

**Anansi Charter School
Wellness Policy & Implementation Plan
January 2018**

**Anansi Charter School
Wellness Policy
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Anansi Charter School Preamble:

Anansi Charter School (ACS) is committed to the optimal development of every student. The ACS believes that for students to have the opportunity to achieve personal, academic, developmental and social success, ACS needs to create positive, safe and health-promoting learning environments at every grade 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.^{15,16,17} Conversely, less-than-adequate consumption of specific foods including fruits, vegetables and dairy products, is associated with lower grades among students.¹⁸ In addition, students who are physically active through, physical activity breaks, high-quality physical education and extracurricular activities – do better academically.¹⁹ Finally, there is evidence that adequate hydration is associated with better cognitive performance.^{15,16,17}

This policy the ACS'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:

- ACS students have access to healthy foods throughout the school day – both through reimbursable school meals and after school snack – in accordance with Federal and state nutrition standards;
- ACS students receive quality nutrition education that helps them develop lifelong healthy eating behaviors;
- ACS students have opportunities to be physically active before, during and after school;
- ACS engages in nutrition and physical activity promotion and other activities that promote student wellness;
- ACS 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 ACS in creating continuity between school and other settings for students and staff to practice lifelong healthy habits; and,
- ACS establishes and maintains an infrastructure for management, oversight, implementation, communication about and monitoring of the policy and its established goals and objectives.

This policy applies to all students, staff and schools in the Anansi Charter School. Specific measureable goals and outcomes are identified within each section below.

School Health Advisory Council (SHAC)

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

1. ACS will establish and maintain a SHAC that consists of: parent(s), school food authority personnel, governance council member, director, school staff, and community member
2. ACS SHAC will meet two (2) times per year for the purpose of evaluation of the current wellness policy in the areas of implementation, needed revisions, and adherence, and then will present recommendations for the policy to the Governance Council
3. ACS SHAC will assist in the school's implementation and adherence to the policy

ACS SHAC Creates a Wellness Draft Policy that includes:

- A. Family, school, and community involvement guidelines
- B. Nutrition Guidelines for school meals, competitive foods and beverages sold during the school day, exempt fundraisers, access to 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 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.

ACS SHAC maintains the following:

- A. ACS wellness policy contains the required guidelines and includes language that meets their current needs and also supports growth over time; ACS seeks the Governance Council approval and presents annual revisions;
- 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.

ACS 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.

Submit plan to:

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

The Anansi Charter School will employ its SHAC to convene as the school wellness committee (SWC) at least two (2) times per year to establish goals for 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 as “wellness policy”).

The SWC 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 (e.g., school nutrition director); physical education teachers; health education teachers; school health professionals (e.g., health education teachers, school health services staff [e.g., nurses, physicians, dentists, health educators, and other allied health personnel who provide school health services], and mental health and social services staff [e.g., school counselors, psychologists, social workers, or psychiatrists]; school administrators (e.g., superintendent, principal, vice principal), school board members; health professionals (e.g., dietitians, doctors, nurses, dentists); and the general public. When possible, membership will also include Supplemental Nutrition Assistance Program Education coordinators (SNAP-EDEDSNAP-Ed). To the extent possible, the DWC 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. As a charter school, the director will convene and facilitate the SWC to facilitate development of and updates to the wellness policy, and will ensure Anansi’s compliance with the policy.

The designated official for oversight is (Title and contact information):
Michele Hunt, Director, mhunt@anansi.acstaos.org, 575-776-2256 X 210

The name(s), title(s), and contact information (email address is sufficient) of this/these individual(s) is(are):

Name	Title / Relationship to the School or District	Email address	Role on Committee
Robert Berkman	Physical Education Teacher, K-8	rberkman@anansi.acstaos.org	Assists in the implementation of physical education goals and evaluation of the wellness policy
Kaila Dickey	Math, Science & Health Teacher grades 7-8	kdickey@anansi.acstaos.org	Assists in the implementation of educational goals and evaluation of the wellness policy
Leigh Trivino	Governance Council Member, Parent, Health Care Professional	ltrivino@anansi.acstaos.org	Assists in the evaluation of the wellness policy implementation
Eileen Pedersen	Community member, Social Emotional Learning Consultant, Play/recess consultant	eileen.pedersen@playworks.org	Assist w/ social emotional wellness, safe campus implementation
Lila Rasa	UNM Nursing Dept.		Assist w/ Nutrition, health curriculum implementation
Student leadership team	Grades 6-8	6, 7, & 8 grade classrooms	Provide student input, evaluation of the plan
Eva Behrens	5 th grade teacher, head of tutoring program, mentoring for educational leadership	ebenhrens@anansi.acstaos.org	Assists in the implementation of educational goals and evaluation of the wellness policy
Tracy Tarleton	Certified Lunch Coordinator, office manager	tracy@anansi.acstaos.org	Assist w/ input regarding food services & lunch program
Michele Hunt	Director	mhunt@anansi.acstaos.org	Overall facilitation of the plan, wellness policy coordinator

Wellness Policy Implementation, Monitoring, Accountability and Community Engagement

Implementation Plan

The Anansi Charter School 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 our 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, 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: www.anansi.acstaos.org

Recordkeeping: ACS will retain records to document compliance with the requirements of the wellness policy in the ACS administrative office. 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:
 - methods by which the wellness policy, annual progress reports, and triennial assessments are made available to the public; and
 - efforts to actively notify families about the availability of wellness policy.

Annual Progress Reports: ACS will compile and publish an annual report to share basic information about the wellness policy and report on its implementation progress in meeting the wellness goals. This annual report will be published in the 4th quarter of each school year. This report will include, but is not limited to:

- The ACS website address for the wellness policy and/or how the public can receive/access a copy of the wellness policy;
- A description ACS's progress in meeting the wellness policy goals;
- A summary of each school's events or activities related to wellness policy implementation; 9 Healthy Kids Make Better Students, Better Students Make Healthy Communities
- 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 English.

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

The SHAC will establish and monitor ACS's goals and objectives for each of the content-specific components listed in the sections of this policy.

Optional additional policy language includes:

- ACS 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. ACS is encouraged to collaborate with local research institutions and universities.
- ACS 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 Michele Hunt, Director, mhunt@anansi.acstaos.org

The SHAC will monitor ACS's compliance with this wellness policy. ACS 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: ACS 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

ACS is committed to being responsive to community input, which begins with awareness of the wellness policy. ACS 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. ACS 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. ACS will use electronic mechanisms, such as email or displaying notices on the school'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. ACS will ensure that communications are culturally and linguistically appropriate to the community. ACS will actively notify the public about the content of or any updates to the wellness policy annually, at a minimum. ACS will also use these mechanisms to inform the community about the availability of the annual and triennial reports.

Evaluation: See Appendix C

Anansi Charter School 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.

NMPED Requirements & Required Activities:

Requirement/Required Activity:	Current ACS Practice:	Goal:	Timeline:
Beginning with students entering the 8th grade, 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.	ACS requires all students in 7 th and 8 th grade to complete 1 semester of health education each year.	All graduating 8 th grade students will successfully complete 2 semesters of health education; however, not with the intention of replacing the high school health credit	completed
A sequential aligned K-8 health education curriculum	ACS has an adopted health education curriculum. K-6	Grade band teams will work to align curricular	Alignment and implementation will be

that addresses the physical, mental, emotional, and social dimensions of health.	has a varied commitment to implementation.	health education subject matter so that is sequentially and comprehensively implemented	completed by Spring 2019
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.	ACS directly instructs students about HIV and related issues as introduced in the middle school health curriculum	ACS will add developmentally appropriate HIV instruction as it is presented in the ACS curriculum for K-5 students.	August 2018
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	ACS has an opt-out policy that is provided in the Parent-Student Handbook. ACS sends home a letter to inform parents of health education curriculum that focuses on sexuality performance standards, and provides the process for receiving alternative curriculum for the exempted components See policy in Appendix ____	The opt-out letter will be sent home prior to the onset of instructional curriculum that focus on sexuality performance. See opt-out letter in Appendix ____	Currently in place

ACS Health Education Goal: Each student will have the opportunity to:

- Learn and understand essential and functional health information that will
 - Shape personal values and beliefs that will support healthy choices
 - Develop a student culture that values a healthy lifestyle
 - Developing the essential health skills necessary to adopt, practice, and maintain health-enhancing behaviors.

Resource for goal & curriculum development:

<https://www.cdc.gov/healthyschools/sher/characteristics/index.htm>

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

Anansi Charter School Wellness Policy Nutrition and Nutrition Education

Objective: ACS is committed to serving healthy meals to children, with plenty of fruits, vegetables, whole grains, and fat-free and low-fat 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 program aims 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.

NMPED Requirements & Required Activities:

Requirement/Required Activity:	Current ACS Practice:	Goal:	Timeline:
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: <ul style="list-style-type: none"> School meal nutrition standards, Smart Snacks in School nutrition standards 	1)ACS contracts with the Taos Municipal Schools to provide a school lunch in compliance with federal USDA requirements 2) ACS currently does not allow the sale of foods as fundraisers during the school day as they serve as a distraction from the learning environment 3) ACS classes create educational posters to generate interest in nutrition. Posters are hung in the campus hallway and also in the cafeteria	ACS middle school students are interested in having a vending machine that provides smart snack compliant foods.	Fall 2018
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).	ACS requires all school parties to provide a healthy snack ACS has a no candy or soda policy for school ACS encourages healthy snacks that are brought from home	ACS will require and will enforce strict adherence to smart snack guidelines for class parties	Immediately
Water: Schools participating in the school lunch pro-gram under this Act shall make available to children free of charge, as nutritionally	ACS provides a cup for every child in the K-2 classrooms for water		

appropriate, potable water for consumption in the place where meals are served during meal service.	A water bottle is on the school supply list for all students grades 3-8 Water is served in a pitcher with cups in the cafeteria Students have access to the drinking fountain in the library Water break is provided at the onset of every work session for students		
Assurance of adherence to requirements re. possible food allergies in schools	ACS meets the needs of students with food allergies by reporting all medically documented food allergies to the Food Service provider, appropriate and equal food substitutions are provided for the student lunch program. All classrooms assure that a snacks are provided with a replacement for the any food allergies.		In place

ACS Nutrition Goal: Anansi Charter School will provide nutrition education that will teach, encourage, and support healthy behaviors.

ACS Nutrition Objectives:

- Students in grades K-6 will receive at least four collective hours of nutrition education per year.
- Students in grades 7-8 will receive nutrition education as part of health course required to complete middle school.

Anansi Charter School 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 director will provide teachers and other school staff with a list of ideas for alternative ways to discipline students.

NMPED Requirements & Required Activities:

Requirement/Required Activity:	Current ACS Practice:	Goal:	Timeline:
Create guidelines to provide physical activity opportunities to students before, during and/or after school.	ACS provides 30 minutes of outdoor play time on playgrounds, basketball courts & playing fields prior to the start of every school day, students can arrive any time during the 30 minute period. ACS provides a 20 minute and 30 minute recess for grades K-2 daily. ACS provides a 15 minute and 30 minute recess for grades 3-5 daily. ACS provides a 10-15 minute stretch break and 25 minute recess for grades 6-8 daily. After school program and students waiting for bus transportation have a 30 minute free-play time immediately following the school day on a daily basis.	All students will have the opportunity for healthy physical movement and activity throughout the school day.	In place
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.	All ACS students participate in physical education classes three (3) times per week. The program is aligned to NM Standards and Benchmarks and includes an educational component on benefits of physical activity as part of the instructional framework.		
Additional Activities Offered/Recommended	ACS Current Practice	Goal	Timeline
Before/After School Intramural Activities	ACS offers an after school basketball club in the fall for grades 2-5. ACS has intramural basketball teams for grades 3-8 organized by parents for tournament participation.	Needs to be developed	
Physical Activity or “Brain” Breaks (Elementary and Secondary)	All ACS staff have received training in Mindful Classrooms and Practices	Consistent implementation of mindfulness daily	Initiated January 2018, collecting data from each grade

	ACS staff employ Brain Gym break strategies as needed Yoga, rhythm activities, and dance are used to start the day or break up the day in all classrooms Daily Schedule for all grade levels provides planned breaks in the schedule	practice in each instructional block	
Active Transport	ACS currently offers a crosswalk for students who live in proximity to the school and storage for bikes ridden to school.	Topic for discussion due to rural location on a highway with no bike lane.	
Other school activities that employ physical activity	ACS PAC hosts three (3) "Let's Move" Events a year for school families. They include: Fall Hike Winter Tubing Bike Day (includes bike safety) Jump for Joy (jump for heart Valentine's Day event) Field Day	Increase parent/family participation in Let's Move Events	

Goal: Every student will have the opportunity to engage in physical activity throughout the school day.

Anansi Charter School Wellness Policy Physical Education

Definition: Physical education (PE) is an academic subject and serves as the foundation of Anansi's Comprehensive School Physical Activity Program (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.

NMPED Requirements & Required Activities:

Requirement/Required Activity:	Current ACS Practice:	Goal:	Timeline:
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.	ACS has a planned sequential K-8 physical education curriculum in place that provides opportunities for students to learn and develop skills, to gain knowledge and attitudes needed to develop lifelong healthy physical activity choices.	ACS is currently reviewing its PE curriculum to assure that it is meeting the goals and standards to best meet the needs of the students.	Spring 2018
The physical education curriculum will be aligned to the Content Standards with Benchmarks and Performance Standards as outlined in the NM Public Education Department	ACS PE curriculum is aligned to NM standards.	ACS is evaluating to align to national standards currently	Spring 2018

Content Standards with Performance Standards and Benchmarks: K-4; 5-8; 9-12.			
Additional Activities Offered/Recommended	ACS Current Practice	Goal	Timeline
Schools hire certified physical educators to teach physical education and plan additional opportunities for physical activity.	ACS PE teacher has an endorsement in PE.		In place
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	ACS maintains the same size PE class as the regular classroom as ACS has one class per grade level.		In place
Physical educators promote academic achievement by helping teachers incorporate physical education concepts in classroom activities.	PE teacher has purchased equipment to support teachers in general education to implement yoga into the classroom.	Area for development	Spring 2020
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.	ACS has first provided PD to develop management skills and a framework for effective lessons.	ACS will provide an opportunity for the PE teacher to attend a training to develop the program further.	Spring 2019

Physical Education ACS 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.

Overall Program Goals:

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

All ACS students in each grade will receive physical education for minimum of three (3) thirty (30) minute per week throughout the school year.

The ACS 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.

All ACS students will have the opportunity to participate in a five (5) week “Winter Sports Program” which currently include the choices of:

- Skiing or Snowboarding
- Ice Skating
- Dance and Drama
- Gymnastics

Anansi Charter School 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.

NMPED Requirements & Required Activities:

Requirement/Required Activity:	Current ACS Practice:	Goal:	Timeline:
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 allhazards 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.	ACS currently has a safe school plan in place that was approved by NMPED. The plan is scheduled to be updated in the 2018-19 school year.	ACS will have an updated Safe School plan to implement in the 2018-19 school year	Implement new plan by January 2019

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.	ACS has a schedule and record of drills for each school year that includes a minimum of 9 emergency drills and 2 shelter in place drills (lockdown drills).	ACS will add the evacuation drill to match its current guidelines that are outlined in the Safe School Plan	Spring 2018
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	ACS has a bullying prevention policy in place. Bullying curriculum is taught in every classroom. Cyberbullying curriculum is currently taught at the 7 th and 8 th grade level.	ACS will introduce cyberbullying curriculum in grades 5 and 6.	Spring 2019
Additional Activities Offered/Recommended	ACS Current Practice	Goal	Timeline
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.	Currently ACS only has a policy in place.	To make use of the Global Network Training video program for faculty and to add training for the middle school students.	Spring 2019
All schools will research recovery strategies and add these to the safe school plans, per the Safe Schools Guidance Document instructions	Currently ACS has recovery strategies in the safe school plan	ACS will review and update strategies, and ACS will provide opportunities for review of the strategies with staff.	Spring 2019
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.	Currently ACS cleans its campus daily and employs its preventative maintenance plan which includes regular inspections. Budget is set aside each year for repairs as needed. ACS was commended through the NMPSFA inspection program in fall 2017.	To continue to maintain a healthy safe environment that is in good repair	In place
All schools will abide by district/charter school	ACS has signs and policies in place in compliance to		In place

<p>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 26 Healthy Kids Make Better Students, Better Students Make Healthy Communities outlines instructions to local school boards on establishing and communicating such policies.</p>	<p>the Tobacco, Alcohol, and Drug Free Schools. ACS enforces its policies strictly.</p>		
<p>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</p>	<p>ACS has policies and signs in place and enforces its policies.</p>		<p>In place</p>
<p>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.</p>	<p>ACS follows its policy regarding the use of pesticides outlined in the Safe School plan. ACS contracts a professional using strategies approved by the EPA for a safe school environment.</p>	<p>ACS will examine practice again at the time of the development of the Safe School plan.</p>	<p>Fall 2019</p>

Anansi Charter School 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.

NMPED Requirements & Required Activities:

Requirement/Required Activity:	Current ACS Practice:	Goal:	Timeline:
Create a plan addressing the behavioral health needs of all students in the educational process by focusing on students' social and emotional well-being.	All students participate in a minimum of a one hour per week SEL curriculum. Students are referred for individual counseling as needed.	Continue to improve the curriculum and enhance teacher knowledge through PD annually	In place
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.	As a part of the goals for the ACS charter it is committed to providing a social emotional instructional curriculum in all classrooms. ACS receive specific training to implement curriculum. The current 90 day plan is for adding mindfulness practices in the classrooms to advance to student responsibility and management of impulsiveness.	All students will develop intrinsic motivation and self-management skills. Students will learn perseverance for approaching challenging tasks. Teachers will employ strategies to develop a growth mindset.	
School personnel are required by law to report substance abuse, child abuse and neglect.	All staff participate in the online training for identification of child abuse and neglect. Policy is in place that outlines staff requirements by law for identifying and reporting abuse and neglect.		
Additional Activities Offered/Recommended	ACS Current Practice	Goal	Timeline
Provide a positive, supportive environment in which students are able to request assistance when needed.	The mission of the Anansi Charter School is as follows: The mission of Anansi Charter School is to develop the academic		In place

	potential and emotional intelligence of each learner. We strive to promote the love of learning through student engagement, innovative educational practices, and family and community partnership.		
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.	This is contained in the current Safe School Plan, outside professionals have been brought in to teach the students and support the teachers in suicide prevention education in the 6 th -8 th grade classrooms' health class.	The staff needs to be provided with additional training in this area, currently the Global Compliance Network that ACS has provides additional video training for faculty.	Spring 2019
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	ACS currently has a list of counselors for referrals and is working in partnership with Non-Violence works for on-site counseling for referred students.	ACS will seek to provide two (2) days of counseling available for students	Fall 2018

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.

NMPED Requirements & Required Activities:

Requirement/Required Activity:	Current ACS Practice:	Goal:	Timeline:
District Wellness Policy includes plan for addressing the health service needs of students in the educational process	ACS currently seeks to have all staff certified in first responder first aid and CPR.	IN addition to certification of all staff, ACS would contract a nurse to review student health records and advise as needed.	Fall 2019

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.)	The need for an IHP is addressed with all students who currently have an IEP or 504 Plan.	A nurse will be contracted should the need for an IHP for any student arise.	In place
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);	ACS has a policy of non-discrimination for both employees and students. ACS has a protection of records policy for students and staff. ACS provides education regarding HIV/AIDS in the middle school health curriculum.	ACS will provide developmentally appropriate grade level HIV/AIDS education in the elementary curriculum.	Fall 2019
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	ACS requires knowledge of students carrying asthma treatment medications and allows the student to self-manage the treatment and allows for the same accommodations for	Training for staff to monitor students with asthma and diabetes	Spring 2019

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);	students with diabetes. Currently ACS does not have any students enrolled with diabetes.		
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.	ACS provides vision and hearing screenings for all students in grades K-3 and also for students in need of a diagnostic evaluation. Currently ACS uses volunteer nurses to conduct all screenings.	ACS will seek to contract a nurse to conduct all screenings.	Fall 2019
District policy acknowledges that all students enrolled in the public, nonpublic, or home schools in the state must present satisfactory evidence of commencement	ACS verifies immunization records annually for every enrolled student. ACS accepts approved conscientious objectors		In place

<p>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, 30 Healthy Kids Make Better Students, Better Students Make Healthy Communities 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</p>	<p>forms registered with the NM HealthDepartment. ACS makes use of the district liaison to assist any identified homeless students.</p>		
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necessary immunizations, or immunization or medical records.			
Additional Activities Offered/Recommended	ACS Current Practice	Goal	Timeline
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.).		It is a stretch goal for ACS to provide a brochure of resources for the families of their community	Fall 2019

Anansi Charter School 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.

NMPED Requirements & Required Activities:

Requirement/Required Activity:	Current ACS Practice:	Goal:	Timeline:
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.	ACS provides a work environment that complies with all ADA requirements	The staff wellness sub-committee will research whether any other work environment needs should be addressed.	Fall 2018
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.	ACS has a non-discrimination policy and protection of records policy in place for all personnel.		In place
Additional Activities Offered/Recommended	ACS Current Practice	Goal	Timeline
All schools will provide staff and faculty the opportunity	ACS provides space for teachers to conduct		In place

to participate in a health promotion program focused on exercise, stress management and nutrition (e.g., health fairs, fun runs, walks, etc.)	exercise classes on the school campus ACS health benefit specialist informs and encourages staff to make use of resources through the health insurance program (NMPSIA)		
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Staff Wellness and Health Promotion Recommendations:

The ACS 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.

ACS will implement strategies to support staff in actively promoting and modeling healthy eating and physical activity behaviors. Strategies include, but are not limited to:

- Encouragement of use of personal days as needed to promote mental and physical health
- Encouragement of annual physicals and advisement for healthy life styles as provided through NMPSIA
- Encouragement of participation in after school exercise classes on and off campus

ACS 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.

APPENDICES

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	Title / Relationship to the School or District	Email address	Role on Committee
Robert Berkman	Physical Education Teacher, K-8	rberkman@anansi.acstaos.org	Assists in the implementation of physical education goals and evaluation of the wellness policy
Kaila Dickey	Math, Science & Health Teacher grades 7-8	kdickey@anansi.acstaos.org	Assists in the implementation of educational goals and evaluation of the wellness policy

Leigh Trivino	Governance Council Member, Parent, Health Care Professional	ltrivino@anansi.acstaos.org	Assists in the evaluation of the wellness policy implementation
Eileen Pedersen	Community member	Eileen.pedersen@playworks.org	Assist w/ social emotional wellness, safe campus implementation
Lila Rasa	UNM Nursing Dept.	drilila@unm.edu	Assist w/ Nutrition, health curriculum implementation
Student leadership team	Grades 6-8	6, 7, & 8 grade classrooms	Provide student input, evaluation of the plan
Tracy Tarleton	Certified Lunch Coordinator	tracy@anansi.acstaos.org	Assist w/ input regarding food services & lunch program
Michele Hunt	Director, Wellness Policy Lead Facilitator	mhunt@anansi.acstaos.org	Overall facilitation of the plan, wellness policy coordinator

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	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	
			<p>Each of the following Nutrition components of the policy met:</p> <ul style="list-style-type: none"> <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 <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 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 (high school only)	
			<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> <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> <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 requirement <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>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> <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	

		<ul style="list-style-type: none"> □ 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 □ 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 □ All other Assurance forms have been completed and submitted through WebEPPS to the PED 	
		<p>ACS Wellness Policy includes a plan to address the behavioral health needs of students</p> <ul style="list-style-type: none"> □ Support services are available for all students, including a referral system that is clearly conveyed to all members of the school community □ School provides licensed staff to develop and supervise the behavioral health program □ Students' behavioral health needs are assessed as part of the education plan process for student success □ School adheres to substance abuse reporting per Section 22-5-4, 4 NMSA 1978 □ School staff members are trained in child abuse and neglect detection and reporting, per Section 22-10A-32, NMSA 1978 	
		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	
		Schools are compliant with 6.12.2.10 NMAC in reference to students who may be diagnosed with HIV/AIDS	
		Schools enroll students who provide satisfactory evidence of commencement or completion of NM's Public Health Division schedule 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	
		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, 1st and 3rd 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 school's SHAC, as per 6.12.6.8 NMAC Section E	