



**Texas Department of Agriculture**  
*Local Wellness Policy Checklist*

**FND-105**

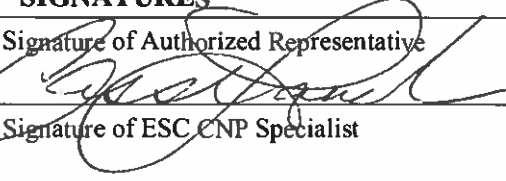
TODD STAPLES, COMMISSIONER

School Food Authority (SFA) or Special Milk Program (SMP) Contracting Organization Name <i>Path I.S.D.</i>	County District/ Program (TX) No. <i>247-904</i>	Education Service Center (ESC) Region No. <i>20</i>
Authorized Representative Name <i>Betty Moy</i>		ESC Child Nutrition Program (CNP) Specialist's Name

<b>SECTION B</b>	<b><sup>1</sup> IMPLEMENTATION</b>	
	1. SFA/SMP Contracting Organization has submitted documentation to support a local wellness policy that indicates implementation was effective within 12 months of approval of program application.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<b><sup>2</sup> DEVELOPMENT OF POLICY</b>	
	1. Involves parents	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	2. Involves students	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	3. Involves representatives of the SFA/SMP contracting organization	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	4. Involves school board/administrators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Involves school/site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. Involves the public	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
A box marked "No" or "N/A" requires an explanation in the Notes section. The "N/A" box can only be marked if the question is not applicable to program regulations.		
<b>Notes</b>		

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 522.021, 522.023, and 559.004.)

SECTION B (CONTINUED)	<b><sup>3</sup> GOALS AND GUIDELINES</b>	
	1. Includes goals for nutrition education designed to promote student wellness	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	2. Includes goals for physical activity designed to promote student wellness	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	3. Includes goals for other school-based activities designed to promote student wellness	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	4. Includes nutrition guidelines for all foods and beverages available at each site during the school day	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	5. Provides assurance that guidelines for reimbursable meals shall not be less restrictive than the regulations and guidance of the Child Nutrition Act and the National School Lunch Act	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	A box marked "No" or "N/A" requires an explanation in the Notes section. The "N/A" box can only be marked if the question is not applicable to program regulations.	
	Notes	
	<b><sup>4</sup> MEASUREMENT OF IMPLEMENTATION</b>	
	1. Policy establishes a plan for measuring implementation of the local wellness policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Policy designates one or more persons responsible for implementation and monitoring within the SFA/SMP contracting organization or at each school of the local wellness policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Designated person(s) has (have) the operational responsibility for ensuring that the school/site meets the local wellness policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Designated person(s) is (are) responsible for measuring implementation of the policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
A box marked "No" or "N/A" requires an explanation in the Notes section. The "N/A" box can only be marked if the question is not applicable to program regulations.		
Notes		

SECTION C	<b><sup>5</sup> SIGNATURES</b>		
	Signature of Authorized Representative	Title	Date (mm/dd/yy)
		SHAC Committee Chair	08 / 15 / 2018
	Signature of ESC CNP Specialist		Date (mm/dd/yy) / /
	Signature of TDA official		Date (mm/dd/yy) / /