

What are the key elements of your Local Wellness Policy? (Select which elements apply to your policy, briefly describe and estimate priority. Each element may need its own task list to ensure implementation.)

| Policy Subject | Priority (high/medium/low/ specific date) |
|--|---|
| <p>1. Physical Activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PE <ul style="list-style-type: none"> ○ Minutes -Students Grades 4-12 will receive 45 minutes ○ Staff training _____ ○ Curriculum -"Too Good for Drugs" Curriculum K-12 ○ Fitness Testing -Given annually-will review ○ Other _____ ○ Other _____ <input type="checkbox"/> Recess _____ <input type="checkbox"/> During School (classroom activities) _____ <input type="checkbox"/> Before/after school -Introduce P.E. Intervention Program <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ | <p>HIGH</p> <p>HIGH</p> <p>HIGH</p> |
| <p>2. Nutrition</p> <ul style="list-style-type: none"> <input type="checkbox"/> School meal programs -Nutrient Based and analyzed <input type="checkbox"/> Competitive foods -Discouraged <input type="checkbox"/> Beverages -Asst. Water's Milk and 100% Juice <input type="checkbox"/> Fundraising -Encourage TPC and Teacher's not to use food <input type="checkbox"/> Rewards _____ | <p>HIGH</p> <p>HIGH</p> |
| Policy Subject | Priority (high/medium/low/ specific date) |
| <p>2. Nutrition (continued)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Marketing -Professional Menu's, posters, and signs <input type="checkbox"/> Classroom celebrations -Encourage Healthy choices <input type="checkbox"/> Vending -Healthy choices <input type="checkbox"/> School Gardens -High School: Pauma School, Tiera Miguel, Gang Ranch is shared by three elementary <input type="checkbox"/> Meal Service and time _____ <input type="checkbox"/> Environmental Impact -Never enough time for lunch/2nd chance breakfast | <p>HIGH</p> <p>HIGH</p> <p>HIGH</p> <p>MEDIUM</p> <p>HIGH</p> |

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|---|---|
| <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ | |
| <p>3. Other School-based activities</p> <input type="checkbox"/> Staff wellness _____ <input type="checkbox"/> Oral health -Dental Posters at each site <input type="checkbox"/> Health Education -Nutrition Education Offered at all sites <input type="checkbox"/> Mental health services _____ <input type="checkbox"/> Parent/community involvement - "Wellness Policy Committee" <input type="checkbox"/> Health services _____ <input type="checkbox"/> Physical Environment _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ | <p>MEDIUM</p> <p>MEDIUM</p> <p>HIGH</p> |