

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		
PUBLIC COMMUNITY MEMBER				SCHOOL ADMINISTRATION			
Name				Name			
Address				Address			
City, Zip	Phone			City, Zip	Phone		
Email	Fax			Email	Fax		
SCHOOL BOARD				OTHER			
Name				Name			
Address				Address			
City, Zip	Phone			City, Zip	Phone		
Email	Fax			Email	Fax		
OTHER				<b>Person Responsible for Implementing / Assessing the District's Wellness Policy</b>	Name		
Name					Phone		
Address				<b>Secondary Person Responsible for Implementing / Assessing the District's Wellness Policy</b>	Name		
City, Zip	Phone				Phone		
Email	Fax						

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