



SUPERINTENDENT OF PUBLIC INSTRUCTION

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LOCAL WELLNESS POLICY
CHECKLIST
2006–07 School Year

Name of Local Education Agency

Agreement Number

**THIS POLICY IS REQUIRED TO COMPLY WITH THE CHILD NUTRITION AND
WOMEN, INFANTS, AND CHILDREN (WIC) REAUTHORIZATION ACT**

Please check-off (✓) the following wellness items that your local education agency (LEA) has completed. Sign, date, and include this checklist and a copy of your local wellness policy with the renewal agreement papers you are required to return to Child Nutrition Services.

_____ Our local wellness policy has been adopted by our LEA board of directors.

_____ Our local wellness policy includes nutrition guidelines for all foods available on each school campus during the school day.

_____ Our goals for nutrition education, physical activity, and other school-based activities that are designed to promote student wellness have been developed by the wellness committee.

_____ By checking this statement, we are providing assurances that USDA guidelines for reimbursable meals are being met.

_____ Our implementation and evaluation plans have been developed.

_____ Parents, students, representatives of school food services, school board members, school administrators, and members of the public make up our wellness committee which is responsible for developing our school wellness policy.

_____ has been assigned to oversee implementation and
Name of Person
evaluation of our wellness policy.

I have completed this checklist and verify that the items checked are accurate.

Name

Date