

SFA/School District: _____

LEA #: _____

Wellness Policy and Wellness Committee Attestation

CHAIRPERSON				SCHOOL FOOD AUTHORITY / CHILD NUTRITION DIRECTOR			
Name				Name			
Address				Address			
City, Zip		Phone		City, Zip		Phone	
Email		Fax		Email		Fax	
PARENT				STUDENT			
Name				Name			
Address				Address			
City, Zip		Phone		City, Zip		Phone	
Email		Fax		Email		Fax	
PHYSICAL EDUCATION TEACHER				SCHOOL HEALTH PROFESSIONAL			
Name				Name			
Address				Address			
City, Zip		Phone		City, Zip		Phone	
Email		Fax		Email		Fax	
SCHOOL BOARD				SCHOOL ADMINISTRATION			
Name				Name			
Address				Address			
City, Zip		Phone		City, Zip		Phone	
Email		Fax		Email		Fax	
PUBLIC COMMUNITY MEMBER				OTHER			
Name				Name			
Address				Address			
City, Zip		Phone		City, Zip		Phone	
Email		Fax		Email		Fax	
OTHER				Person Responsible for Implementing / Assessing the District's Wellness Policy	Name		
Name					Phone		
Address					Name		
City, Zip		Phone			Phone		
Email		Fax		Secondary Person Responsible for Implementing / Assessing the District's Wellness Policy	Name		
Address					Phone		
City, Zip		Phone			Name		
Email		Fax			Phone		

By signing below, you are agreeing that the district has in place a wellness policy that addresses all federal and state wellness policy requirements. The district agrees that all federal Smart Snacks Regulations, the Arkansas Nutrition and Physical Activity Standards, and the Arkansas Maximum Portion Size List requirements will be implemented and adhered to at all applicable times and locations. These requirements affect second meals, a la carte items, competitive foods, vending machines, school parties, fundraisers, and all other foods on campus. Those listed as the "person responsible for implementing/assessing the District's Wellness Policy" are tasked with ensuring school compliance in these areas. Compliance will be assessed during Administrative Reviews, and findings will result in the development and implementation of a Corrective Action Plan.

Superintendent Signature_____
Date_____
District Child Nutrition Director Signature_____
Date