

PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS
Board of Education
Upper Marlboro, Maryland

0116
Policy No.

BOARD OF EDUCATION POLICY

BASIC COMMITMENTS

Wellness, Nutrition, and Physical Activity

I. POLICY STATEMENT

- A. The Prince George's County Board of Education (Board) is committed to providing a school environment that promotes student wellness, proper nutrition, nutrition education, and regular physical activity that enhances the development of lifelong healthy habits in wellness, nutrition, and regular physical activity.
- B. The Board recognizes that proper nutrition and physical activity before, during and after the school day are strongly correlated with positive academic outcomes, including lower absenteeism, improved test scores, and enhanced student achievement.
- C. The Board is committed to supporting the physical and mental health and well-being of all staff.

II. PURPOSE

- A. This policy outlines programs and services designed to promote student wellness initiatives through a coordinated school health model. The policy addresses the following components: school health services, health school environment, health education, student support services, physical education and physical activity, food and nutrition services, and community collaboration.
- B. This policy also addresses wellness activities to promote the physical, mental, and social health of staff through a coordinated school health model.

III. DEFINITIONS

- A. *Comprehensive Health Education* – A planned, sequential *comprehensive health education* program designed to help students acquire the skills, attitudes and functional information needed to support health and well-being.

- B. *Curriculum* – The prescribed programs and courses that state what students should know and be able to do, how they will meet learning objectives, and how they will be assessed.
- C. *Health education* – A planned sequential curriculum that provides learning experiences integrating content and skills, which support and reinforce the health and well-being of each student, and ultimately builds health literacy.
- D. *Mental health* – *Mental health* refers to the provision of services, interventions, and supports within the school and community setting. It encompasses a range of activities aimed at promoting mental well-being, preventing mental health issues, and addressing the needs of students who may be experiencing emotional or psychological difficulties.
- E. *Nutrition education* – A component of the comprehensive school health education program that teaches knowledge and skills to facilitate the voluntary adoption of eating and other nutrition-related behaviors conducive to health and well-being.
- F. *Physical activity* – Any bodily movement produced by skeletal muscles that results in energy expenditure.
- G. *Physical education* – A planned sequential curriculum that teaches skills, knowledge, and attitudes needed to establish and lead a physically active life.
- H. *Recess* – Regularly scheduled periods within the school day for physical activity and play.
- I. *School Health/Wellness Council* – A group of individuals who represent segments of the community and the eight (8) components of the coordinated school health program. The local school health council is mandated by Maryland law to provide advice and recommendations to the Superintendent and County Health Officer in matters related to the health, safety, and wellness of students and staff.
- J. *School health services* – Services that support the academic success of each student, staff, and family by promoting optimal health and wellness. The professional nurses provide care that include but is not limited to:
 - 1. providing professional services for students and staff;
 - 2. providing emergency and first aid care to students, staff, and visitors;
 - 3. providing care to acute and chronically ill students;
 - 4. medication administration;
 - 5. evaluation of the school environment for safety and sanitary conditions;

6. communicable disease management and education; and
 7. health promotion, illness prevention, and management education to students, staff, and families.
- K. *Maryland Nutrition Standards for All Food Sold in Schools* (“Smart Snacks”) – *Smart Snacks*, previously known as competitive foods, are required by the Healthy, Hunger-Free Kids Act of 2010, which authorizes funding and sets policy for the United States Department of Agriculture’s (USDA's) core child nutrition programs: the National School Lunch Program, the School Breakfast Program, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the Summer Food Service Program, and the Child and Adult Care Food Program. *Smart Snacks* applies nutrition standards to snacks and beverages apart from the National School Lunch and School Breakfast Program and sold to students at school during the school day.
- L. *Wellness* – An intentional choice of lifestyle characterized by personal responsibility, balance, and maximum personal enhancement which leads to the goal of attaining the state of physical, mental, social, intellectual, and spiritual well-being. It is a process of being aware of and altering unhealthy behaviors to those that will bring about a more healthful existence. *Wellness* is not just the absence of disease.

IV. **STANDARDS**

- A. Comprehensive Health Education
1. The comprehensive health education curriculum will provide planned learning experiences and opportunities for students to acquire functional health knowledge and adopt and maintain health behaviors and skills needed to avoid or reduce health risks. The comprehensive health education curriculum will be a planned, sequential curriculum that addresses:
 - a. Mental and emotional health;
 - b. Substance abuse prevention;
 - c. Family life and human sexuality;
 - d. Safety and violence prevention;
 - e. Nutrition and healthy eating; and
 - f. Disease prevention and control.
 2. Comprehensive health education will be implemented as a required component of the instructional program for grades Pre-k - 8.

3. Comprehensive health education will be implemented as a required component of the instructional program for grades 9-12 as a 0.5 credit to comply with graduation requirements, enabling students to meet graduation requirements, select health education electives and provide access to curriculum for non-diploma bound students.
4. The Superintendent/designee will establish a joint committee of educators and representatives from the community for the purpose of reviewing and commenting on sexual health instructional materials to be submitted to the Board and the Superintendent.

B. Physical Education

1. Physical education shall provide students with the knowledge, confidence, skills, and motivation to enjoy a lifetime of healthful physical activity.
2. Physical education will ensure developmentally appropriate instruction that meets the diversity of student needs and abilities at each grade level, including students enrolled in specialized programs.
3. Physical education will be provided each year for all students in prekindergarten through Grade 8. In Grades 9-12, program offerings will be provided to enable students to meet graduation requirements.
4. As required by state regulation, the physical education curriculum will be modified if a student's physical limitation or medical condition warrants such accommodation rather than exemption from physical education.

C. Physical Activity

1. PGCCPS shall offer physical activity throughout the school day to support student learning and achievement.
2. Recess will be a daily component of an elementary school student's day. All students will be encouraged to participate in moderate to vigorous physical activity. School staff may not deny participation in recess or other physical activity as a form of discipline or punishment unless the safety of students is in question.
3. All students in middle and high school will be provided with daily opportunities before, during and/or after-school for physical activity (e.g., physical activity breaks, extracurricular physical activity programs, clubs, intramurals, interscholastic athletics).
4. A study group made up of middle school Instructional Directors, principals and assistant principals, a representative from School Health Services,

representatives from the Academic Division addressing physical education and health education, as well as other content areas as appropriate, community members, and representatives from local universities and colleges will meet to review and analyze evidence-based research regarding:

- a. the impact of physical activity on academic achievement and social and emotional wellness of middle schools students;
- b. the possibility of incorporating recess into the middle school student's school day;
- c. effective ways of incorporating physical activity and/or breaks into the middle school student's school day; and
- d. the implementation of physically active lessons in middle school classes.

D. School Health Services

1. School health services contribute to an overall culture of health and wellness within schools.
2. PGCPs will provide access to school health services to all students.
3. A registered nurse will be assigned full time as a school nurse to each PGCPs school to implement the health services program.
4. All community-based health care clinics located in several PGCPs schools shall be operational and available to students.
5. Telehealth visits shall be made available to students with parental consent.

E. Nutrition Environment and Services

1. A healthy school nutrition environment supports healthy eating by promoting healthy food and beverages through cafeteria marketing and encouraging participation in the school meal program.
2. PGCPs will participate in the National School Lunch Program (NSLP) and School Breakfast Program (SBP) and will provide meals that meet or exceed current USDA School Nutrition Standards for school meals.
3. Free, potable water will be available to students during meal service in school cafeterias.
4. School meals will include fresh, locally grown foods from farms engaged

in sustainable practices whenever practicable.

5. All foods and beverages sold to students outside of the school meal programs shall meet or exceed the Maryland Nutrition Standards for All Foods Sold in Schools. These standards will apply in all locations where foods and beverages are sold, including vending machines, school stores, snack, or food carts.
6. Nutrition information for school meals shall be available online for students, staff and parents.
7. The use of food rewards and incentives to encourage student achievement or desirable behavior is strongly discouraged.
8. All other foods and beverages available on the school campus, but not sold, such as those provided at classroom parties and school celebrations, must meet the Maryland Nutrition Standards for All Foods Sold in Schools.
9. Activities shall be provided for students to offer their input on school meals and menu items.
10. No physical segregation of or other discriminatory practices against any child eligible for a free lunch or a reduced-price lunch shall be made by the school. There shall be no overt identification of any child receiving a free or reduced-price lunch by special tokens or tickets, announced or published list of names, or by any other means.

F. Social-Emotional and Mental Health Support Services

1. All school shall create a safe and supportive school environment for all students that is culturally proficient, engaging, and inclusive.
2. Prevention and intervention-based work will address and integrate social health, emotional health, mental health, physical health and behavioral health.
3. School-based mental health services involving collaboration between schools, mental health professionals, families, and community organizations will be implemented to create a supportive environment for students.
4. Mental health, substance use, and violence prevention services shall be provided by appropriately licensed school psychologists, school social workers, professional school counselors, mental health clinicians, and/or substance abuse counselors assigned to schools. These professionals shall positively address social-emotional and behavioral health concerns, as well

as provide support for violence and substance use prevention efforts using evidence-based practices in a culturally and linguistically appropriate manner.

G. Employee Wellness

1. PGCPS will disseminate physical and mental health information resources to staff periodically.
2. PGCPS will provide wellness benefits to all staff including access to a wide variety of wellness classes that promote, among others, physical activity, healthy eating, self-care, and stress management.

H. School Health/Wellness Council

1. The Superintendent/designee will appoint a local school health council consisting of school system leadership, local health department leadership, parents, community members and students that will support the implementation of the wellness initiatives in schools.
2. The Superintendent/designee and the School Health/Wellness Council will develop and implement an evaluation model which shall include a review of school-level data related to the implementation of this policy and the corresponding administrative procedure.
3. The School Health/Wellness Council will serve in an advisory capacity to develop, implement, monitor, review and suggest revisions to the corresponding administrative procedure.

I. School-based Program

1. The Superintendent/designee shall ensure that each PGCPS school has an active School Wellness Action Team (SWAT) consisting of a parent(s) and staff members who represent the different wellness components addressed by this policy. The SWAT will provide leadership in each school's wellness efforts and monitor the annual school-based implementation of this policy and the corresponding administrative procedure.
2. The SWAT will gather and report school-level data on the implementation of the policy and the corresponding administrative procedure.

V. **IMPLEMENTATION RESPONSIBILITIES**

- A. The Superintendent is directed to develop an administrative procedure to implement this policy. The administrative procedure will be reviewed and revised as necessary at least once every three (3) years.

- B. The Board will review this policy during the 2024-2025 school year (24-25SY) to review the results of the study group and make any appropriate revisions. After the 24-25SY, the Board will review this policy at least every three (3) years and make any appropriate revisions.

VI. REFERENCES

- A. Legal
 - 42 U.S.C. §§ 1751, et seq., Richard B. Russell National School Lunch Act, As Amended by The Healthy, Hunger-Free Kids Act of 2010
 - 42 U.S.C. § 1771, et seq., Child Nutrition Act of 1966, as amended
 - 42 U.S.C. § 1779, et seq., Child Nutrition and WIC Reauthorization Act of 2004
 - 7 C.F.R. Parts 210, 220, 225, 226 and 250, Child Nutrition Programs
 - 7 C.F.R. Part 210.31, Local School Wellness Policy
 - Md. Code Ann., Educ. § 7-401
 - Md. Code Ann., Educ. § 7-409
 - Md. Code Ann., Educ. § 7-423
 - Md. Code Ann., Educ. § 7-601
 - Md. Code Ann., Educ. § 7-701, et seq.
 - COMAR 13A.04.13, Program in Physical Education
 - COMAR 13A.04.18, Program in Comprehensive Health Education
 - COMAR 13A.05.05-15, School Health Services Standards
 - COMAR 13A.06.01, Programs for Food and Nutrition

- B. Board Policy
 - Policy 0101 – Educational Equity
 - Policy 0111 – Sustainability Plan
 - Policy 6180.1 – Evaluation and Selection of Instructional Materials

- C. Superintendent’s Administrative Procedures
 - Administrative Procedure 0116 – Health and Wellness
 - Administrative Procedure 3542.44 – The Access and Sale of Competitive Foods and Foods of Minimal Nutritional Value in Schools and Outside of the Department of Food and Nutrition Services Program
 - Administrative Procedure 6130 – Guidelines for Elementary Playground and Indoor Recess Supervision Grades Pre-K-5

- D. Other
 - PGCPS Climate Change Action Plan
 - Blueprint for Maryland’s Future

VII. HISTORY

Policy Adopted
5/18/2006

Policy Amended
3/24/2011

Policy Amended
10/24/2024