

Regulation Code: JL-R Student Wellness

Charlotte Mecklenburg Schools is committed to providing school environments that promote a positive culture of health and wellness and protect the health and well-being of students and staff, and to practices that reduce childhood obesity and enhance students' ability to learn by supporting healthy eating, physical activity, a tobacco and drug-free culture and the development of lifelong physical and mental wellness practices.

In order to achieve these goals, CMS will:

- Establish and maintain a School Health Advisory Council to help plan, implement, and monitor compliance with Policy JL, "Student Wellness," and other policies and regulations related to health and wellness;¹
- Establish and support School Health Teams in each school;
- Promote staff wellness;
- Establish nutritional standards for foods sold and marketed on school campuses that meet or exceed nutritional standards set by the US Department of Agriculture, CMS Board policy, North Carolina Board of Education policy, and North Carolina law;
- Increase students' opportunities for physical education and physical activity;
- Promote a tobacco, alcohol and drug-free culture; and
- Provide health education.

I. Implementation, Monitoring and Review of Policy JL, Student Wellness

A. School Health Advisory Council

As required by the North Carolina Board of Education, CMS will establish and maintain a School Health Advisory Council (hereinafter "SHAC") to help plan, implement, and monitor compliance with Policy JL, Student Wellness, as well as other CMS policies, regulations, and programs related to student health. The SHAC is composed of three parts: 1) Steering Committee, 2) Cooperative, and 3) Work Groups. The Steering Committee includes representation from Mecklenburg County Health Department (MCHD), CMS and city of Charlotte leadership. The SHAC Cooperative and Work Groups include CMS and MCHD representation from the Steering Committee, Work Group co-chairs, and additional community representatives recommended by Work Groups to assist in engaging resources to support SHAC goals. In addition, the SHAC will serve as a resource to School Health Teams (described more fully in Section I, B, below).

1. The SHAC shall include representatives from school administration and the local health department and representatives from the following ten components of the "Whole School, Whole Community, Whole Child" model for school health:²

- health education
- physical education and physical activity
- nutrition environment and services
- health services
- counseling/psychological/social services
- social and emotional school climate
- physical environment
- employee wellness
- family engagement
- community involvement

2. In each school, the principal or designee will ensure compliance with Policy JL and submit an annual progress report to the superintendent or his/her designee each year. The report will be reviewed by the SHAC.

3. The superintendent or designee, in collaboration with the SHAC, will submit a report to the NC Department of Public Instruction (DPI).³

a. The report must include elements contained in Policy JL, including activities of the SHAC, the number of minutes of physical education, health education and/or healthful living and physical activity as specified in the NC Healthy Active Children Policy and other information as requested by NC DPI.

b. The results of the annual survey shall be submitted to the superintendent and the CMS Board of Education for review.

4. The SHAC will develop and maintain resources for staff, students, and parents about CMS health policies and regulations that impact student health, including policies regarding food allergies, guidelines for healthy alternatives

to food or beverages for use as student rewards, tobacco use, drug and alcohol use, health assessments, immunizations, communicable diseases, administering medicines, and first aid and emergency medical care.

5. The SHAC will promote CMS programs intended to positively affect student health and wellness, such as rules regarding foods in the classroom and innovative programs to promote physical activity.

B. School Health Teams

Each school will establish and maintain a School Health Team to help the school plan, implement, and review Policy JL and other programs and activities described in this regulation.

1. School Health Teams should be composed of representatives from the ten components of school health programs, described above in Section I, A.
2. Students should be actively engaged in the School Health Team, with at least one youth participating on the team.
3. It is recommended that School Health Teams report to the School Leadership Team (SLT). Suggested ways for structuring the School Health Team are:
 - a. as a subcommittee of the SLT,
 - b. as part of an existing committee that reports to the SLT, or
 - c. as a new and separate committee that reports to the SLT.
4. Each School Health Team shall conduct an assessment of its school's existing nutrition, physical activity, health services, health education, environmental, and family/community involvement programs and activities.
 - a. In conducting the assessment, School Health Teams shall use an assessment and planning tool designed for schools, such as the School Health Index.⁴
 - b. Using the results of the assessment, each School Health Team shall develop a three-year action plan with long and short-term goals that include recommended strategies and steps for improving student health.
 - c. The assessment shall be repeated every three years to review policy compliance, measure progress, and determine areas in need of improvement.
 - d. During the three years between assessments, each School Health Team shall periodically review implementation of the action plan and report progress towards achieving the goals to the principal at the end of each school year.
 - e. The action plan and annual progress report shall be submitted to the school principal for use in developing the annual report described above in Section I, A, 2. The action plan should be made available to the SLT so that it may be incorporated into the School Improvement Plan (SIP).

C. Promote Staff Wellness Practices

1. Staff Wellness
 - a. CMS is committed to improving staff wellness by encouraging staff to pursue a healthy lifestyle that contributes to improved health status and improved morale, thereby having a positive impact on staff attendance, student achievement and student health. This commitment to staff wellness is also intended to create positive role models for students.
 - b. In order to achieve this goal, CMS will support and maintain a staff wellness committee as a subcommittee of the SHAC. The staff wellness committee shall assess and promote effective resources for staff health and wellness. These recommendations should be based on input solicited from staff and should outline ways to encourage healthy eating, physical activity and other elements that affect mental and physical wellbeing.
2. Awareness of Health Conditions that Impact Learning
 - a. Staff should model and reinforce healthy behaviors for students.
 - b. Each year, professional development opportunities will be made available to school-based personnel and other staff that have contact with students regarding serious chronic health conditions common among school-aged youth, including obesity, asthma, serious allergies, diabetes, addiction and mental health concerns.

II. Increase Student Physical Education and Student Physical Activity

A. Physical Education

1. All elementary students shall have physical education on a regular basis with a certified physical education teacher.
2. All elementary schools should make reasonable efforts to increase the number of minutes a week of physical education with a certified physical education teacher. Elementary students should receive 150 minutes per week of physical activity per week, with a portion of that time taught by a certified physical education teacher.
3. All middle school students shall be enrolled in the Healthful Living course for an average of 225 minutes per week for at least one semester with a certified health and physical education teacher. Middle schools should make reasonable efforts to increase the Healthful Living instruction to cover the entire school year.
4. In accordance with CMS Policy IKF, "Graduation Requirements," and North Carolina Board of Education graduation standards, in order to graduate and receive a diploma from CMS, all high school students must complete one credit of Healthful Living (one-half credit each of physical education and health education).
5. CMS shall not provide physical education substitutions, exemptions, or waivers as a means to satisfy the North Carolina graduation requirements.
6. All high schools shall offer physical education elective courses.
7. Physical education courses shall be an environment in which students learn, practice, and receive assessment on developmentally appropriate motor skills, movement concepts, personal and social responsibility, and health-related fitness concepts, as defined in the North Carolina Standard Course of Study (NCSCOS).
8. In order to meet the NCSCOS Healthful Living Essential Standards and provide formative and informative student assessment, physical education classes shall be the same size as other subject content classes.
9. Accommodations shall be made to provide all students with appropriate physical education regardless of individual physical or mental challenges, medical condition, or disability.
10. CMS teachers shall be provided with subject content professional development annually.

B. Physical Activity To establish healthy behaviors and address increasing occurrences of childhood obesity and associated diseases related to an inactive lifestyle, students in grades K – 8 must be provided with opportunities to engage in moderate to vigorous physical activity during the school day, in accordance to the NC Board of Education Healthy Active Children's policy, [SHLT-000](#).

1. Structured/unstructured recess and other physical activity (including but not limited to physical activity time, physical education or intramurals) shall not be taken away from students as a form of punishment.
2. Severe and/or inappropriate exercise shall not be used as a form of punishment for students.
3. A minimum of 30 minutes of moderate to vigorous physical activity shall be provided by schools for all K-8 students daily.
 - a. This requirement can be achieved through a regular physical education class and/or through activities such as recess, dance, classroom energizers, or other curriculum based physical education activity programs. However, such use of this time should complement and not substitute for the physical education program.
 - b. Accommodations shall be made to provide all students with 30 minutes of daily physical activity regardless of individual physical or mental challenges, medical condition, or disability.
 - c. The physical activity required must involve physical exertion of at least a moderate to vigorous intensity level and for a duration sufficient to provide a significant health benefit to students.
4. CMS will strive to provide before and after-school physical activity opportunities for students, families and the community.
5. CMS shall provide physical activity resources and training for staff.
6. Each elementary and middle school principal shall attest to how his/her school is meeting or not meeting the NC Healthy Active Children policy requirements each school year.
7. CMS encourages and supports safe, active transportation, including walking, bicycling, and other forms of human-powered transportation to and from school.

III. Health Education

A. CMS recognizes the relationship between a student's health and academic achievement. In accordance with the North Carolina Healthful Living Essential Standards, all students in grades kindergarten through nine shall have health education instruction addressing:

1. Interpersonal communications and relationships
2. Mental and emotional health
3. Alcohol, tobacco, and other drugs
4. Personal and consumer health
5. Nutrition and physical activity

B. All adopted health education curriculum must be evidence-based or evidence-informed, developmentally and age appropriate, sequential, and aligned with the North Carolina Healthful Living Essential Standards.

1. In order to meet the NC Healthful Living Essential Standards, and provide formative and informative assessment, health education classes shall:

- a. Be the same size as other subject content classes;
- b. Be taught by the general education classroom teacher in grades K-5; and
- c. Be taught by a certified health education teacher in grades 6-9.

2. In accordance with state law, reproductive health and safety education is required instruction commencing in seventh grade.

3. All CMS fifth grade students shall receive age appropriate reproductive health and safety education instruction. Fifth grade instructors shall be provided with training prior to delivering instruction to students.

C. In accordance with CMS Policy IKF, "Graduation Requirements," and North Carolina Board of Education graduation standards, in order to graduate and receive a diploma from CMS, all high school students must complete one credit of Healthful Living (one-half credit each of physical education and health education).

D. In accordance with North Carolina graduation standards, all students shall successfully complete a CPR skills test.

1. CMS will provide a nationally recognized CPR program based on the most current evidence based emergency care guidelines.

2. Schools shall maintain student documentation in an electronic database indicating successful completion of the NC CPR mandate.

IV. Nutritional Quality of Food and Beverages Available to Students

A. School Meals⁵

1. School meals and a la carte items served through the National School Lunch and Breakfast Programs and foods served in the Before and After School Snack Programs must, at a minimum, meet or exceed nutrition requirements established by local, state, and federal statutes and regulations. In addition to meeting these standards, CMS Child Nutrition Services will assure that foods:⁶

- a. Are age appropriate, appealing, and attractive to children;
- b. Are served in clean and pleasant settings;
- c. Include a variety of fruits and vegetables;
- d. Include a variety of low-fat (1%) and fat-free milk; and
- e. Include grains that are at least 51% whole grain.

2. CMS operates the School Breakfast Program to ensure that all children have the opportunity to start the day with a healthy breakfast so that their nutritional needs are met and their ability to learn is enhanced. In operating the School Breakfast Program, CMS will:

- a. Utilize methods to serve school breakfasts that encourage participation, including serving breakfast in the classroom via "grab and go" breakfasts; and

b. Notify parents and students of the availability of the School Breakfast Program.

3. The CMS Child Nutrition program will make information about the nutritional content of meals and a la carte items available to staff, students and parents. Such information will be available upon request from the Child Nutrition Services nutritionist or school cafeteria manager. CMS staff may access any recipe from the CMS Intranet website.

4. Food pricing strategies and marketing programs will be designed and used to encourage students to purchase nutritious meals.

B. Vending Machine Sales to Students Outside of the School Cafeteria

The following rules are applicable to sales of foods and beverages in vending machines available to students outside of the school cafeteria. In addition to district rules, these sales are regulated by the National School Lunch Program and North Carolina law, which establish nutritional standards for foods and beverages sold to students from vending machines, as well as times of day when vending sales to students are allowed.

1. Elementary Schools No snack or beverage vending shall be available to students in elementary schools.

2. Middle Schools and High Schools⁷

a. Beverages

i. Beverages shall not be sold in vending machines until 30 minutes after the end of the school day.

ii. Milk and fruit or vegetable juice may be sold in portions up to 12 ounces.

(1) Milk must be unflavored low fat, unflavored fat free, or flavored fat free.

(2) Juice must be 100% fruit or vegetable juice.

iii. Bottled water must be available for sale in beverage vending machines in schools. Plain water may be sold in any portion size.

iv. Calorie-free sports drinks may be sold in up to 20 ounce portions.

v. Middle School:

(1) No sugared or artificially sweetened sodas are to be offered for sale at any time in any vending machines available to middle school students.

(2) Lower-calorie beverages (except sodas) with up to 40 calories per 8 ounces or 60 calories per 12 ounces may be sold in up to 12 ounce portions.

vi. High School:

(1) No sugared sodas are to be offered for sale at any time in any vending machines available to high school students.

(2) Lower-calorie beverages (except sugared sodas) with up to 40 calories per 8 ounces or 60 calories per 12 ounces may be sold in up to 12 ounce portions.

vii. Additional guidance regarding nutritional standards for vended beverages may be found in the Smart Snacks in School Beverage Options.⁸

b. Snack Vending

i. Snack foods shall not be sold in vending machines until 30 minutes after the end of the school day.

ii. Snack foods sold in vending machines must meet the "Smart Snacks in School: USDA's All Foods Sold in Schools" standards by the beginning of the 2014-2015 school year.

iii. All snack vending products in each vending machine must meet the following nutrient requirements:

(1) Calorie limits: <200 calories.

(2) Sodium limits: ≤200 mg

(3) Fat limits: Total fat: ≤35% of calories; Saturated fat: ≤10% of calories; Trans-fat: zero grams

(4) Sugar limit: <35% of weight from total sugars in foods

iv. All snack vending products must:

- (1) Be a “whole grain-rich” grain product; or
- (2) Have as the first ingredient a fruit, a vegetable, a dairy product, or a protein food; or
- (3) Be a combination food that contains at least ¼ cup of fruit and/or vegetable

c. In compliance with Regulation JLCG-R, “Students with Food Allergies,” snack products vending machines accessible to students must not contain nut products.

C. Non-Vending Sales to Students

1. Food-related fundraisers are encouraged to meet USDA’s Smart Snack standards.
2. Schools and non-school organizations are not permitted to sell food and beverages to students until 30 minutes after the dismissal bell.
3. Foods and beverages sold to students at events on campus outside of the school day should include water, fruit and/or vegetables as options.

D. Rewards and Class Celebrations

1. CMS staff are encouraged to offer healthy alternatives to food or beverage as rewards for academic performance or good behavior or for class celebrations.
2. CMS staff shall not withhold food as a method of disciplining students.
3. CMS staff shall not prohibit students from purchasing a la carte items offered in school cafeterias or limit student choices from school meal programs.

E. Communication with Parents

CMS will support parents’ efforts to provide a healthy diet for their children. Child Nutrition Services will send home nutrition information, post nutrition tips on the Child Nutrition website, and provide nutrient analysis of school menus or recipes upon request.

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Revised: 4/18/2017

Legal Reference: Child Nutrition and WIC Reauthorization Act of 2004, [Pub. L. No. 108-265](#) § 204; National School Lunch Act, as amended, [42 U.S.C. § 1751](#), *et seq.*; [N.C.G.S. §§ 115C-81](#) (e1) (1) & (4), [-264](#), [-264.2](#), [-264.3](#); [16 NCAC 6H.000](#), SBE Policies [GRAD-004](#), [SHLT-000](#), Eat Smart: North Carolina’s Recommended Standards for All Foods Available in School, NC Department of Health and Human Services, NC Division of Public Health (2004)

Cross Reference: IKF, IKF-R, IHAM, JICG, JICH, JLC, JL, JLC-R, JLCB, JLCB-R, JLCC, JLCC-R, JLCD, JLCD-R, JLCE, JICH-R, JLCG, JLCG-R, KF, KF-R

Charlotte-Mecklenburg Schools

Footnotes

1. [\[1\]](#) Policy JL, “Student Wellness,” was adopted by the CMS Board of Education on August 8, 2006 and was effective beginning with the 2006-2007 school year.
2. [\[2\]](#) The ten components of the coordinated school health “Whole School, Whole Community, Whole Child” model were established by the North Carolina Board of Education in SBE Policy [SHLT-000](#) on December 1, 2016.
3. [\[3\]](#) The report is to be submitted in a framework provided by NCDPI.

4. [4] The School Health Index from the Center for Disease Control and Prevention (CDC) is one useful self-assessment and planning tool. It is available online at www.cdc.gov. Recommendations for other instruments are available from SHAC.
5. [5] The term “School Meals” covers meals and a la carte foods and beverages served in the school cafeteria and in the Before and After School Snack and At-risk Supper Programs. All food services operated by CMS Child Nutrition Services comply with requirements of the federal National School Lunch Program and NC laws and regulations.
6. [6] CMS will accommodate the nutritional needs of children who have medically required dietary restrictions upon the presentation a diet order signed by a licensed health care provider with prescribing privileges or a registered dietitian. The diet order must be updated annually.
7. [7] This rule exceeds nutritional standards established by USDA regulation and NC law. It applies to all vending machines available to students in CMS schools, without regard to the group or entity that owns or controls a particular vending machine. It does not apply to non-vending sales of carbonated beverages by booster clubs or other school organizations after the end of the instructional day (e.g. concession sales at sports contests or fundraising events) or to the occasional provision of carbonated beverages at classroom events.
8. [8] http://www.fns.usda.gov/sites/default/files/allfoods_beverages.pdf