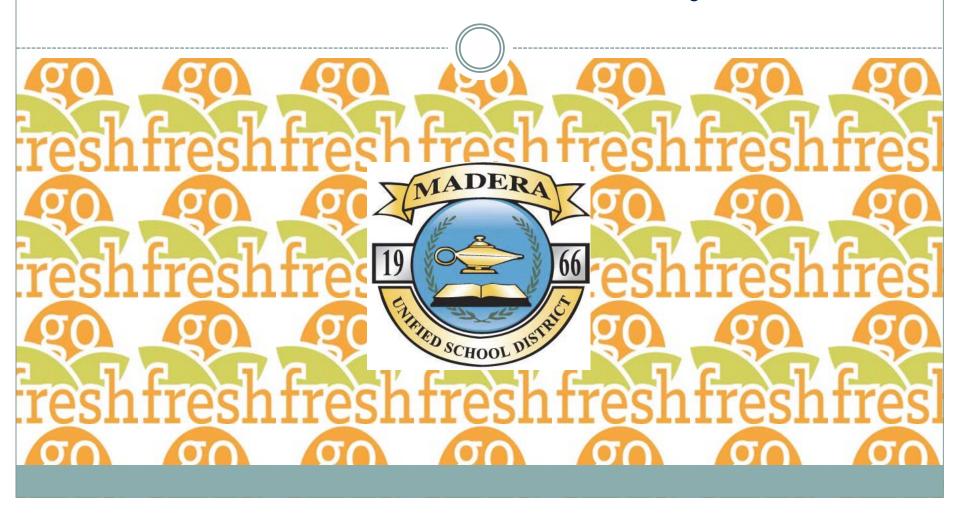
Madera Unified School District Student Wellness Policy



Introduction

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The Local School Wellness Policy requirement was established by the Child Nutrition and WIC Reauthorization Act of 2004, and further strengthened by the Healthy, Hunger-Free Kids Act of 2010. It requires each local LEA participating in the National School Lunch Program and/or School Breakfast Program to develop a local school wellness policy that promotes the health of students and addresses the growing problem of childhood obesity. The responsibility for developing a local school wellness policy is placed at the local level so the unique needs of each school under the jurisdiction of the LEA can be addressed.

- Grass roots effort by parents and community to strengthen BP 5030 School Wellness Policy. The group/community encouraged the district to be a leader and champion for student health and well-being.
- Wellness Committee has met approximately 10 times over the past 12 months and many sub committee meetings have taken place.
- Over 44 committee representatives have participated in the development of the Wellness Policy.

Wellness Policy Development

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Committee Representatives

Board Trustees
District Office Administrators/Directors/Coordinators
Site Administrators

Nurses

Family Liaison/Family Support Specialist

Teachers

Parents

Camarena Health - Promotoras

Dairy Council

Madera Parks and Recreation

Madera County Health Dept.

Central Valley Health Collaborative

Valley Children's Hospital

California Project LEAN

Local Health Care Providers

CNEP - Cal Fresh

SNAP Ed

UC Co-Op

First Five

Coordinated School Health Effort

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Coordinated School Health (CSH) is a systematic approach to improving the health and well-being of all students so they can fully participate and be successful in school. The process involves bringing together school administrators, teachers, other staff, students, families, and community members to assess health needs; set priorities; and plan, implement, and evaluate all health-related activities. CSH typically integrates health promotion efforts across eight interrelated components that already exist to some extent in most schools. These components include health education, physical education, health services, nutrition services, counseling, psychological and social services, healthy and safe school environments, staff wellness, and family and community involvement.

Coordinated School Health Effort





Wellness Policy Development

What did we want to include in our Wellness Policy

Feedback incorporated into policy

Sample Wellness Policies of other districts were reviewed and analyzed

Feedback gathered on proposed language from stakeholders

- •-School Sites/Administrators
- -Parent groups

Promotoras provided side by side comparisons of MUSD policy with other model policies

 -suggested areas for needed language revision

Sub Committees

- Health Education
 Health Promotion for Staff
 Health Services
 Health School Environment
 Counseling, Psychological & Social Services
 Family/Community Involvement
 Nutrition Services
 Physical Education

Policy Highlights

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This policy sends a strong message that student nutrition, health, and overall well being is important and a priority of the district.

- Establishes School Health Councils at each school site
- Addresses meal environments and amount of time for students to eat
- Limits the number of food celebrations each year
- Supports the use of non-food rewards and incentives
- Supports non-food fundraisers
- Provides guidelines for nutrition education and P.E. opportunities
- Addresses health promotion for staff
- Addresses family/community involvement opportunities

Implementation

8)

Current Actions

- Parent Outreach
- Site Administration Outreach and Training
- Common Messaging to Staff
- Self Assessment Tools

Implementation Template



APPENDIX A: Blank TEMPLATE Form WELLNESS COMPONENT Reference: Policy Element: PRIORITY ACTIVITIES/STEPS: What needs to be done? STATUS RESPONSIBLE PARTY: Person(s)/Workgroup ☐ COMPLETED ☐ IN PROGRESS Name(s): ☐ High ☐ COMPLETED ☐ IN PROGRESS ■ Medium COMPLETED IN PROGRESS Low ☐ COMPLETED ☐ IN PROGRESS Workgroup: Already ☐ COMPLETED ☐ IN PROGRESS in place districtwide ☐ In How will this be monitored? How often will monitoring To whom will results and/or **Progress** take place? (e.g., weekly, updates be reported? monthly, annually) ☐ Not Begun COMMENTS (Include here any indispensable financial, equipment or other resources):

Support of California Project LEAN



Provided Resources

- Templates
- Success Stories
- Facilitators
- Assisted in Language Development
- **Tool Development (Implementation & Monitoring)
- Mediator

District Change

(11)

What has really changed in the district

- Challenged thinking of our stakeholders
- Presentation and types of food served to our students
- Branding of CN department
- Atmosphere of our eating/serving areas
- Not using food as rewards/incentives

What has been the biggest challenge?

- Initial concerns from naysayers (this cookie isn't a big deal)
- Monitoring of implementation

Next Steps

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- **Establishing of School Health Councils at each site**
- Monitoring implementation of targeted action items

Food Items

(13)







Kitchen Remodels









Speed of Service





Thank You!



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