

Wellness/Physical Activity Report Information 17-18

1. Provide a digital copy of your 17-18 Wellness Policy if it is different from the district policy.

a. Same as CCS District policy

2. Provide the name of your wellness leader/contact for your school.

Christie Henson, Cody Strouse

3. List any wellness/physical activities conducted by your school in the 2017-18 school year. (Provide examples and number and type of participants e.g. students, parents, community)

a. N/A

4. Did your school meet the number of minutes of physical activity as required? **Yes** / No

5. How many minutes are your students provided for: Lunch 25 min

Breakfast 20-30 min depending on arrival

6. Is your school compliant with the state and national competitive foods regulations concerning nutrition content, appropriate timing of food sales and fundraisers involving food sales? **Yes**/No

7. What nutrition education opportunities did your school provide in 17-18?

a. Students are provided with educational opportunities regarding nutrition during our health classes.

8. Has your school conducted any assessment of your 17-18 Wellness/Physical activity environment? If so, please include a copy of the assessment.

a. NA

9. Please provide any special information that you would like to have highlighted in the assessment report for the Board of Education about the Wellness/Physical Activities in your school.