

**Diocese of Belleville**  
***Individual School Wellness Checklist***  
**School Year** \_\_\_\_\_

**School** \_\_\_\_\_ **City** \_\_\_\_\_

**The school offers a free/reduced breakfast/lunch or milk program funded by the federal government?** \_\_\_\_\_ **yes** \_\_\_\_\_ **no**

Note: If yes, an Individual School Wellness Plan is required by Federal law.

**The school food service staff members are:** \_\_\_\_\_ **school/parish employees** \_\_\_\_\_ **employees of a third party food service contractor.** If third party contractor is used, provide the name of the firm: \_\_\_\_\_.

**Directions for Completing the Individual School Wellness Plan**

Review each step of the Individual School Wellness Plan below and check the appropriate indicator of the school's response to the steps for the " " school year. Below is a description of each indicator:

- A. Already implemented:** The school had this step in place during the " " school year.
- B. New implementation:** The school will implement this step for the first time during the " " school year.
- C. Unable to implement at this time:** The school is unable to implement this step for the " " school year.
- The school should provide an explanation on page 4 of why this step cannot be implemented during the " " school year and some indication of when it might be implemented in the future.
- D. Unable to implement ever:** The school will never be able to respond to the step.
- The school should provide an explanation on page 4 of why this step can never be implemented.

## **Meeting Nutrition Guidelines & Ensuring Healthy Eating Goals**

**Students will be provided access to a variety of age-appropriate, appealing food and beverage choices that are consistent with the current Dietary Guidelines for Americans.**

**A.     B.     C.     D.**

### **1. In the school cafeteria, the school will:**

- |      |     |     |     |     |   |
|------|-----|-----|-----|-----|---|
| 1.1. | ___ | ___ | ___ | ___ | offer a variety of fruits and vegetables.   |
| 1.2. | ___ | ___ | ___ | ___ | serve low-fat (1%) and fat free milk.   |
| 1.3. | ___ | ___ | ___ | ___ | ensure whole grain products are served.   |
| 1.4  | ___ | ___ | ___ | ___ | ensure meals, at a minimum, meet the nutrition requirements and regulations of the National School Lunch Program and/or School Breakfast Program. |

### **2. For food and beverages sold or provided individually (vending machines, snack bars, school stores and school-sponsored fundraisers, etc.), the school will:**

- |     |     |     |     |     |  |
|-----|-----|-----|-----|-----|--|
| 2.1 | ___ | ___ | ___ | ___ | closely monitor and regulate the items sold, ensuring they are consistent with the nutritional goals of the wellness policy.   |
| 2.2 | ___ | ___ | ___ | ___ | closely monitor and regulate the frequency and nature of school-sponsored fundraisers.   |
| 2.3 | ___ | ___ | ___ | ___ | make every effort to provide nutritious and appealing foods and beverages, such as fruits, vegetables, low-fat dairy foods and whole grain products whenever and wherever food is sold or otherwise offered at school. |

**Students will be served in a clean, safe, and pleasant environment and will be provided with an adequate amount of time to eat.**

### **3. The school will:**

- |     |     |     |     |     |  |
|-----|-----|-----|-----|-----|--|
| 3.1 | ___ | ___ | ___ | ___ | schedule meal periods at appropriate times with adequate time for students to eat. |
|-----|-----|-----|-----|-----|--|

- 3.2 \_\_\_ \_\_\_ \_\_\_ \_\_\_ ensure all food and beverages provided by the school comply with federal, state, and local food safety and sanitation regulations.
- 3.3 \_\_\_ \_\_\_ \_\_\_ \_\_\_ encourage food providers to share information about the nutritional content of school meals and/or individually sold food with students, family and school staff.
- 3.4 \_\_\_ \_\_\_ \_\_\_ \_\_\_ ensure food service personnel have adequate pre-service training.
- 3.5 \_\_\_ \_\_\_ \_\_\_ \_\_\_ will not withhold food or beverages as a punishment.
- 3.6 \_\_\_ \_\_\_ \_\_\_ \_\_\_ restrict access to food preparation and service areas to authorized personnel.

## **Meeting Physical Activity Goals**

**Students in grades Kindergarten through 12 will have opportunities, support, and encouragement to be physically active on a regular basis while in the school setting.**

**A.    B.    C.    D.**

### **4. The school will:**

- 4.1 \_\_\_ \_\_\_ \_\_\_ \_\_\_ make sure that each student participates in regularly scheduled formal and informal physical activity programs.
- 4.2 \_\_\_ \_\_\_ \_\_\_ \_\_\_ provide all elementary students with daily, supervised recess periods.
- 4.3 \_\_\_ \_\_\_ \_\_\_ \_\_\_ offer some extracurricular activity programs (intramural sports, interscholastic sports, physical activity clubs or other like activities).
- 4.4 \_\_\_ \_\_\_ \_\_\_ \_\_\_ not withhold participation in recess or physical education class as punishment.
- 4.5 \_\_\_ \_\_\_ \_\_\_ \_\_\_ provide reasonable accommodations for students with disabilities and/or other limitations.
- 4.6 \_\_\_ \_\_\_ \_\_\_ \_\_\_ ensure all school physical activity facilities and equipment are safe.
- 4.7 \_\_\_ \_\_\_ \_\_\_ \_\_\_ work with the community to create a safe and supportive environment for students walking or biking to school.

## **Meeting Nutrition Education Goals**

**Students will be provided with nutrition education and physical education to foster lifelong habits of healthy eating and physical activity. Schools will also establish linkages between health education and school meal programs, and with related community services.**

**A.    B.    C.    D.**

**5. The school will:**

- 5.1 ☐    ☐    ☐    ☐    offer students sequential and interdisciplinary nutrition education.
- 5.2 ☐    ☐    ☐    ☐    include interactive activities such as contests, promotions, taste testing, field trips, school gardens, or other like activities in nutrition education programs.
- 5.3 ☐    ☐    ☐    ☐    work with parents to assist in providing a healthy diet and daily physical activity for their children, which may include information to help the incorporate healthy eating and physical activity and disseminating a list of healthy party food ideas to parents and teachers.

**Provide an explanation for each step checked with a “C” or “D”. When “C” was the indicator checked, also provide an indication of when this step will be implemented.**

<b><u>Step</u></b>	<b><u>Explanation</u></b>	<b><u>Timeline</u></b>
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**Meeting Triennial Review of the Plan**

The School will provide documentation that the Plan has been reviewed at a minimum of 3 year intervals.

A.\_\_\_\_ B.\_\_\_\_ C.\_\_\_\_ D.\_\_\_\_

**Describe any other additional efforts being undertaken for the  
Program:**

**school year as part of the school’s Wellness**

Please ensure a team including parents, students, representatives of the school food authority, the school board (if applicable), school administrators, and the public implement and continue development of the wellness policy by reviewing this checklist and offering comment. List the team members below.

**Team Members:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A copy of the Individual School Wellness Plan should be signed by the principal and sent to the Office of Education (2620 Lebanon, Belleville, IL 62221).**

\_\_\_\_\_  
**Signature of Principal/Administrator**

\_\_\_\_\_  
**Date**