
Promoting Wellness

San Mancos Treatment Center Wellness Policy

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San Marcos Treatment Center Wellness Policy

Preamble

San Marcos Treatment Center (hereto referred to as the Facility) is committed to the optimal development of every patient. The Facility believes that for patients to have the opportunity to achieve personal, academic, developmental, and social success, we need to create positive, safe, and health-promoting learning environments at every level, in every setting, throughout the school year.

Research shows that two components, good nutrition and physical activity before, during, and after the school day, are strongly correlated with positive patient outcomes. For example, patient participation in the U.S. Department of Agriculture's (USDA) School Breakfast Program is associated with higher grades and standardized test scores, lower absenteeism, and better performance on cognitive tasks. Conversely, less-than-adequate consumption of specific foods including fruits, vegetables, and dairy products, is associated with lower grades among patients. In addition, patients who are physically active through active transport to and from school, recess, physical activity breaks, high-quality physical education, and extracurricular activities -- do better academically.

This policy outlines the Facility's approach to ensuring environments and opportunities for all patients to practice healthy eating and physical activity behaviors throughout the school day while minimizing commercial distractions. Specifically, this policy establishes goals and procedures to ensure that

- Patients in the Facility have access to healthy foods throughout the school day-both through reimbursable school meals and other foods available throughout the school campus-in accordance with Federal and state nutrition standards;
- Patients receive quality nutrition education that helps them develop lifelong healthy eating behaviors;
- Patients have opportunities to be physically active before, during, and after school;
- Schools engage in nutrition and physical activity promotion and other activities that promote patient wellness;
- School staff are encouraged and supported to practice healthy nutrition and physical activity behaviors in and out of school
- The Facility establishes and maintains an infrastructure for management, oversight, implementation, communication about, and monitoring of the policy and its established goals and objectives.
- The Facility will coordinate the wellness policy with other aspects of facility management, including the Facility's Performance Improvement Plan, when appropriate.
- The Facility will also include any relevant data or statistics from state or local sources supporting the need for establishing and achieving the goals in this policy

This policy applies to all patients and staff at the Facility.

I. Facility Wellness Committee

Committee Role and Membership

The Facility will convene a representative Facility Wellness Committee (hereto referred to as the FWC) that meets at least once each quarter to establish goals and oversee school health and safety policies and programs, including development, implementation, and periodic review and update of this wellness policy.

The FWC membership will represent all developmental levels and, to the extent possible, include, but not be limited to patients, parents/guardians, physicians, unit nurses, therapists, facility administrators, school nutrition director, dietician, and direct-care staff. To the extent possible, the FWC will include representatives from each program and reflect the diversity of the facility.

Leadership

The CEO or designee(s) will convene the FWC and facilitate development of and updates to the wellness policy, and will ensure each school's compliance with the policy.

Name	Title	Email address
Andrew Herod	CEO	andrew.herod@uhsinc.com
Jerry Lager	Superintendent, Ki Charter	Jerry.lager@kicharter.com
Winston Chieza	DON	winston.chieza@uhsinc.com
Shawn Ollivierre	Plant Operations Director	Charmant.ollivierre@uhsinc.com
Rosemarie Wild	Dietician	rosemarie.wild@uhsinc.com
Dr. Shephali Sharma	Medical Director	shephali.sharma@uhsinc.com
James Gray	Food Service Manager	James.gray@uhsinc.com

II. Wellness Policy Implementation, Monitoring, Accountability, and Community Engagement

Implementation Plan

The Facility will develop and maintain a plan for implementation, management, coordination and execution of this wellness policy. The plan delineates roles, responsibilities, actions, and timelines specific to the facility. It includes information about who will be responsible to make what change, by how much, where, and when, as well as specific goals and objectives for nutrition standards for all foods and beverages available on the facility campus, nutrition promotion and education, physical activity, physical education, and other facility activities that promote patient wellness.

Recordkeeping

The Facility will retain records to document compliance with the requirements of the wellness policy. Documentation maintained will include but will not be limited to:

The written wellness policy;

- Documentation of annual policy progress reports for each school under its jurisdiction.
- Documentation of the triennial assessment* of the policy for each school under its jurisdiction; Efforts to actively notify families about the availability of wellness policy.

Annual Progress Reports

The Facility will compile and publish an annual report to share basic information about the wellness policy and report on the progress of the Facility in meeting wellness goals. This annual report will be published around the same time each year [October], and will include information from the school within the Facility. This report will include, but is not limited to:

- The website address for the wellness policy and/or how parents/guardians can receive/access a copy of the wellness policy;
- A description of each school's progress in meeting the wellness policy goals;
- A summary of each school's events or activities related to wellness policy implementation; The name, position title, and contact information of the designated Facility policy leader(s) identified in Section I; and
- Information on how individuals can get involved with the FWC.

The annual report will be available in English

The Facility will actively notify parents/guardians of the availability of the annual report.

The FWC will establish and monitor goals and objectives for the Facility's schools, specific and appropriate for each instructional unit, for each of the content-specific components listed in Sections 111–V of this policy.

Triennial Progress Assessments

At least once every three years, the Facility will evaluate compliance with the wellness policy to assess the implementation of the policy and include:

The extent to which schools under the jurisdiction of the Facility are in compliance with the wellness policy;
The extent to which the Facility's wellness policy compares to the Alliance for a Healthier Generation's model wellness policy; and
A description of the progress made in attaining the goals of the Facility's wellness policy.

The position/person responsible for managing the triennial assessment and contact information is James Gray, Food Service Manager – James.gray@uhsinc.com

The FWC, in collaboration with individual schools, will monitor schools' compliance with this wellness policy.

The Facility will actively notify households/families of the availability of the triennial progress report.

Revisions and Updating the Policy

The FWC will update or modify the wellness policy based on the results of the annual progress reports and triennial assessments, and/or as Facility priorities change; community needs change; wellness goals are met; new health science, information, and technology emerges; and new Federal or state guidance or standards are issued. The wellness policy will be assessed and updated as indicated at least every three years, following the triennial assessment.

III. Nutrition

School Meals

Our school Facility is committed to serving healthy meals to children, with plenty of fruits, vegetables, whole grains, and fat-free and low-fat milk; moderate in sodium, low in saturated fat, and zero grams *trans-fat* per serving (nutrition label or manufacturer's specification); and to meet the nutrition needs of school children within their calorie requirements. The school meal programs aim to improve the diet and health of school children, help mitigate childhood obesity, model healthy eating to support the development of lifelong healthy eating patterns, and support healthy choices while accommodating cultural food preferences and special dietary needs.

All schools within the Facility participate in USDA child nutrition programs, including the National School Lunch Program (NSLP) and the School Breakfast Program (SBP). The Facility is committed to offering school meals through the NSLP and SBP programs that

- Are accessible to all patients;
- Are appealing and attractive to children;
- Are served in clean and pleasant settings;
- Meet or exceed current nutrition requirements established by local, state, and Federal statutes and regulations. (The Facility offers reimbursable school meals that meet **USDA** nutrition standards.)
- Promote healthy food and beverage choices using at least ten of the following Smarter Lunchroom techniques:
    - Whole fruit options are displayed in attractive bowls or baskets (instead of chaffing dishes or hotel pans)
    - Sliced or cut fruit is available daily

Daily fruit options are displayed in a location in the line of sight and reach of patients
Menus will be reviewed by a Registered Dietitian or other certified nutrition professional.
School meals are administered by a team of child nutrition professionals.
The Facility child nutrition program will accommodate patients with special dietary needs.
Menus will be posted on individual units and are available to families upon request.
Patients will be allowed at least 20 minutes to eat breakfast and at least 20 minutes to eat lunch, counting from the time they have received their meal and are seated. Patients are served lunch at a reasonable and appropriate time of day.
All staff members, especially those serving, have been trained to politely prompt patients to select and consume the daily vegetable options with their meal
Patient surveys and taste testing opportunities are used to inform menu development, dining space decor, and promotional ideas
Patient artwork is displayed in the service and/or dining areas
Daily vegetable options are bundled into all grab and go meals available to patients
White milk is placed in front of other beverages in all coolers
Alternative entr~e options (e.g., salad bar, yogurt parfaits, etc.) are highlighted on posters or signs within all service and dining areas
Daily announcements are used to promote and market menu options

Staff Qualifications and Professional Development

All school nutrition program directors, managers, and staff will meet or exceed hiring and annual continuing education/training requirements in the USDA professional standards for child nutrition professionals. These school nutrition personnel will refer to USDA's Professional Standards for School Nutrition Standards website to search for training that meets their learning needs.

Water

To promote hydration, free, safe, unflavored drinking water will be available to all patients throughout the school day* and throughout every school campus* ("school campus" and "school day" are defined in the glossary). The Facility will make drinking water available where school meals are served during mealtimes.

Nutrition Promotion

Nutrition promotion and education positively influence lifelong eating behaviors by using evidence-based techniques and nutrition messages, and by creating food environments that encourage healthy nutrition choices and encourage participation in school meal programs. Patients and staff will receive consistent nutrition messages throughout schools, classrooms, gymnasiums, and cafeterias. Nutrition promotion also includes marketing and advertising nutritious foods and beverages to patients and is most effective when implemented consistently through a comprehensive and multi-channel approach by school staff and teachers, parents, patients, and the community.

The Facility will promote healthy food and beverage choices for all patients throughout the school campus, as well as encourage participation in school meal programs. This promotion will occur through at least

Implementing evidence-based healthy food promotion techniques through the school meal programs using Smarter Lunchroom techniques; and
Promoting foods and beverages that meet the USDA Smart Snacks in School nutrition standards. Additional possible promotion techniques that the Facility and individual schools may use are available at www.healthiergeneration.org/smartsnacks.

Nutrition Education

The Facility aims to teach, model, encourage, and support healthy eating by patients. The Facility, through Ki Charter, will provide nutrition education and engage in nutrition promotion that

Is designed to provide patients with the knowledge and skills necessary to promote and protect their health;
Is part of not only health education classes, but also integrated into other classroom instruction through subjects such as math, science, language arts, social sciences, and elective subjects;
Include enjoyable, developmentally-appropriate, culturally-relevant, and participatory activities, such as cooking demonstrations or lessons, promotions, taste-testing, farm visits, and school gardens;
Promote fruits, vegetables, whole-grain products, low-fat and fat-free dairy products, and healthy food preparation methods;

Emphasize caloric balance between food intake and energy expenditure (promotes physical activity/exercise);
Link with school meal programs, cafeteria nutrition promotion activities, school gardens, Farm to School programs, other school foods, and nutrition-related community services;
Teach media literacy with an emphasis on food and beverage marketing; and
Include nutrition education training for teachers and other staff.
All health education teachers will provide opportunities for patients to practice or rehearse the skills taught through the health education curricula (meets HSP Silver/Gold level).]

Essential Healthy Eating Topics in Health Education

The Facility, and Ki Charter, will include in the health education Goals that will cover essential topics on healthy eating:

The relationship between healthy eating and personal health and disease prevention
Food guidance from MyPlate
Reading and using USDA's food labels
Eating a variety of foods every day
Balancing food intake and physical activity
Eating more fruits, vegetables, and whole grain products
Choosing foods that are low in fat, saturated fat, and cholesterol and do not contain *trans* fat
Choosing foods and beverages with little added sugars
Eating more calcium-rich foods
Preparing healthy meals and snacks
Risks of unhealthy weight control practices
Accepting body size differences
Food safety
Importance of water consumption
Importance of eating breakfast
Making healthy choices when eating at restaurants
Eating disorders
The Dietary Guidelines for Americans
Reducing sodium intake
Social influences on healthy eating, including media, family, peers, and culture
How to find valid information or services related to nutrition and dietary behavior
How to develop a plan and track progress toward achieving a personal goal to eat healthfully
Resisting peer pressure related to unhealthy dietary behavior
Influencing, supporting, or advocating for others' healthy dietary behavior

USDA's Team Nutrition provides free nutrition education and promotion materials, including standards-based nutrition education curricula and lesson plans, posters, interactive games, menu graphics, and more.

Food and Beverage Marketing in Schools

The Facility is committed to providing a school environment that ensures opportunities for all patients to practice healthy eating and physical activity behaviors throughout the school day while minimizing commercial distractions. The Facility strives to teach patients how to make informed choices about nutrition, health, and physical activity. These efforts will be weakened if patients are subjected to advertising on Facility property that contains messages inconsistent with the health information the Facility is imparting through nutrition education and health promotion efforts. It is the intent of the Facility to protect and promote patient's health by permitting

advertising and marketing for only those foods and beverages that are permitted to be sold on the school campus, consistent with the Facility's wellness policy.

Any foods and beverages marketed or promoted to patients on the school campus* during the school day* will meet or exceed the USDA Smart Snacks in School nutrition standards

Food advertising and marketing is defined' as an oral, written, or graphic statements made for the purpose of promoting the sale of a food or beverage product made by the producer, manufacturer, seller, or any other entity with a commercial interest in the product. This term includes, but is not limited to the following:

Brand names, trademarks, logos or tags, except when placed on a physically present food or beverage product or its container.
Displays, such as on vending machine exteriors.
Corporate brand, logo, name, or trademark on school equipment, such as marquees, message boards, scoreboards, or backboards.
Corporate brand, logo, name, or trademark on cups used for beverage dispensing, menu boards, coolers, trash cans, and other food service equipment; as well as on posters, book covers, pupil assignment books, or school supplies displayed, distributed, offered, or sold by the Facility.
Advertisements in school publications or school mailings.
Free product samples, taste tests, or coupons of a product, or free samples displaying advertising of a product.

IV. Physical Activity

Children and adolescents should participate in 60 minutes of physical activity every day. A substantial percentage of patients' physical activity can be provided through a comprehensive, school-based physical activity program (CSPAP) that includes these components: physical education, recess, classroom-based physical activity, walk and bicycle to school, and out-of-school time activities and the Facility is committed to providing these opportunities. Schools will ensure that these varied opportunities are in addition to, and not as a substitute for, physical education (addressed in "Physical Education" subsection). All schools in the Facility will be encouraged to participate in *Let's Move!* Active Schools (www.letsmoveschools.org) in order to successfully address all CSPAP areas.

Physical activity during the school day (including but not limited to recess, physical activity breaks, or physical education) **will not be withheld** as consequences for any reason other than a serious behavioral episode in which participation by the patient would cause a safety concern for themselves or others. The Facility will follow the behavior enhancement program with regard to consequences for negative behavior and the restriction of activities.

To the extent practicable, the Facility will ensure that its grounds and facilities are safe and that equipment is available to patients to be active. The Facility will conduct necessary inspections and repairs.

Physical Education

The Facility, through Ki Charter, will provide patients with physical education, using an age-appropriate, sequential physical education curriculum consistent with national and state standards for physical education. The physical education curriculum will promote the benefits of a physically active lifestyle and will help patients develop skills to engage in lifelong healthy habits, as well as incorporate essential health education concepts (discussed in the *"Essential Physical Activity Topics in Health Education"* subsection).

All patients will be provided equal opportunity to participate in physical education classes. The Facility will make appropriate accommodations to allow for equitable participation for all patients and will adapt physical education classes and equipment as necessary.

All patients in each grade will receive physical education for at least *200 minutes per week throughout the school year.*

All patients are required to be enrolled in physical education throughout the school year.

The Facility physical education program will promote patient physical fitness through individualized fitness and activity assessments (via the Presidential Youth Fitness Program or other appropriate assessment tool) and will use criterion-based reporting for each patient.

Essential Physical Activity Topics in Health Education

The Facility, through Ki Charter, will include in the health education curriculum the following essential topics on physical activity

The physical, psychological, or social benefits of physical activity
How physical activity can contribute to a healthy weight
How physical activity can contribute to the academic learning process
How an inactive lifestyle contributes to chronic disease
Health-related fitness, that is, cardiovascular endurance, muscular endurance, muscular strength, flexibility, and body composition
Differences between physical activity, exercise, and fitness
Phases of an exercise session, that is, warm up, workout, and cool down
Overcoming barriers to physical activity
Decreasing sedentary activities, such as TV watching
Opportunities for physical activity in the community
Preventing injury during physical activity
Weather-related safety, for example, avoiding heat stroke, hypothermia, and sunburn while being physically active
How much physical activity is enough, that is, determining frequency, intensity, time, and type of physical activity
Developing an individualized physical activity and fitness plan
Monitoring progress toward reaching goals in an individualized physical activity plan
Dangers of using performance-enhancing drugs, such as steroids
Social influences on physical activity, including media, family, peers, and culture
How to find valid information or services related to physical activity and fitness
How to influence, support, or advocate for others to engage in physical activity
How to resist peer pressure that discourages physical activity

Recess (Elementary)

All elementary schools will offer at least **15 minutes of recess** on all or most days during the school year. This policy may be waived on early dismissal or late arrival days. If recess is offered before lunch, schools will have appropriate hand-washing facilities and/or hand-sanitizing mechanisms located just inside/outside the cafeteria to ensure proper hygiene prior to eating and patients are required to use these mechanisms before eating. Hand-washing time, as well as time to put away coats/hats/gloves, will be built in to the recess transition period/timeframe before patients enter the cafeteria.

Outdoor recess will be offered when weather is feasible for outdoor play

In the event that the school or Facility must conduct **indoor recess,** teachers and staff will follow the indoor recess guidelines that promote physical activity for patients, to the extent practicable.

Recess will complement, not substitute, physical education class. Facility staff or teachers will encourage patients to be active, and will serve as role models by being physically active alongside the patients whenever feasible.

Physical Activity Breaks (Elementary and Secondary)

The Facility recognizes that patients are more attentive and ready to learn if provided with periodic breaks when they can be physically active or stretch. Thus, patients will be offered **periodic opportunities** to be active or to stretch throughout the day on all or most days during a typical school week. The Facility recommends teachers provide short (3-5 minute) physical activity breaks to patients during and between classroom times. These physical activity breaks will complement, not substitute, for physical education class, recess, and class transition periods.

The Facility, through Ki Charter, will provide resources and links to resources, tools, and technology with ideas for physical activity breaks. Resources and ideas are available through USDA and the Alliance for a Healthier Generation.

Active Academics

Teachers will incorporate movement and kinesthetic learning approaches into "core" subject instruction when possible (e.g., science, math, language arts, social studies, and others) and do their part to limit sedentary behavior during the school day.

The Facility will support classroom teachers incorporating physical activity and employing kinesthetic learning approaches into core subjects by providing annual professional development opportunities and resources, including information on leading activities, activity options, as well as making available background material on the connections between learning and movement.

Teachers will serve as role models by being physically active alongside the patients whenever feasible.

After School Activities

The Facility offers opportunities for patients to participate in physical activity either before and/or after the school day (or both} through a variety of methods. The Facility encourages patients to be physically active after school by scheduling structured therapeutic recreation activities as part of the unit program.

Active Transport

The Facility will support active transport to and from school by having staff members walk to/from school with patients, unless physical disability prohibits this activity.

V. Other Activities that Promote Patient Wellness

The Facility, through Ki Charter, will integrate wellness activities across the entire school setting, not just in the cafeteria, other food and beverage venues, and physical activity facilities. The Facility will coordinate and integrate other initiatives related to physical activity, physical education, nutrition, and other wellness components so all efforts are complementary, not duplicative, and work towards the same set of goals and objectives promoting patient well-being, optimal development, and strong educational outcomes.

The Facility, through Ki Charter, will coordinate content across curricular areas that promote patient health, such as teaching nutrition concepts in mathematics, with consultation provided by either the school or the Facility's curriculum experts.

All efforts related to obtaining federal, state, or association recognition for efforts, or grants/funding opportunities for healthy school environments will be coordinated with and complementary of the wellness policy, including but not limited to ensuring the involvement of the FWC/SWC.

All school-sponsored events will adhere to the wellness policy. All school-sponsored wellness events will include physical activity opportunities.

Staff Wellness and Health Promotion

The FWC will also focus on staff wellness issues, identifies and disseminates wellness resources, and performs other functions that support staff wellness in coordination with human resources staff.

Facility will implement strategies to support staff in actively promoting and modeling healthy eating and physical activity behaviors.

The Facility will use a healthy meeting policy for all events with available food options, created by the SWC/FWC or one that currently exists that optimizes healthy food options with a variety of choices and selections of healthy foods for a variety of dietary needs.

The Facility promotes staff member participation in health promotion programs and will support programs for staff members on healthy eating/weight management that are accessible and free or low-cost.

Professional Learning

When feasible, the Facility will offer annual professional learning opportunities and resources for staff to increase knowledge and skills about promoting healthy behaviors in the classroom and school (e.g., increasing the use of kinesthetic teaching approaches or incorporating nutrition lessons into math class). Professional learning will help Facility staff understand the connections between academics and health and the ways in which health and wellness are integrated into ongoing Facility reform or academic improvement plans/efforts.

Glossary:

Extended School Day - time during, before, and after school activities that includes clubs, intramural sports, band and choir practice, drama rehearsals, etc.

School Campus - areas that are owned or leased by the school and used at any time for school-related activities such as the school building or on the school campus, including on the outside of the school building, school buses or other vehicles used to transport patients, athletic fields, and stadiums (e.g. on scoreboards, coolers, cups, and water bottles), or parking lots.

School Day - midnight the night before to 30 minutes after the end of the instructional day.

Triennial -- recurring every three years.