ATTACHMENT E

**THE STATE OF NH FEDERAL MEALS PROGRAM**

**WELLNESS DOCUMENTATION**

*(Must be completed by all School Food Authorities)*

*School Local Wellness Policy (LWP) Requirements for Local Education Agencies (LEAs) include:*

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| **Overview** | • Directs LEAs to have a LWP in place for each school under its jurisdiction.  • Strengthens LWPs and adds requirements for public participation, transparency and  implementation. |
| **Elements of the Local School Wellness Policy** | • LWP to include, at a minimum, **goals** for nutrition education, physical activity, and   other school-based activities to promote student wellness, as well as nutrition   guidelines for all foods available on school campus.  • Include **goals** for nutrition promotion.  • Addresses marketing to students. |
| **Stakeholder Involvement** | • LEAs are required to involve parents, students, and representatives of the school   food authority, the school board, school administrators and the public in the  development of the LWP.  • LEAs are required to permit teachers of physical education and school health   professionals to participate in the development of the LWP. |
| **Stakeholder Participation** | • The stakeholders named above are required to participate in the development of the   LWP.  • LEAs are required to permit all stakeholders named above to participate in the   implementation and periodic review and update of the LWP. |
| **Local Discretion** | • LEAs can determine the specific policies appropriate for the schools under their   jurisdiction, provided that those policies include all required elements specified in the   Act. |
| **Public Notification** | • LEAs are required to inform and update the public (including parents, students and   others in the community) about the content and implementation of the LWP. |
| **Measuring Implementation** | • LEAs are required to establish a plan for measuring implementation of the LWP.  • LEAs are required to periodically measure and make available to the public an   assessment on the implementation of the LWP, including the extent to which  schools are in compliance with the LWP, the extent to which the LWP compares to   model LWP, and a description of the progress made in attaining goals of the LWP. |
| **Local Designation** | • LEAs are required to establish a plan for measuring the LWP implementation to   include delegating one or more persons with the responsibility for ensure the LWP   compliance.  • LEAs are required to designate one or more LEA officials or school officials to   ensure that each school complies with the LWP. |

Page 1 of 2The New Hampshire Department of Education, Office of Nutrition Programs and Services, is committed to working with LEAs to ensure that all schools have wellness policies established. The Office has a strong mission to provide technical assistance in the development and implementation of school LWPs, as well as oversight authority to determine compliance.

To assist in this effort, please provide the below requested information and submit this document and a copy of the current wellness policy along with the NSLP application for participation:

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| --- | --- |
| 1. Record the date the wellness policy was submitted to NH-DOE and/or the date of any policy revisions: *(Note: If wellness policy has undergone a revision over the past academic year please submit a copy of the revision.)* | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. Name of Chairperson of Wellness Committee | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 3. List names of Wellness Committee members that have been active over the past academic year. Include the  group affiliation of each committee member (example: student, parent, school board member) | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 4. Dates of Wellness Committee meetings over the past academic year | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 5. Dates of Wellness Committee communication with local school board over the past academic year | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **6. Attach a description** of any wellness initiatives that have  been implemented and of any evaluation processes **(with  dates of public notification)** undertaken by the Wellness Committee over the past academic year (*May attach copies of wellness policy minutes in place of written description*.) |  |

*(Attach additional sheets if more space is needed)*

SAU/RA #

School Name:

Signature of individual completing form Title of individual completing form

Date

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Reviewed 7/2021

This institution is an equal opportunity provider.