.11](#) and [6.12.5.8 NMAC](#).

Water: Schools participating in the school lunch pro-gram under this Act shall make available to children free of charge, as nutritionally appropriate, potable water for consumption in the place where meals are served during meal service. [RICHARD B. RUSSEL NATIONAL SCHOOL LUNCH ACT 2014](#)

PED Nutrition Requirements: All schools will provide nutrition education activities that align with the New Mexico Health Education Content Standards with Benchmarks and Performance Standards as set forth in 6.29.6 NMAC.

- A. Create procedures for the documentation of all foods available on the school campus including all foods sold to students that must minimally meet the competitive food standards as stated in [7 CFR 210.11](#) and [6.12.5.8 NMAC](#).
- B. Create procedures for the documentation of fundraisers that do not meet the competitive food standards that must be limited to no more than two occasions per semester or trimester term per school and may not be conducted during meal service or in the food service area.
- C. Establish guidelines for other school-based activities to promote student wellness.



The Following are Examples of Best Practices and Optional Policy Language for Nutrition Promotion, Competitive Foods and Beverages, Celebrations and Rewards, Nutrition and Health Education:

Ensure that students receive nutrition messages that are consistent throughout schools, classrooms, cafeterias, homes, community, and media.

- All schools in the district will support the school breakfast program.
- All schools will create a collaborative plan between the cafeteria and classroom to promote healthy selections and nutrition education.
- All schools will consider scheduling recess before lunch so that children are less distracted and ready to eat a healthy diet.
- Schools may consider utilizing the Coordinated Approach to Child's Health [CATCH](#) program as a resource.

Promote healthy food and beverage choices using at least ten of the following [Smarter Lunchroom techniques](#):

- Whole fruit options are displayed in attractive bowls or baskets (instead of chaffing dishes or hotel pans).
- Sliced or cut fruit is available daily.
- Daily fruit options are displayed in a location in the line of sight and reach of students.
- All available vegetable options have been given creative or descriptive names.
- Daily vegetable options are bundled into all grab-and-go meals available to students. (See [Offer Versus Serve](#) guidance document.)
- All staff members, especially those serving, have been trained to politely prompt students to select and consume the daily vegetable options with their meal.
- White milk is placed in front of other beverages in all coolers; flavored milk is allowed if non-fat.
- Alternative entrée options (e.g., salad bar, yogurt parfaits, etc.) are highlighted on posters or signs within all service and dining areas.
- A reimbursable meal can be created in any service area available to students (e.g., salad bars, snack rooms, etc.).
- Student surveys and taste testing opportunities are used to inform menu development, dining space decor, and promotional ideas.
- Student artwork is displayed in the service and/or dining areas.
- Daily announcements are used to promote and market menu options.
- [Adults become familiar with Wellness Policy and model healthy behavior](#)

Competitive Foods and Beverages

- Ensuring that all foods and beverages available to students on the school campus** during the school day* support healthy eating. The foods and beverages sold and served outside of the school meal programs (i.e., “competitive” foods and beverages) will meet the [USDA Smart Snacks in School](#) nutrition standards, at a minimum, Smart Snacks aim to improve student health and well-being, increase consumption of healthful foods during the school day, and create an environment that reinforces the development of healthy eating habits. Using the [Smart Snacks Calculator](#) will ensure compliance with nutrition guidelines.

Celebrations and Rewards

All foods offered on the school campus will meet or exceed the USDA Smart Snacks in School nutrition standards:

- Celebrations and parties; the district will provide a list of healthy party ideas to parents and teachers, including non-food celebration ideas. Healthy party ideas are available from the [Alliance for a Healthier Generation](#)
- Classroom snacks brought by parents; the District will provide to parents a list of foods and beverages that meet Smart Snacks nutrition standards. [USDA Snack Guide](#) ,
- Rewards and incentives; the District will provide teachers (including special education teachers and related service personnel) and other relevant school staff a list of [alternative ways to reward children](#). Foods and beverages will not be used as a reward, or withheld as punishment for any reason, such as for performance or behavior.



- Withholding food, water or bathroom privileges from a student for any reason is unlawful. (Ref: 6.11.2 NMAC.)

Withholding food, water or bathroom privileges from a student for any reason is unlawful. (Ref: [6.11.2 NMAC](#).)

Water

- Dispensers will be available in the cafeteria if a drinking fountain is not present.
- In addition, students will be allowed to bring and carry (approved) water bottles, filled with only water throughout the day.
- All water sources and containers will be maintained on a regular basis to ensure good hygiene standards. Such sources and containers may include drinking fountains, water jugs, hydration stations, water jets, and other methods for delivering drinking water.

Nutrition Education

The District aims to teach, model, encourage, and support healthy eating by students. Schools will provide nutrition education and engage in nutrition promotion that:

- Are designed to provide students with the knowledge and skills necessary to promote and protect their health [Action for Healthy Kids](#)
- Are part of not only health education classes, but also integrated into other classroom instruction through subjects such as math, science, language arts, social sciences, and elective subjects;
- Include enjoyable, developmentally-appropriate, culturally-relevant, and participatory activities, such as cooking demonstrations or lessons, promotions, taste testing, farm visits, and school gardens;
- Promote fruits, vegetables, whole-grain products, low-fat and fat-free dairy products, and healthy food preparation methods;
- Emphasize caloric balance between food intake and energy expenditure (promote physical activity/exercise);
- Link with school meal programs, cafeteria nutrition promotion activities, school gardens, Farm to School programs, other school foods, and nutrition-related community services;
- Teach media literacy with an emphasis on food and beverage marketing; and
- Include nutrition education training for teachers and other staff.

Essential Healthy Eating Topics in Health Education

The District will include in the health education curriculum the following essential topics on healthy eating:

- The relationship between healthy eating and personal health and disease prevention
- Food guidance from [MyPlate](#)
- Reading and using USDA's food labels
- Eating a variety of foods every day
- Balancing food intake and physical activity
- Eating more fruits, vegetables, and whole grain products
- Choosing foods that are low in fat, saturated fat, and cholesterol and do not contain *trans* fat
- Choosing foods and beverages with little added sugars
- Eating more calcium-rich foods
- Preparing healthy meals and snacks
- Risks of unhealthy weight control practices
- Accepting body size differences
- Food safety
- Importance of water consumption
- Importance of eating breakfast
- Making healthy choices when eating at restaurants
- Eating disorders
- The Dietary Guidelines for Americans
- Reducing sodium intake
- Social influences on healthy eating, including media, family, peers, and culture
- How to find valid information or services related to nutrition and dietary behavior



- How to develop a plan and track progress toward achieving a personal goal to eat healthfully
- Resisting peer pressure related to unhealthy dietary behavior
- Influencing, supporting, or advocating for others' healthy dietary behavior

Resources:

1. Nutrition: Competitive Food Sales rule [6.12.5.8 NMAC](#).
2. [USDA's Team Nutrition](#) provides free nutrition education and promotion materials, including standards-based nutrition education curricula and lesson plans, posters, interactive games, menu graphics, and more
3. Dietary Guidelines for Americans 2015 - 2020: <http://health.gov/dietaryguidelines/2015/>
4. Healthier US School Challenge: Smarter Lunchrooms
<http://www.fns.usda.gov/hussc/healthierus-school-challenge-smarter-lunchrooms>
5. USDA Best Practices Share Center: School Nutrition Environment and Wellness Resources -
<http://healthymeals.nal.usda.gov/best-practices>
6. USDA Healthier School Day Tools for Schools: <http://www.fns.usda.gov/healthierschoolday/tools-schools>
7. USDA Guide to Professional Standards for School Nutrition Programs:
<http://www.fns.usda.gov/guide-professional-standards-school-nutrition-programs>
8. Smart Snacks in Nutrition standards: <http://www.fns.usda.gov/healthierschoolday/tools-schools-smart-snacks>.
9. The Alliance for a Healthier Generation provides a set of tools to assist with implementation of Smart Snacks available at www.healthiergeneration.org/smartsnacks.
10. New Mexico State Standards and Benchmarks for Health Education
<http://ped.state.nm.us/standards/Health/Health%20Education%20StandardsK-4.pdf>
<http://ped.state.nm.us/standards/Health/Health%20Education%20Standards%205-8.pdf>
<http://ped.state.nm.us/standards/Health/Health%20Education%20Standards%209-12.pdf>
11. Action for Healthy Kids Nutrition Education <http://www.actionforhealthykids.org/tools-for-schools/find-challenges/classroom-challenges/1212-nutrition-education>
12. Snap-Ed Health Education <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-education-snap-ed>
13. Accepting Body Size Difference [Dove Self-Esteem Project](#)
14. Center for Disease Control and Prevention regarding water consumption
https://www.cdc.gov/healthyschools/npao/pdf/water_access_in_schools_508.pdf
15. USDA Fund Raisers Facts <https://www.fns.usda.gov/sites/default/files/cn/fundraisersfactsheet.pdf>
16. Eat Smart Move More [Eat Smart, Move More](#)



School District Wellness Policy Physical Activity

Objective: Children and adolescents should participate in 60 minutes of physical activity every day (<http://www.cdc.gov/physicalactivity/basics/children/index.htm>). A substantial percentage of students' physical activity can be provided through a comprehensive, school-based physical activity program (CSPAP) that includes these components: physical education, recess, classroom-based physical activity, walk and bicycle to school, and out-of-school time activities, and the district is committed to providing these opportunities. Schools will ensure that these varied opportunities are in addition to, and not as a substitute for, physical education (addressed in "Physical Education" subsection).

Physical activity during the school day (including but not limited to recess, physical activity breaks, or physical education) **will not be withheld** as punishment for any reason in accordance with the Three-Tier Model of positive behavioral intervention per the PED's [Response to Intervention \(RtI\)](#) framework. [*"This does not include participation on sports teams that have specific academic requirements*"]. The district will provide teachers and other school staff with a [list of ideas](#) for alternative ways to discipline students.

Federal Final Rule Requirements: At a minimum, policies are required to include:

- **Specific goals** for nutrition promotion and education, **physical activity**, and other school-based activities that promote student wellness. LEAs are required to review and consider evidence-based strategies in determining these goals.

PED Physical Activity Requirement: All schools will meet the requirements that are outlined in the School District Wellness Policy rule ([6.12.6 NMAC](#)).

- A. Create guidelines to provide physical activity opportunities to students before, during and/or after school.
- B. All schools will provide education on the benefits of physical activity that align with the New Mexico Health Education Content Standards using benchmarks and performance standards as set forth in [6.29.9 NMAC](#).

The Following are Examples of Best Practices and Optional Policy Language for Physical Activity:

Before and After School Activities

- The District offers opportunities for students to participate in physical activity either before and/or after the school day (or both) through a variety of methods.
- The District will encourage students to be physically active before and after school by: [*District should choose appropriate and reasonable options such as clubs, physical activity in before/afterschool programs, intramurals, or varsity sports, and insert approaches here.*]

Recess (Elementary)

- All elementary schools should offer at least **20 minutes of recess** on all or most days, not included as part of the instructional day, during the school year
- **Where possible, recess should be offered prior to lunch or snack times.**
- If recess is offered before lunch, schools must have appropriate hand-washing facilities and/or hand-sanitizing mechanisms located just inside/outside the cafeteria to ensure proper hygiene prior to eating with students required to use these mechanisms before eating. Hand-washing time, as well as time to put



away coats/hats/gloves, should be built into the recess transition period/timeframe before students enter the cafeteria.

- **Outdoor recess** will be offered when weather is feasible for outdoor play. [*Depending on regions or weather conditions, districts may create weather guidelines or guidelines for outside play*]
- In the event that the school or district must conduct **indoor recess**, teachers and staff will follow the indoor recess guidelines that promote physical activity for students, to the extent practicable
- Recess will complement, not substitute for, physical education classes. Recess monitors or teachers will encourage students to be active, and will serve as role models by being physically active alongside the students whenever feasible.

Physical Activity or “Brain” Breaks (Elementary and Secondary)

- The District recognizes that students are more attentive and ready to learn if provided with periodic breaks when they can be physically active or stretch
- Students will be offered **periodic opportunities** to be active or to stretch throughout the day on all or most days during a typical school week.
- The District recommends teachers provide short (3-5 minute) physical activity breaks to students during and between classroom times. These physical activity breaks will complement, not substitute, for physical education class, recess, and class transition periods.
- The District will provide resources and links to resources, tools, and technology with ideas for physical activity breaks. Resources and ideas are available through [USDA](#), [GoNoodle](#), [BrainBreaks](#), and the [Alliance for a Healthier Generation](#).

Active Academics

- Teachers will serve as role models by being physically active alongside the students whenever feasible.
- Teachers will incorporate movement and kinesthetic learning approaches into “core” subject instruction when possible (e.g., science, math, language arts, social studies, and others) and do their part to limit sedentary behavior during the school day.
- The District will support classroom teachers incorporating physical activity and employing kinesthetic learning approaches into core subjects by providing annual professional development opportunities and resources, including information on leading activities, activity options, as well as making available background material on the connections between learning and movement. (Refer to Neuroscience learning, Brain Activities, Movement Matters, etc.)

Active Transport

The District will support active transport to and from school, such as walking or biking. The District will encourage this behavior by engaging in *six or more* of the activities below; including but not limited to:

- Designation of safe or preferred routes to school
- Promotional activities such as participation in International Walk to School Week, National Walk and Bike to School Week
- Secure storage facilities for bicycles and helmets (e.g., shed, cage, fenced area)
- Instruction on walking/bicycling safety provided to students (Districts are required to provide opportunities to educate students and their families on bicycle safety best practices.)
- Promotion of safe routes program to students, staff, and parents via newsletters, websites, local newspaper
- Crossing guards are used
- Crosswalks exist on streets leading to schools
- “Walking school buses” are used
- Documentation of number of children walking and or biking to and from school
- Through a formal joint or shared use agreement, indoor and outdoor physical activity facilities will be open to students, their families, and the community outside of school hours. ([Change Lab Solutions](#) provides guidance regarding joint or shared use agreements.)



- The District will work with schools to ensure that inventories of physical activity supplies are maintained and, when necessary, will work with community partners to ensure sufficient quantities of equipment are available to encourage activity for as many students as possible.]

Essential Physical Activity Topics in Health Education

The District will include in the health education curriculum the following essential topics on physical activity:

- The physical, psychological, or social benefits of physical activity
- How physical activity can contribute to a healthy weight
- How physical activity can contribute to the academic learning process
- How an inactive lifestyle contributes to chronic disease
- Health-related fitness, that is: cardiovascular endurance, muscular endurance, muscular strength, flexibility, and body composition
- Differences between physical activity, exercise, and fitness
- Phases of an exercise session, that is: warm up, workout, and cool down
- Overcoming barriers to physical activity
- Decreasing sedentary activities, such as TV watching and video games
- Opportunities for physical activity in the community
- Preventing injury during physical activity
- Weather-related safety, for example: avoiding heat stroke, hypothermia, and sunburn while being physically active
- How much physical activity is enough, that is: determining frequency, intensity, time, and type of physical activity
- Developing an individualized physical activity and fitness plan
- Monitoring progress toward reaching goals in an individualized physical activity plan
- Dangers of using performance-enhancing drugs, such as steroids
- Social influences on physical activity, including media, family, peers, and culture
- How to find valid information or services related to physical activity and fitness
- How to influence, support, or advocate for others to engage in physical activity
- How to resist peer pressure that discourages physical activity

Resources and References:

1. [CDC: Comprehensive School Physical Activity Program](#)
2. [Action for Healthy Kids](#): includes “Tools for Schools” resources.
3. [US Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity](#)
4. [Let's Move! Active Schools](#)
5. [Change Lab Solutions](#)
6. [Presidential Youth Fitness Program](#) - Includes Fitness Program Checklist
7. [USDA Healthy Meals Resource System on Physical Activities](#)
8. [Alliance for a Healthier Generation Physical Activity Resources](#)
9. [American Academy of Pediatrics: The Crucial Role of Recess in School](#)
10. [Environmental Protection Agency](#) Resources for school environmental health program



School District Wellness Policy Physical Education

Definition:

Physical education (PE) is an academic subject and serves as the foundation of a CSPAP. As such, PE demands the same education rigor as other core subjects. Physical education provides students with a planned, sequential K-12 standards-based program of curricula and instruction, designed to develop motor skills, knowledge and behaviors for active living, physical fitness, sportsmanship, self-efficacy and emotional intelligence.

Physical education is the instructional program that provides cognitive content and learning experiences in a variety of activity areas. It also provides the opportunity for all students to learn and develop the skills, knowledge and attitudes necessary to choose a lifetime of healthy physical activity. It meets the Content Standards with Benchmarks and Performance Standards as set forth in Section [6.29.6 NMAC](#). New Mexico Physical Education Content Standards with Benchmarks and Performance Standards are mandated for students in grades K-12. All instruction must be aligned with [6.29.1 NMAC Primary and Secondary Education Standards for Excellence General Provision](#). Further reference is available in the [NM Content Standards with Benchmarks and Performance Standards](#).

Note: Physical activity is a component of, but is not a substitute for, quality physical education. Physical education is an instructional program taught by a certified physical educator focused on developing skills, knowledge, and attitudes necessary to personally decide to participate in a lifetime of healthful physical activity.

The New Mexico Legislature passed a law in 2014 that allows “one unit in physical education, as determined by each school district, which may include a physical education program that meets state content and performance standards or participation in marching band, junior reserve officers' training corps or interscholastic sports sanctioned by the New Mexico activities association” ([SB122](#)).

Schools must offer developmentally appropriate physical education. [Adapted physical education \(APE\)](#) is physical education which may be adapted or modified to address the individualized needs of children and youth who have gross motor developmental delays. This service should include the following:

- **Assessment and instruction** by qualified personnel professionals who are prepared to gather assessment data and provide physical education instruction for children and youth with disabilities and developmental delays.
- **Accurate assessment data**, including diagnostic and curriculum-based data collected by qualified personnel.
- **Individualized Education Program (IEP) Goals and Objectives / Benchmarks** that are measurable and objective statements written by the physical education instructor. The goals and objectives are reflective of the physical education instructional content and monitored/evaluated according to district policy to ensure that goals and objectives are being met in a timely manner.
- **Instruction in a Least Restricted Environment (LRE)** that adapts or modifies the physical education curriculum and/or instruction to address the individualized abilities of each child. Adaptations are made to ensure that each student will experience success in a safe environment. Placement is outlined in the IEP and may include one or more of the following options:
 - The general physical education setting;
 - The general physical education setting with a teaching assistant or peers;
 - A separate class setting with peers;
 - A separate class setting with assistants; and/or
 - A one-to-one setting between students and the instructor.



Goal:

To provide all students with daily physical education taught by a certified physical educator who uses appropriate practices for the skills, knowledge, and attitudes needed to be physically fit and active for life. Activities are based on goals and objectives appropriate for all children and are planned according to a curriculum with an obvious scope and sequence that follow [6.29.9 NMAC Physical Education Standards for Excellence](#).

I. PED Required Activities: Includes the Public Education Department (PED) requirements that are outlined in the School District Wellness Policy rule ([6.12.6 NMAC](#)). The required activities are expected to be included in every wellness policy submitted to the PED.

- A. The wellness policy shall include a planned, sequential, K-12 physical education curriculum that provides the optimal opportunity for all students to learn and develop skills, knowledge and attitudes needed to decide to participate in a lifetime of healthful physical activity.
- B. The physical education curriculum will be aligned to the Content Standards with Benchmarks and Performance Standards as outlined in the NM Public Education Department Content Standards with Performance Standards and Benchmarks: [K-4](#); [5-8](#); [9-12](#).

National Standards^{xv}

Standard 1 - The physically literate individual demonstrates competency in a variety of motor skills and movement patterns.

Standard 2 - The physically literate individual applies knowledge of concepts, principles, strategies and tactics related to movement and performance.

Standard 3 - The physically literate individual demonstrates the knowledge and skills to achieve and maintain a health-enhancing level of physical activity and fitness.

Standard 4 - The physically literate individual exhibits responsible personal and social behavior that respects self and others.

Standard 5 - The physically literate individual recognizes the value of physical activity for health, enjoyment, challenge, self-expression and/or social interaction.

II. Other Activities: Includes other activities each SHAC can create in addition to the requirements, specific the local school district/charter school's needs.

- A. Schools hire certified physical educators to teach physical education and plan additional opportunities for physical activity.
- B. Schools limit physical education class sizes, so they are consistent with those of other subject areas and/or self-contained classes. Classes of similar grade levels are scheduled back-to-back to maximize teaching efficiency. Refer to Part G of [Standards for Excellence, 6.29.1.11 NMAC](#).
- C. Physical educators promote academic achievement by helping teachers incorporate physical education concepts in classroom activities.
- D. Physical educators are provided professional development opportunities such as workshops, training conferences, and collaboration to acquire the latest information, innovations, and ideas in their field and implementing them into their PE classes.

III. Sample Language Template

Physical Education

The District will provide students with physical education, using an age-appropriate, sequential physical education curriculum, consistent with national and state standards for physical education. The physical education curriculum will promote the benefits of a physically active lifestyle and will help students develop skills to engage



in lifelong healthy habits, as well as to incorporate essential health education concepts (discussed in the “*Essential Physical Activity Topics in Health Education*” subsection).

All students will be provided equal opportunity to participate in physical education classes. The District will make appropriate accommodations to allow for equitable participation for all students and will adapt physical education classes and equipment as necessary.

All [District] **elementary students** in each grade will receive physical education for at least 60-89 minutes per week throughout the school year.

All [District] **secondary students** (middle and high school) are required to take the equivalent of one academic year of physical education.

[NOTE: Additional optional policy language substitutions include:

All [District/elementary/secondary] students in each grade will receive physical education for at least 45 minutes per week throughout the school year. OR

All [District/elementary/secondary] students in each grade will receive physical education for at least 90 minutes per week throughout the school year. OR

All [District/ elementary/secondary] students in each grade will receive physical education for at least 150 minutes per week throughout the school year.

The District physical education program will promote student physical fitness through individualized fitness and activity assessments (via the [Presidential Youth Fitness Program](#) or other appropriate assessment tool) and will use criterion-based reporting for each student.

Resources:

1. [NM Content Standards with Benchmarks and Performance Standards](#)
K-12 Standards and benchmarks in 3 age-group sets: K-4; 5-8; 9-12
2. [National Association of Sport and Physical Education](#) – Largest of 5 professional organizations within the American Alliance for Health, Physical Education, Recreation and Dance
3. American Alliance for Health, Physical Education, Recreation, and Dance:
<http://www.shapeamerica.org/>, click on: Media and Advocacy and/or Publications
4. National Association of State Boards of Education: School Health Policy Database -
http://www.nasbe.org/healthy_schools/hs/index.php.
5. [6.29.9 NMAC, Standards for Excellence](#)
6. [SHAPE America: National PE Standards](#)
7. [School Athletics Equity Act Summary Report 2015](#)
 - i. In compliance with *School Athletics Equity Act*, each public school with athletics for grades 7-12 is required to collect and submit prior year data on team enrollment, information on coaches, and income and expenditures among others to PED. The PED prepares and submits a report to the Governor’s office and the New Mexico Legislative Education Study Committee (LESC) identifying those schools that submitted the required data.
 - ii. This Act is inclusive of the requirement for schools to submit an Assurance of Compliance with [Title IX](#) through the [WebEPPS](#) system.



8. [NM Activities Association](#) – Important resource for NMAA schools to include rules, statutes, athletic waiver procedures and best practice guidance
9. [NMAA Sports Medicine Page](#)
10. [NMAA Sports Regulations Master Calendar](#)
11. [Physical Education Curriculum Analysis Tool \(PESAT\)](#)
12. [Appropriate Instructional Practice Guidelines, K-12: A Side-by-Side Comparison](#)
13. Society of Health and Physical Educators: [SHAPE America](#)
14. [PE Central](#)
15. [National Association of State Boards of Education](#)



School District Wellness Policy Healthy and Safe Environment

Definition:

A healthy and safe environment is defined as the surroundings, the **psychosocial** climate and the culture of the school. It supports a total learning experience that **promotes personal growth, healthy interpersonal relationships, wellness and freedom from discrimination and abuse.**

Every school is required to provide a safe and orderly environment, as outlined in the [6.29.1 NMAC](#) Standards for Excellence General Provisions. These standards contain requirements, educational standards and student expectations in public schools. Specific to school safety, Standards for Excellence General Provisions require:

- schools to provide a safe, clean, well maintained, orderly, and purposeful environment with an atmosphere that is conducive to teaching and learning; and
- practice of Emergency drills including fire, shelter-in-place and evacuation drills.

Goal:

The goal of a healthy and safe environment is to promote a climate and culture before, during and after school for students, teachers, staff, parents and community members that support academic achievement.

I. PED Required Activities: includes the Public Education Department (PED) requirements that are outlined in the school district wellness policy rule [6.12.6 NMAC](#). The following PED required activities are expected to be included in every wellness policy submitted to the PED.

- A. Develop a safe schools plan at each school building that is focused on supporting healthy and safe environments, including, but not necessarily limited to: prevention, policies and procedures and an all-hazards emergency response plan, as described in the Safe Schools Guidance Document as found on the NM PED website's [Safe Schools](#) tab within the Coordinated School Health & Wellness Bureau. The plan must be submitted to the PED once every three years for review and approval, beginning in the 2013-2014 School Year.
- B. Perform 12 emergency drills in each public school in New Mexico. Emergency drills shall consist of 9 fire drills, 2 Shelter-in-Place drills and one evacuation drill with specific guidance as outlined in subsection N of [6.29.1 NMAC](#) Standards for Excellence General Provisions.
- C. Create and maintain a Bullying Prevention Policy, which is established and communicated as outlined in [6.12.7 NMAC Bullying Prevention](#). Such bullying prevention policies must contain an absolute prohibition against bullying and must also be inclusive of cyberbullying prevention with specific requirements as set forth in 6.12.7.8 (D) NMAC.

II. Other Activities: includes other activities each SHAC can create in addition to the requirements, specific to the needs of the local school district/charter school.

- A. All schools will research recovery strategies and add these to the safe school plans, per the Safe Schools Guidance Document instructions.
- B. All schools will provide appropriate, adequate, and best-practice training for students, teachers and staff that support personal safety and a violence/harassment-free environment.
- C. All school buildings and grounds, structures, buses and equipment are kept inviting, clean, safe and in good repair and will meet current safety standards or formally report deficiencies.
- D. All schools will abide by district/charter school policies which create an environment free of tobacco, alcohol and other drugs. Refer to [6.12.4 NMAC: Tobacco, Alcohol and Drug Free Schools](#), which



outlines instructions to local school boards on establishing and communicating such policies.

- E. All schools must comply with [6.11.2 NMAC: Rights and Responsibilities of Public Schools and Public School Students](#) in providing gun-free schools and allowing students to attend a safe public school within his/her district in accordance with [6.19.3 NMAC: Unsafe School Choice Option](#)
- F. Specific to use of pesticides [6.29.1.9 NMAC: Standards for Excellence General Provisions, Part O](#), requires that all school districts develop procedures for the implementation of pest management with consideration for reducing the possible impact of pesticide use on human health and the environment, including people with special sensitivities to pesticides.

Resources:

1. [US Department of Education Office of Safe and Healthy Students](#)
2. For a list of current resources and trainings, visit the PED's [Safe Schools](#) tab.
3. [Federal Emergency Management Agency \(FEMA\)](#)
U.S. Department of Homeland Security (sign up to receive email updates)
4. [American Red Cross](#) (Training for Employees)
5. [NM Department of Homeland Security and Emergency Management](#)
6. Youth Risk and Resiliency Survey (YRRS) – online at <http://youthrisk.org>



School District Wellness Policy Social and Emotional Well-Being

Definition:

Social and Emotional well-being are services provided to maintain and/or improve students' mental, emotional, behavioral and social health. School behavioral and mental health programs should focus on breaking down health and social barriers to students' learning with emphasis on meeting each student's individual health needs. Behavioral health programs should support the student's process to become a fully functioning and happy member of society. Programs should encourage and support links among youth, families, schools, communities, and private and government agencies to create and maintain an environment in which all students can learn and thrive.

Goal:

The goal of social and emotional well-being is to collaborate with students, parents, staff and community to influence student success by building awareness and promoting strategies to maintain and/or improve student mental health.

I. PED Required Activities: includes the Public Education Department (PED) requirements that are outlined in the school district wellness policy rule ([6.12.6.8-6 NMAC](#)). The PED required activities are expected to be included in every wellness policy submitted to the PED.

- Create a plan addressing the behavioral health needs of all students in the educational process by focusing on students' social and emotional well-being.
- 6.29.1 NMAC Standards for Excellence General Provisions require districts and charter schools to provide or make provisions for support service programs, which strengthen the instructional program. Required support service programs include school counseling. Support services must: (1) have a written, delivered, and assessed program, K-12; (2) provide licensed staff to develop and supervise the program; (3) be assessed as part of the educational plan for student success (EPSS) process (see [6.29.1.8 NMAC](#)); and (4) support the local curriculum and EPSS.
- School personnel are required by law to report substance abuse, child abuse and neglect.
- **Substance Abuse:** [Section 22-5-4.4 NMSA 1978](#)
 - “A. A school employee who knows, or in good faith suspects, any student of using or abusing alcohol or drugs shall report such use or abuse pursuant to procedures established by the local school board.
 - B. No school employee who in good faith reports any known or suspected instances of alcohol or drug use or abuse, shall be held liable for any civil damages as a result of such report or his efforts to enforce any school policies or regulations regarding drug or alcohol use or abuse.”
- **Child Abuse and Neglect:** [Section 22-10A-32 NMSA 1978](#)
 - A. All licensed school employees shall be required to complete training in the detection and reporting of child abuse and neglect, including sexual abuse and assault, and substance abuse. Except as otherwise provided in this subsection, this requirement shall be completed within the licensed school employee's first year of employment by a school district. Licensed school employees hired prior to the 2014-2015 school year shall complete the sexual abuse and assault component of the required training during the 2014-2015 school year.
- **Section [32A-4-3 NMSA 1978](#). Duty to report child abuse and child neglect; responsibility to investigate child abuse or neglect; penalty.**



II. Other Activities: includes other activities that each SHAC may create in addition to the requirements that are specific to the needs of the local school district/charter school.

- A. Provide a positive, supportive environment in which students are able to request assistance when needed.
- B. Ensure that school personnel know how to recognize and respond to a student who is showing signs of suicidal ideation. A specific Suicide Prevention Plan in place should outline the appropriate steps to take when a student threatens suicide.
- C. Create a referral network to get help quickly. Schools should have available student counselors while maintaining a current local referral list with clear guidelines on steps in the referral process.
- D. **Student Counseling:** Student counseling is critical in creating an emotionally and psychologically safe environment. Addressing emotional, social, spiritual, mental, and physical well-being are vital to the education of the whole student. There is no other area where the need is greater than helping the student process and cope with all the adjustments necessary when something traumatic happens and/or when a student faces an emergency/disaster event.

Resources:

1. [American School Counselor Association](#).
2. [NM Department of Health Office of School & Adolescent Health](#)
3. [NM Suicide Prevention Coalition](#)
4. [Mental Health America](#)
5. [National Institute of Mental Health](#)
6. [National Association of School Psychologists](#)
7. [Breaking the Silence](#) - Lesson plans, games and posters to address/create safe discussion and de-stigmatize mental illness
8. [Responding to Crisis at a School](#) – white paper to assist schools in preparing for recovery due to loss, grief and other crises
9. Training module from a prevention perspective: [Addressing Barriers to Learning: New Directions for Mental Health in Schools](#)
10. [National Indicators of Child Well-Being](#)
11. [Mental Health: Suicide Behavior](#)
12. [UNM Department of Psychiatry and Behavioral Sciences](#)
13. [Reporting Child Abuse and Neglect: An E-Learning for School Personnel and Health Providers](#)
14. [Positive Behavioral Interventions & Supports](#)
15. [Functional Behavioral Assessment and Behavior Intervention Plan](#) – School Psychologist Files



School District Wellness Policy Health Services

Definition:

Health services are provided for students to apprise, protect and promote health. These services are designed to ensure access or referral to primary health care or behavioral health services, or both. The services also foster appropriate use of primary health care services and behavioral health services; 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 to improve individual, family and community health.

Goal:

The goal of health services is to provide coordinated, accessible primary health and behavioral health services for students, families and staff.

I. PED Required Activities: includes the Public Education Department (PED) requirements that are outlined in the School District Wellness Policy rule (6.12.6 NMAC). The PED required activities are expected to be included in every wellness policy submitted to the PED. Please use the checklist below to ensure that all required components are included:

- District Wellness Policy includes plan for addressing the health service needs of students in the educational process;
- Per the U.S. Office of Special Education (OSEP), students with healthcare needs that may “affect or have the potential to affect safe and optimal school attendance and academic performance requires the professional school nurse to write an Individualized Health Plan (IHP) in collaboration with the student, family, educators, and healthcare care providers” [NASN Position Statement: Individualized Healthcare Plan](#)). The IHP should be reviewed annually at a minimum. The need for an IHP is based upon each child’s required health care, not upon “educational entitlement such as special education or Section 504 of the Rehabilitation Act of 1973.” OSEP considers that the IHP should be a separate document from the Individualized Education Program (IEP) and should be attached to the student’s IEP or 504 plan based upon the student’s needs. (See the PED School Health Manual, [Section V: Individualized Healthcare Plans](#) for instructions.)
- District policy is included to ensure all students with HIV/AIDS have appropriate access to public education and that their rights to privacy are protected as set in [6.12.2.10 NMAC Human Immunodeficiency Virus \(HIV\)](#);
- District policy acknowledges that all students enrolled in the public, nonpublic, or home schools in the state must present satisfactory evidence of commencement or completion of immunization in accordance with the immunization schedule and rules and regulations of the Public Health Division (PHD)/Department of Health (DOH), with an allowance for exemption by the PHD/DOH if certain conditions are met. Statute [6.12.2.8 NMAC](#) makes it unlawful for any student to enroll in school unless the student is properly immunized or in the process of being properly immunized and can provide satisfactory evidence of such immunization, unless the child is properly exempted: [7.5.3 NMAC: Vaccinations and Immunizations Exemptions](#). An exception is provided to a student experiencing homelessness. Pursuant to the McKinney-Vento Homeless Assistant Act [[42 USC§ 11432\(g\)\(3\)\(C\)](#)], children experiencing homelessness must be able to enroll in school immediately, even if they are unable to produce records normally required for enrollment, such as previous academic records,



medical records, proof of residency, or other documentation. If the child needs to obtain immunizations, or medical or immunization records, the enrolling school must immediately refer the parent or guardian of the child or youth to the designated local educational agency (LEA) homeless education liaison, who must assist in obtaining necessary immunizations, or immunization or medical records.

- District policy acknowledges all public and nonpublic schools must grant to any student in grades kindergarten through 12 authorization to carry and self-administer health care practitioner prescribed asthma treatment medications and anaphylaxis emergency treatment medication as well as the right to self-manage their diabetes care in the school setting and to develop mechanisms that support safe diabetes self-management in the school environment as long as certain conditions are met. Such rules are established in [6.12.2.9 NMAC Students Rights to Self-Administer Certain Medications](#) and [6.12.8 NMAC Diabetes Self-Management by Students](#) in the school setting. More information on medications in the school may be found in Section VI. of the New Mexico School Health Manual (see link below);
- District policy acknowledges that all schools are required to ensure that vision screening tests are administered to students enrolled in the school in pre-kindergarten, kindergarten, first grade and third grade and for transfer and new students in those grades, unless a parent affirmatively prohibits the visual screening. The [Save our Children's Sight Fund](#), created in 2007, through [7.30.10 NMAC](#) further allows DOH to promulgate rules for the award of money for certain eligible students and to establish vision screening test standards.

II. Other Activities: Includes other activities that each SHAC can create in addition to the requirements, specific to each local school district/charter school's needs.

- A. Services provide a connection to school and community health resources (e.g., primary care, public health, community health agencies, faith-based groups, school-based health centers, etc.).
- B. Services include but are not limited to preventive services, behavioral health services, screenings and referrals; evaluations and assessments; first aid and emergency care; follow-up care; school safety; health education and ancillary services (e.g., speech therapy or physical therapy and/or occupational therapy).
- C. Services are provided in partnership with students, parents, staff and community.
- D. Health service professionals are provided opportunities for professional development, such as workshops, conventions and collaboration for the purpose of receiving the updated, best-practice information, innovations and ideas in their field and implementing them in their areas of expertise.
- E. Health service programs shall strive to meet all reporting, record-keeping and confidentiality requirements.

NOTE: Detailed information in regards to Health Services, including Social/Emotional Health can be found in the revised PED [School Safety Guidance Document](#).

Resources:

1. [NMDOH Secretary Memo: 2-20-2015 Immunization Guidance](#)
2. [Exemption from Immunization Form](#)
3. [NM School Health Manual](#)
4. [NM School Health Manual, Section VI: Medications in the Schools](#)
5. [National Association of School Nurses](#)



School District Wellness Policy

Staff Wellness

Definition:

Staff wellness is defined as opportunities for school staff to improve their health status through activities such as health assessments, health education, wellness education, nutrition education, fitness education and health-related fitness activities. These offerings encourage school staff to pursue a healthy lifestyle that improves health status and morale and provides a greater personal commitment to the school's overall coordinated school health approach.

A staff wellness program allows the staff to learn and practice skills that help them to make personal decisions about healthy daily habits.

Goal:

The goal of staff wellness is to promote activities for staff designed to promote the physical, emotional and mental health of school employees along with disease and disability prevention activities.

I. PED Required Activities: Includes the Public Education Department (PED) requirements that are outlined in the school district wellness policy rule ([6.12.6 NMAC Section K: Staff Wellness](#)). The PED required activities are expected to be included in every wellness policy submitted to the PED.

- Create a plan to address the staff wellness needs of all school staff that minimally insures an equitable work environment and meets the [Americans with Disabilities Act, Title III](#).
- Ensure that all school boards, districts, and charter schools implement a policy that will ensure that the rights to privacy of all school employees infected with HIV are protected.

II. Other Activities: Includes other activities that SHACs can create in addition to the requirements that are specific to the needs of the local school district/charter school.

- A. All schools will provide staff and faculty the opportunity to participate in a health promotion program focused on exercise, stress management and nutrition (e.g., health fairs, fun runs, walks, etc.).
- B. All schools will provide staff and faculty with accurate, evidence-based information or activities related to exercise, stress management and nutrition (e.g., newsletters and resource sharing, weight management, male/female health, cardio improvement classes, etc.).

III. Sample Language Template:

Staff Wellness and Health Promotion Recommendations

The SHAC will have a staff wellness subcommittee that focuses on staff wellness issues, identifies and disseminates wellness resources, and performs other functions that support staff wellness in coordination with human resources staff.

Schools in the District will implement strategies to support staff in actively promoting and modeling healthy eating and physical activity behaviors. Examples of strategies that schools will use, as well as specific actions staff members can take, include _____ (*list 3-4 strategies here*). The District promotes staff member participation in health promotion programs and will support programs for staff members on healthy eating and weight management that are accessible and free or low-cost.



[Optional language includes:

- *The District will use a healthy meeting policy for all events with available food options, created by the SHAC or one that currently exists that optimizes healthy food options with a variety of choices and selections of healthy foods for a variety of dietary needs.]*

Professional Learning

When feasible, the District will offer annual professional learning opportunities and resources for staff to increase knowledge and skills about promoting healthy behaviors in the classroom and school (e.g., increasing the use of kinesthetic teaching approaches or incorporating nutrition lessons into math class). Professional learning will help District staff understand the connections between academics and health and the ways in which health and wellness are integrated into ongoing district reform or academic improvement plans/efforts. Such learning will also assist school staff to develop current and lifelong habits that optimize their personal health.

Resources:

1. [National Wellness Institute](#)
2. [Developing an Employee Wellness Program](#)
3. [Office of Personnel Management](#)
4. [Health Policy Briefs: Workplace Wellness Programs](#)



Appendix A

SCHOOL HEALTH ADVISORY COUNCIL (SHAC) MEMBERS

Per the Public Education Department Wellness Policy rule [6.12.6 NMAC](#), all New Mexico local school boards of education shall establish a district/charter School Health Advisory Council (SHAC) that consists of parent(s), school food authority personnel, school board member(s), school administrator(s), other school staff, student(s), and community member(s).

The SHACs are responsible to meet at least two times annually and to make recommendations to the local school board in the development or revision, implementation, and evaluation of the wellness policy (Healthy Schools Report Card).

Identify below the members of your SHAC, their roles and contact information. Please note that you are not limited to only one person, representing each category.

Each school district/charter school is to identify a wellness policy champion(s) within the school district/charter school, or at each school, as appropriate, charged with the operational responsibility for ensuring that each school fulfills the school district's/charter school's wellness policy.

NAME	ROLE	PHONE NUMBER	E-MAIL
	Wellness Policy Lead		
	School administrator		
	School board member		
	School staff		
	School food authority personnel		
	Parent		
	Student		
	Community member		
	Other (indicate)		
	Other (indicate)		
	Other (indicate)		
	Other (indicate)		
	Other (indicate)		
	Other (indicate)		
	Other (indicate)		



Appendix B

TITLE 6 PRIMARY AND SECONDARY EDUCATION
CHAPTER 12 PUBLIC SCHOOL ADMINISTRATION - HEALTH AND SAFETY
PART 6 SCHOOL DISTRICT WELLNESS POLICY

6.12.6.1 ISSUING AGENCY: Public Education Department.
[6.12.6.1 NMAC - N, 02-28-06]

6.12.6.2 SCOPE: This regulation applies to public schools in New Mexico unless otherwise expressly limited.
[6.12.6.2 NMAC - N, 02-28-06]

6.12.6.3 STATUTORY AUTHORITY: This regulation is adopted pursuant to Sections 22-2-1 and 9-24-8 NMSA 1978.
[6.12.6.3 NMAC - N, 02-28-06]

6.12.6.4 DURATION: Permanent.
[6.12.6.4 NMAC - N, 02-28-06]

6.12.6.5 EFFECTIVE DATE: February 28, 2006, unless a later date is cited at the end of a section.
[6.12.6.5 NMAC - N, 02-28-06]

6.12.6.6 OBJECTIVE: This rule requires the adoption of local school district wellness policies.
[6.12.6.6 NMAC - N, 02-28-06]

6.12.6.7 DEFINITIONS:

A. “Coordinated school health approach” means the framework for linking health and education. The focus is healthy and successful students. There are eight interactive components of coordinated school health: health education; physical education and activity; nutrition; social and emotional well-being; healthy and safe environment; health services; staff wellness; and family, school and community involvement.

B. “Family, school and community involvement” means an integrated family, school and community approach for enhancing the health and well-being of students by establishing a district school health advisory council that has the responsibility to make recommendations to the local school board in the development or revision, implementation, and evaluation of the wellness policy.

C. “Fund raiser” means a sale on a school campus to benefit a school or school organization of beverage or food products limited by a United States department of agriculture school meal program for use, consumption or sale during the school day in competition with school meals. A fundraiser may be conducted only for up to one school day on two occasions per semester or trimester term in a school that participates in United States department of agriculture school meal programs. The wellness policy implemented through 6.12.6 NMAC shall include annual assurances to the New Mexico public education department of compliance with limitations on “fund raisers” pursuant to this subsection and subject to review as part of the administrative review of a school food authority.

D. “Health education” means the instructional program that provides the opportunity to motivate and assist all 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. It meets the content standards with benchmarks and performance standards as set forth in 6.30.2.19 NMAC.

E. “Health services” means services provided for students to appraise, protect, and promote health. These services are designed to ensure access or referral to primary health care or behavioral health services or both, foster appropriate use of primary health care services, behavioral health services, prevent and control communicable diseases 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.

F. “Healthy and safe environment” means the physical and aesthetic surroundings and the psychosocial climate and culture of the school. It supports a total learning experience that promotes personal growth, healthy interpersonal relationships, wellness, and freedom from discrimination and abuse.

G. “Nutrition” means programs that provide access to a variety of nutritious and appealing meals and snacks that accommodate the health and nutrition needs of all students.

H. “Physical activity” means body movement of any type which include recreational, fitness, and sport activities.

I. “Physical education” means the instructional program that provides cognitive content and learning experiences in a



variety of activity areas. It provides the opportunity for all students to learn and develop the skills, knowledge and attitudes necessary to personally decide to participate in a lifetime of healthful physical activity. It meets the content standards with benchmarks and performance standards as set forth in Section 6.30.2.20 NMAC.

J. “Social and emotional wellbeing” means services provided to maintain or improve students’ mental, emotional, behavioral, and social health.

K. “Staff wellness” means 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 school health approach.

L. “Emergency Operation Plan (EOP)” means the document which outlines and explains functions, resources and coordination procedures for responding to and supporting crisis, emergency, terrorist-response, and disaster operations, and is that portion of a safe school plan that details risk assessments and establishes the plans or procedures to manage a crisis, emergency, terrorist or disaster event before, during and after it has occurred and includes, but is not limited to, emergency routes and staff assignments as they relate to immediate actions, delayed actions, mitigation actions, facility evacuations and facility reentry.
[6.12.6.7 NMAC - N, 02-28-06; A, 11-30-06; A, 05-15-14; A, 12-30-14]

6.12.6.8 REQUIREMENTS:

A. This section applies to local school boards, local school districts, and charter schools and governs policies to be implemented by local school districts with regards to student and school employee wellness.

B. Each school district and charter school shall develop and implement a policy that addresses student and school employee wellness through a coordinated school health approach.

C. Each school district and charter school shall submit the wellness policy to the public education department for approval.

(1) Sections of the wellness policy that meet the requirements set forth in Paragraphs (3), (4), (5) and (10) of Subsection D and the requirements set forth in Subsection E of this section shall be submitted to the public education department on or before August 30, 2006.

(2) Sections of the wellness policy that meet the requirements set forth in Paragraphs (1), (2), (6), (7), (8) and (9) of Subsection D of this section shall be submitted to the public education department on or before January 30, 2007.

D. The wellness policy shall include, but shall not be limited to:

(1) a planned, sequential, K-12 health education curriculum that addresses the physical, mental, emotional, and social dimensions of health and is aligned to the health education content standards with benchmarks and performance standards as set forth in 6.30.2.19 NMAC;

(2) a planned, sequential, K-12 physical education curriculum that provides the optimal opportunity for all students to learn and develop skills, knowledge and attitudes necessary to personally decide to participate in lifetime healthful physical activity and is aligned to the physical education content standards with benchmarks and performance standards as set forth in 6.30.2.20 NMAC;

(3) guidelines to provide physical activity opportunities to students before, during and after school;

(4) nutrition guidelines meeting standards established by federal rules at 7 CFR 210.11 and 7 CFR 210.11a, the Healthy Hunger-Free Kids Act of 2010, the Richard B. Russell National School Lunch Act and the Child Nutrition Act of 1966;

(5) guidelines for fund raisers established at 6.12.5 NMAC and an annual assurance of compliance with limitations on fund raisers established at 6.12.5 NMAC;

(6) a plan addressing the behavioral health needs of all students in the educational process by focusing on students’ social and emotional wellbeing;

(7) school safety plans at each school building focused on supporting healthy and safe learning environments; the school safety plan must be submitted to the public education department for approval on a three-year cycle and must include the following minimum components:

(a) introduction;

(b) school policies and procedures;

(c) prevention; and

(d) a school EOP;

(8) a plan addressing the health services needs of students in the educational process;

(9) a plan addressing the staff wellness needs of all school staff that minimally ensures an equitable work environment and meets the American with Disabilities Act, Part III;

(10) a plan for measuring implementation and evaluation of the wellness policy, including the designation of one or more persons within the school district, or at each school, as appropriate, charged with operational responsibility for ensuring that each



school fulfills the district's wellness policy.

E. Family, school and community involvement. Each local board of education shall establish a district school health advisory council that consists of parent(s), school food authority personnel, school board member(s), school administrator(s), school staff; student(s); and community member(s). The school health advisory council shall have the responsibility to make recommendations to the local school board in the development or revision, implementation, and evaluation of the wellness policy consistent with this rule. The school health advisory council shall meet for this purpose a minimum of two times annually.
[6.12.6.8 NMAC - N, 02-28-06; A, 11-30-06; A, 05-15-14; A, 12-30-14]

History of 6.12.6 NMAC: [Reserved]



Appendix C

Evaluation Plan Template

The Evaluation Plan Template may be used by districts to ensure that each component of the wellness policy has been fully developed. It is a useful checklist for planning and for monitoring the implementation of each component. The template may also assist the schools in assuring that all statutes related to the policy are in place. This checklist should be included together with the wellness policy materials that are presented by the district to members of the Public Education Department during the CSHWB nutrition administrative review process.

Name(s) of Designated Person(s) monitoring the district's wellness policy development and ongoing assessment:

District/Charter School: _____

Date of most recent review: _____

Yes	No	Date of Completion	Item	Name of Person(s) Responsible
			Compliance with PED Wellness Policy rule, 6.12.6 NMAC – wellness policy completed and fully implemented	
			Each school's progress in meeting district's Wellness Policy goals recorded	
			Wellness Policy available to parents/guardians of school children/youth	
			SHAC established according to regulation (see Appendix A for list of council members)	
			SHAC meets minimum of two times annually, regarding wellness policy development and/or assessment	
			SHAC representative assigned to provide recommendations and to participate with district on wellness policy development	
			Federal and PED guidelines used to develop wellness policy	
			Parents and community members actively sought to participate in development of wellness policy	
			Each of the following Nutrition components of the policy met: <input type="checkbox"/> District Wellness Policy meets requirements of section 204 of Healthy, Hunger-Free Kids Act of 2010, Public law 111-296 <input type="checkbox"/> 6.12.5.8 NMAC Competitive Foods Standards compliance <input type="checkbox"/> Assurance of adherence to requirements re. possible food allergies in schools <input type="checkbox"/> Individualized Healthcare Plan guidelines incorporated <input type="checkbox"/> 6.12.2.9 NMAC, Student's Right to Self-Administer Certain Medications compliance in case of allergic reactions <input type="checkbox"/> USDA Food & Beverage Marketing and Advertising policies compliance <input type="checkbox"/> District schools meet or exceed local, state and federal nutrition requirements and/or USDA nutrition standards <input type="checkbox"/> Compliance with NSLP, SBP, FFVP, SFSP, ASSP and other USDA regulated programs	



		<ul style="list-style-type: none"> <input type="checkbox"/> The district appropriately operates other programs, including: Farm to School, Breakfast after the Bell, school gardens, etc. <input type="checkbox"/> Smarter Luncheon Techniques are used to encourage students by promoting healthier food and beverage choices <input type="checkbox"/> School nutrition staff meet or exceed hiring and professional development requirements per the USDA standards for child nutrition professionals <input type="checkbox"/> Free, safe unflavored drinking water is made available to all students throughout the school day <input type="checkbox"/> Celebrations, rewards and fundraising in schools meet or exceed nutrition standards for USDA Smart Snacks in Schools <input type="checkbox"/> Nutrition education is included as part of the health education curriculum <input type="checkbox"/> Healthy messages and nutrition promotional materials are made available throughout the school and school-related activities <input type="checkbox"/> Food Safety Inspections are conducted twice annually per USDA regulations and state rules, and reports are posted publicly 	
		<p>Health Education contents standards with benchmarks and performance standards (6.29.1 NMAC Standards for Excellence) disseminated to each school</p> <ul style="list-style-type: none"> <input type="checkbox"/> Health Education curriculum for each school validated as comprehensive, per PED standards and benchmarks <input type="checkbox"/> Life skills training is integral part of health education curriculum <input type="checkbox"/> Schools apply PED's "opt-out" policy, regarding sexuality component of health education curriculum <input type="checkbox"/> Assurance that HIV instruction is provided (6.12.2.10 NMAC) <input type="checkbox"/> Lifesaving skills training is included in Health Education courses 	
		<p>Quality physical activity is a component of the district's wellness policy, which aligns with the NM Health Education Content Standards as set forth in 6.29.9 NMAC</p> <ul style="list-style-type: none"> <input type="checkbox"/> Schools provide physical activity opportunities before and after school <input type="checkbox"/> Elementary schools provide at least 20 minutes of daily recess for all students <input type="checkbox"/> Playground facilities and equipment are regularly inspected for safety and accessibility <input type="checkbox"/> Schools are restricted from withholding physical activity from students as a form of punishment <input type="checkbox"/> Physical activity is included as a health education topic <input type="checkbox"/> Families are encouraged to assist children in using active means (walking or biking) to go to/from school 	
		<p>Physical education (PE) is included in schools' required programs and is based on Section 6.29.6 NMAC, NM Physical Education Content Standards with benchmarks and Performance Standards</p> <ul style="list-style-type: none"> <input type="checkbox"/> The wellness policy includes a planned, sequential, and developmentally appropriate K-12 physical education curriculum <input type="checkbox"/> PE instruction aligns with 6.29.1 NMAC Primary and Secondary Education Standards for Excellence General Provision <input type="checkbox"/> One unit in physical education is included as a district graduation 	



		<p>requirement</p> <ul style="list-style-type: none"> <input type="checkbox"/> Any alternative course offered by the district in lieu of PE is compliant with state content and performance standards <input type="checkbox"/> Adapted physical education is available to all students where appropriate <input type="checkbox"/> Physical educators are appropriately trained and certified/licensed to teach the subject 	
		<p>Each school has an approved Safe School Plan that is compliant with wellness policy rule 6.12.6 NMAC. (A separate Safe School Plan guidance document is provided to schools from the PED, which has detailed information and supplemental materials to guide districts/schools)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Schools perform 12 emergency drills each year, consisting of: 9 fire drills; 2 Shelter-in-Place drills; and one evacuation drill <input type="checkbox"/> A fully developed Bullying Prevention Policy is available at each school, which prohibits bullying/cyberbullying and is made available to students and parents/guardians, according to 6.12.7.8 (D) NMAC <input type="checkbox"/> The school policies include full compliance with 6.12.4 NMAC: Tobacco, Alcohol and Drug Free Schools; communication of such policy includes posting of signs on campuses to prohibit ATOD in all campuses and campus-related activities <input type="checkbox"/> All schools are compliant with 6.11.2 NMAC: Rights and Responsibilities of Public Schools and Public Students in providing schools that are absolutely gun free <input type="checkbox"/> Schools are compliant with 6.29.1.9 NMAC: Standards for Excellence General Provisions, Part O in requiring full implementation of procedures for pest management <input type="checkbox"/> All other Assurance forms have been completed and submitted through WebEPPS to the PED 	
		<p>District Wellness Policy includes a plan to address the behavioral health needs of students</p> <ul style="list-style-type: none"> <input type="checkbox"/> Support services are available for all students, including a referral system that is clearly conveyed to all members of the school community <input type="checkbox"/> Schools provide licensed staff to develop and supervise the behavioral health program <input type="checkbox"/> Students' behavioral health needs are assessed as part of the education plan process for student success <input type="checkbox"/> Schools adhere to substance abuse reporting per Section 22-5-4, 4 NMSA 1978 <input type="checkbox"/> School staff members are trained in child abuse and neglect detection and reporting, per Section 22-10A-32, NMSA 1978 	
		<p>Students with healthcare needs that may affect their school attendance and/or performance have Individualized Health Plans, which are separated from Individualized Education Program (IEP) plan but attached to the IEP or 504 plan based upon students' needs</p>	
		<p>Schools are compliant with 6.12.2.10 NMAC in reference to students who may be diagnosed with HIV/AIDS</p>	



			<p>Schools enroll students who provide satisfactory evidence of commencement or completion of NM's Public Health Division schedule</p> <p>NOTE: District ensures that students who are identified as homeless are not prevented from entering schools, based on inability to produce records normally required for enrollment, as per the McKinney-Vento Homeless Assistant Act</p>	
			The Wellness Policy includes the provision for any student in K – 12 the authorization to carry and self-administer health care practitioner prescribed asthma treatment and anaphylaxis emergency treatment medications, as well as the right to self-management of diabetes in school settings	
			Vision screenings are administered to students enrolled in pre-K, Kindergarten, 1 st and 3 rd grades at a minimum	
			Schools provide a plan to address staff wellness needs based upon state statute guidelines, 6.12.6 NMAC Section K: Staff Wellness for all school staff, insuring an equitable environment in compliance with the Americans with Disability Act, Title III	
			District and its governing boards and schools, implement policy to ensure rights to privacy of all school employees infected with HIV, keeping these safe and confidential	
			Schools provide staff with the information on activities related to personal health promotion and with the opportunity for every staff member to participate in these as feasible	
			Members of the school staff are included as participants on the district's SHAC, as per 6.12.6.8 NMAC Section E	



- ⁱ Bradley, B, Green, AC. Do Health and Education Agencies in the United States Share Responsibility for Academic Achievement and Health? A Review of 25 years of Evidence About the Relationship of Adolescents' Academic Achievement and Health Behaviors, *Journal of Adolescent Health*. 2013; 52(5):523–532.
- ⁱⁱ Meyers AF, Sampson AE, Weitzman M, Rogers BL, Kayne H. School breakfast program and school performance. *American Journal of Diseases of Children*. 1989;143(10):1234–1239.
- ⁱⁱⁱ Murphy JM. Breakfast and learning: an updated review. *Current Nutrition & Food Science*. 2007; 3:3–36.
- ^{iv} Murphy JM, Pagano ME, Nachmani J, Sperling P, Kane S, Kleinman RE. The relationship of school breakfast to psychosocial and academic functioning: Cross-sectional and longitudinal observations in an inner-city school sample. *Archives of Pediatrics and Adolescent Medicine*. 1998;152(9):899–907.
- ^v Pollitt E, Mathews R. Breakfast and cognition: an integrative summary. *American Journal of Clinical Nutrition*. 1998; 67(4), 804S–813S.
- ^{vi} Rampersaud GC, Pereira MA, Girard BL, Adams J, Metz J. Breakfast habits, nutritional status, body weight, and academic performance in children and adolescents. *Journal of the American Dietetic Association*. 2005;105(5):743–760, quiz 761–762.
- ^{vii} Taras, H. Nutrition and student performance at school. *Journal of School Health*. 2005;75(6):199–213.
- ^{viii} MacLellan D, Taylor J, Wood K. Food intake and academic performance among adolescents. *Canadian Journal of Dietetic Practice and Research*. 2008;69(3):141–144.
- ^{ix} Neumark-Sztainer D, Story M, Dixon LB, Resnick MD, Blum RW. Correlates of inadequate consumption of dairy products among adolescents. *Journal of Nutrition Education*. 1997;29(1):12–20.
- ^x Neumark-Sztainer D, Story M, Resnick MD, Blum RW. Correlates of inadequate fruit and vegetable consumption among adolescents. *Preventive Medicine*. 1996;25(5):497–505.
- ^{xi} Centers for Disease Control and Prevention. *The association between school-based physical activity, including physical education, and academic performance*. Atlanta, GA: US Department of Health and Human Services, 2010.
- ^{xii} Singh A, Uijtdewilligne L, Twisk J, van Mechelen W, Chinapaw M. *Physical activity and performance at school: A systematic review of the literature including a methodological quality assessment*. *Arch Pediatr Adolesc Med*, 2012; 166(1):49-55.
- ^{xiii} Haapala E, Poikkeus A-M, Kukkonen-Harjula K, Tompuri T, Lintu N, Väistö J, Leppänen P, Laaksonen D, Lindi V, Lakka T. *Association of physical activity and sedentary behavior with academic skills – A follow-up study among primary school children*. *PLoS ONE*, 2014; 9(9): e107031.
- ^{xiv} Hillman C, Pontifex M, Castelli D, Khan N, Raine L, Scudder M, Drollette E, Moore R, Wu C-T, Kamijo K. *Effects of the FITKids randomized control trial on executive control and brain function*. *Pediatrics* 2014; 134(4): e1063-1071.
- ^{xv} 5 - <http://www.shapeamerica.org/standards/pe/>

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