



2024 Wellness Policy Triennial Assessment

Data Report – Prince George’s County

Office of School and Community Nutrition Programs

August 2024

MARYLAND STATE DEPARTMENT OF EDUCATION

Carey M. Wright, Ed.D.
State Superintendent of Schools

Deann Collins, Ed.D.
Deputy State Superintendent
Office of Teaching and Learning

Krishnanda Tallur
Deputy State Superintendent
Office of Teaching and Finance and Operations

Geoff Sanderson
Deputy State Superintendent
Office of Accountability

Julie Fletcher
Executive Director
Office of School and Community Nutrition Programs

Wes Moore
Governor

MARYLAND STATE BOARD OF EDUCATION

Clarence C. Crawford
President, Maryland State Board of Education

Joshua L. Michael, Ph.D. (Vice President)

Shawn D. Bartley, Esq.

Chuen-Chin Bianca Chang, MSN, PNP, RN-BC

Susan J. Getty, Ed.D.

Dr. Monica Goldson

Nick Greer

Dr. Irma E. Johnson

Dr. Joan Mele-McCarthy, D.A., CCC-SLP

Rachel L. McCusker

Samir Paul, Esq.

Holly C. Wilcox, Ph.D.

Abisola Ayoola (Student Member)

Introduction

2024 TRIENNIAL ASSESSMENT

The federal Healthy, Hunger-Free Kids Act of 2010 requires each local educational agency (LEA) participating in the U.S. Department of Agriculture's National School Lunch Program (NSLP) and School Breakfast Program (SBP) to assess their local school wellness policy every three years. The requirement, known as the Triennial Assessment, mandates the state agency to evaluate the progress of attaining wellness policy goals, compare the strength and comprehensiveness of the LEA policy to a model policy, and assess schools' compliance with implementing the wellness policy (7 CFR 210.31(e)). The Triennial Assessment is related to, but separate from, the Administrative Review conducted by the Maryland State Department of Education's (MSDE) Office of School and Community Nutrition Programs (OSCNP).

The 2024 Triennial Assessment is informed by two components: the *LEA Survey*—completed by the district nutrition and wellness staff—and the *School Survey*—completed by relevant school staff. The *LEA Survey* is used to determine (a) the extent to which the wellness policy includes federal requirements and recommended best practices, and (b) ways the wellness policy can be improved. The questions reflect key areas of technical assistance and corrective action observed in Administrative Reviews. The survey also incorporates the Wellness School Assessment Tool (WellSAT 3.0) to facilitate the comparison to a model wellness policy, and to quantify policy's strength and comprehensiveness.

The *School Survey* is used to understand how the LEA wellness policy is implemented in schools. This survey assesses compliance with the LEA's wellness policy and identifies any practices that may be unique to the school.

This data report provides integrated results from the *LEA* and *School Surveys*. The report will assist in understanding the effectiveness of the written wellness policy, school adherence, and any changes to policy or practice that may be required. In addition to this report, each LEA will receive untreated output from the *School Survey*. This output data is de-identified to preserve the fidelity of survey responses while enabling systems level insights to be generated.

The combined analysis constitutes the Triennial Assessment which reinforces a commitment to student and staff health, and the OSCNP's goal of guiding future improvements in local wellness policies through alignment with federal standards and best practices.

Assessment of LEA Written Policy

WELLSAT 3.0: SCORES

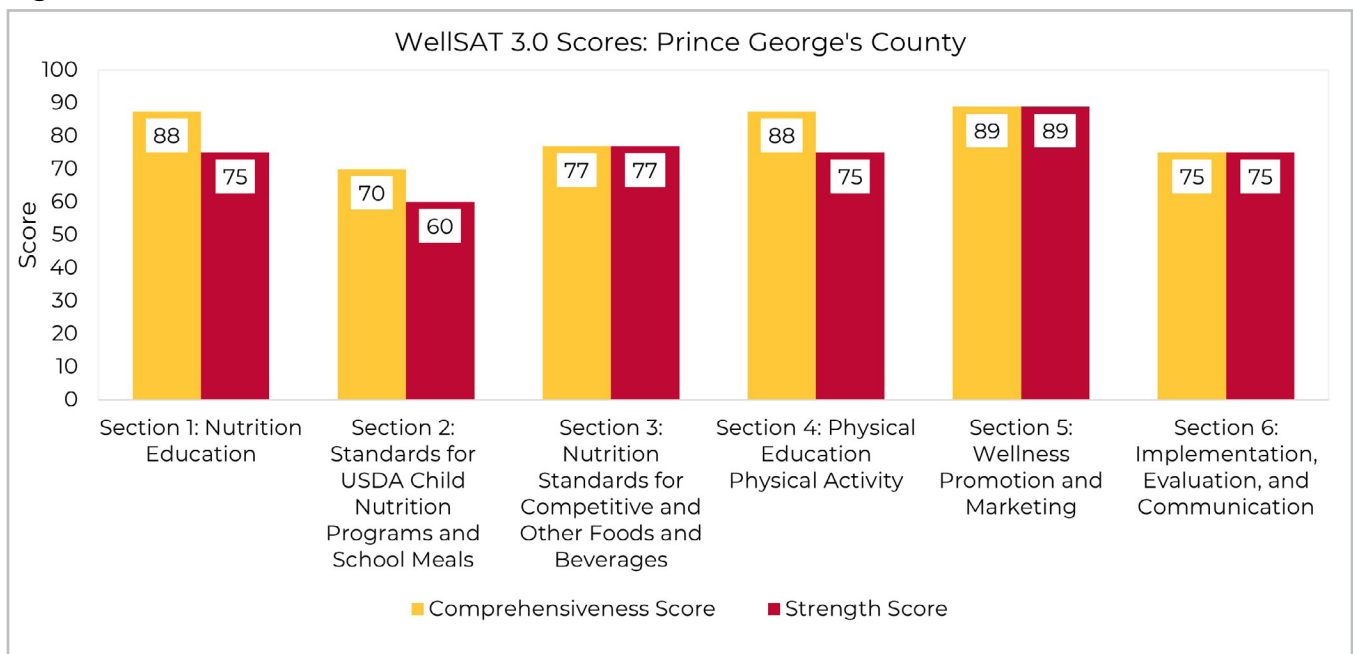
The WellsAT 3.0¹ is a quantitative assessment tool that is designed to score a district's written wellness policy in order to identify its areas of strength and comprehensiveness. Strength refers to how strongly policy goals are stated, while comprehensiveness refers to the number of topics addressed in the policy. Both strength and comprehensiveness scores are provided on a 0 to 100 scale, where higher scores are preferred. This work is based on research conducted by the University of Connecticut Rudd Center for Food Policy & Health on what constitutes a model wellness policy.

WellsAT 3.0 evaluates six policy sections:

1. Nutrition Education
2. Standards for U.S. Department of Agriculture Child Nutrition Programs and School Meals
3. Nutrition Standards for Competitive and Other Foods and Beverages
4. Physical Education and Activity
5. Wellness Promotion and Marketing
6. Implementation, Evaluation, and Communication

WellsAT 3.0 comprehensiveness and strength scores for your LEA in each of the six policy sections, are shown in Figure 1. For benchmarking purposes, average scores across Maryland's public and nonpublic schools are provided in Appendix C.

Figure 1. LEA WellsAT 3.0 Scores.



¹ Adapted with permission from tools created by the [UConn Rudd Center for Food Policy & Health](#).

WELLNESS POLICY BEST PRACTICES

LEAs play a vital role in promoting the health and safety of students and fostering the development of lifelong healthy behaviors. The local school wellness policy developed by the LEA guides practices and procedures for both students and staff to support healthy eating and physical activity. Best practices are actions that assist LEAs and schools in achieving wellness goals that follow the U.S. Department of Agriculture's (USDA) school wellness standards.

The Whole School, Whole Community, Whole Child (WSCC) model is a student-centered framework for addressing health in schools. The framework emphasizes the role of the community in supporting the school, highlights the key connection between health and academic achievement, and provides evidence-based school policies and practices (Source: [CDC Healthy Schools](#)). System administrators and staff can use the WSCC model to create wellness goals that better support the unique needs of their student population. Figure 2 shows the LEA's response to inclusion of the WSCC model categories in the wellness policy. The percentages indicate the prevalence of the category across Maryland LEAs, while the checkmark indicates the inclusion of the category specific to the LEA.

Figure 2. WSCC Model Categories in LEA Wellness Policy.

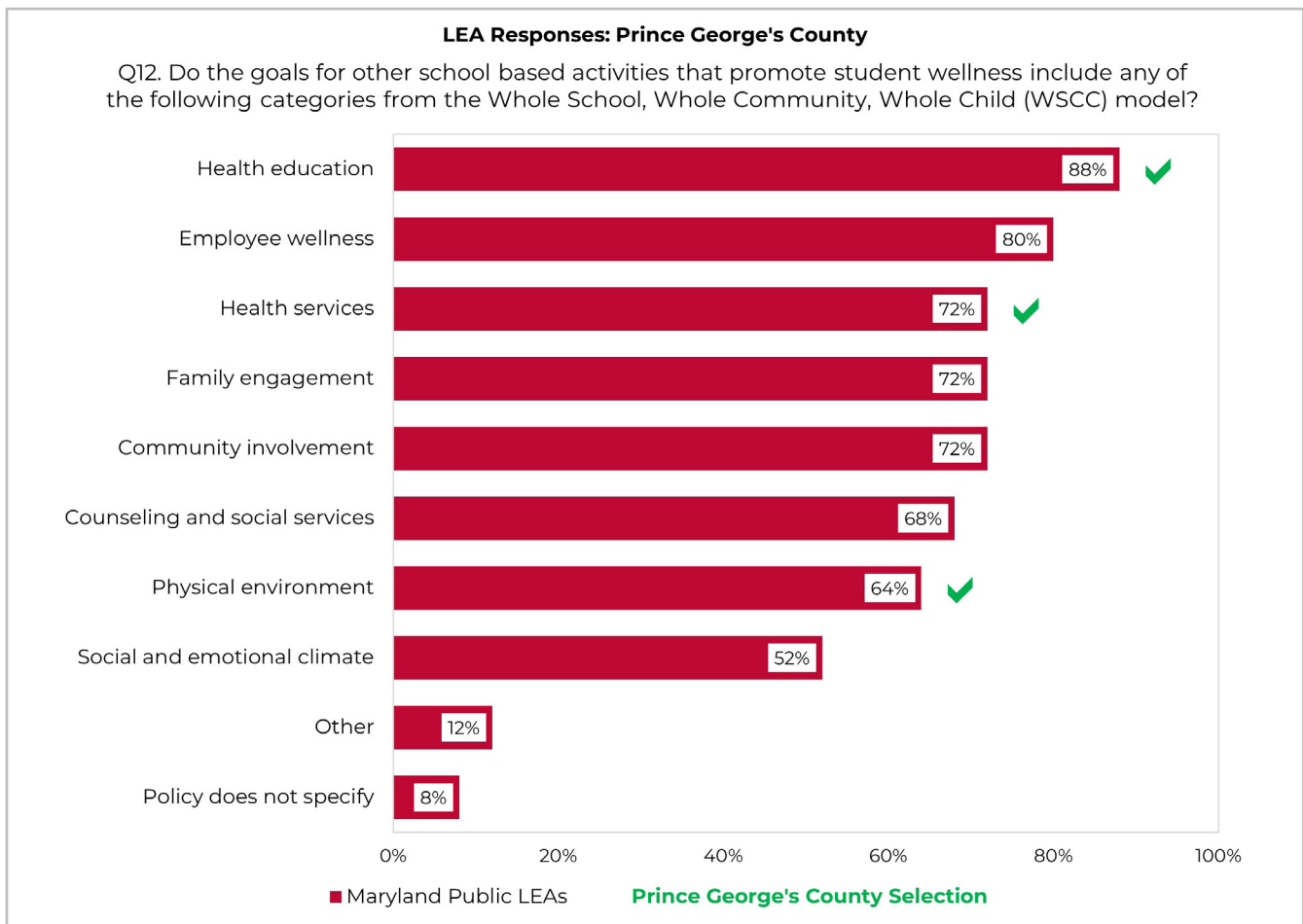
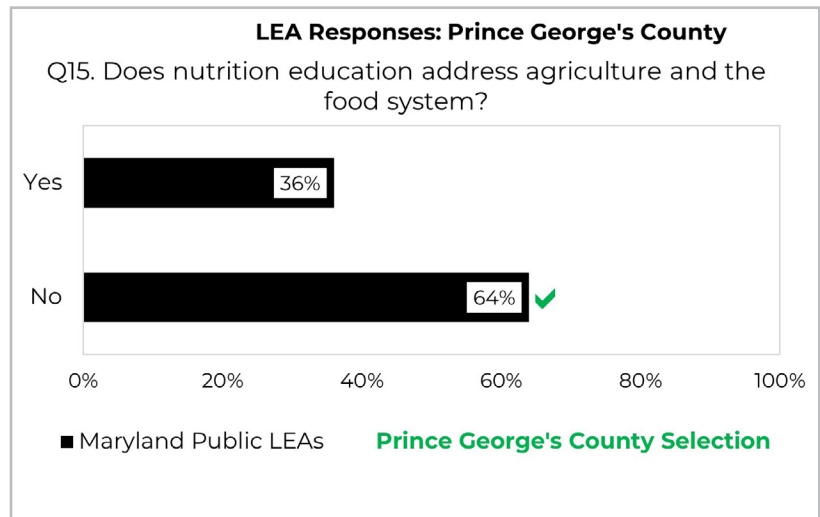




Figure 3. Farm to School Programming in LEA Wellness Policy.

Nutrition education that addresses agriculture and the food system is a key component of Farm to School (F2S). F2S programming facilitates an awareness and appreciation of fresh, locally produced food for students through cafeteria menu items, tastings, education, gardens, farmer visits, and field trips. Students build an understanding of how food gets to the table and are more likely to ask for fresh, locally produced food when it is in season. Figure 3 represents the LEAs response to inclusion of F2S programming in the wellness policy. The percentages indicate the prevalence of F2s programming across Maryland LEAs, while the checkmark indicates the LEA-specific selection.



For an additional resource on F2S programming refer to [“Exploring Maryland Food”](#). The learning module, developed by OSCNP and its partners, follows the major steps in the food system and is designed to empower students to make healthier choices.

Data Byte:

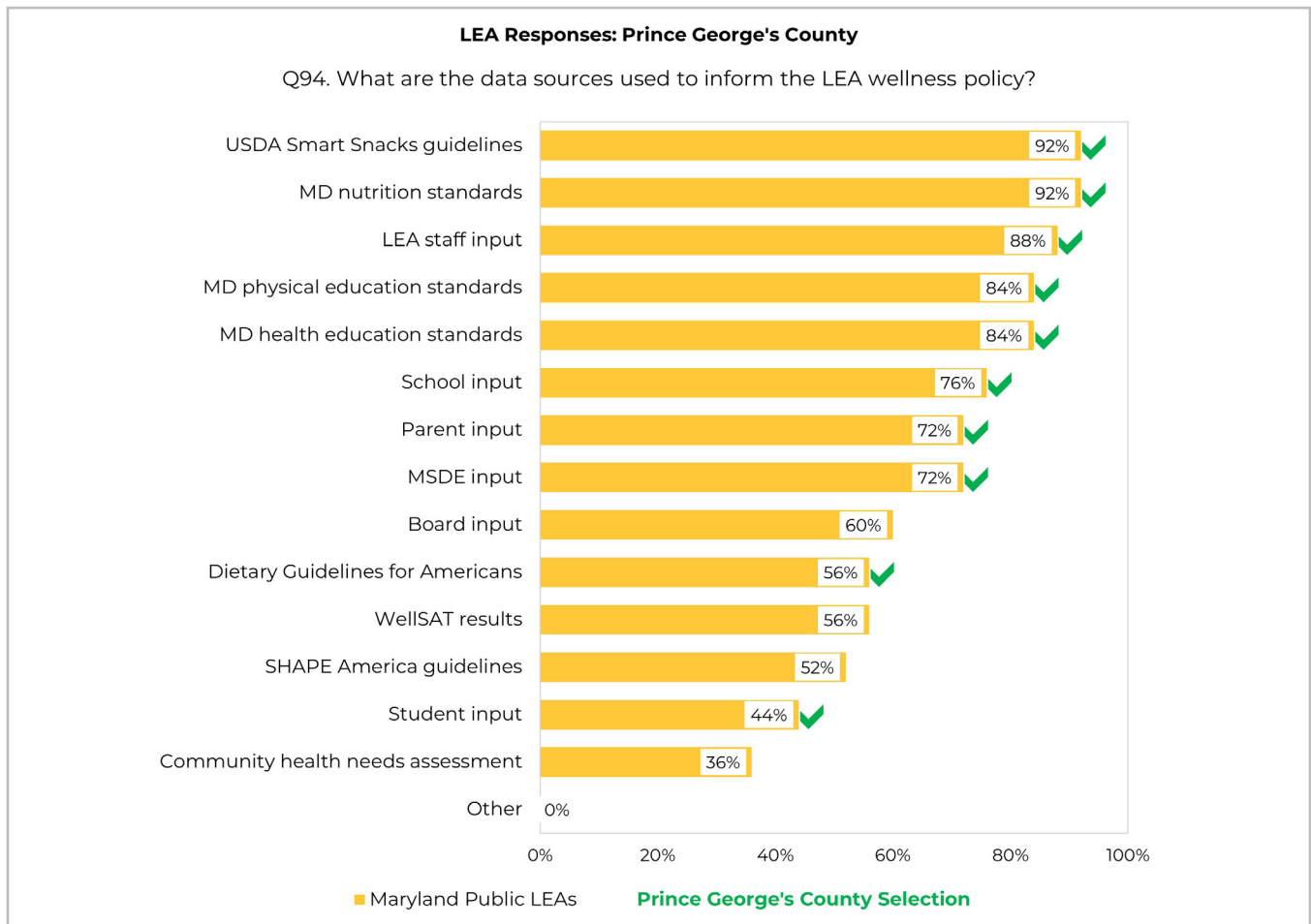


According to the USDA’s 2019 Farm to School Census, 78% of LEAs purchase fresh foods from USDA DoD Fresh and USDA Foods, while 29% of LEAs purchased food directly from local farmersⁱ.

Development of a comprehensive wellness policy requires incorporating a wide range of data sources. Across Maryland, LEAs primarily rely on federal and state standards. A best practice is to include input from other relevant stakeholders. Figure 4 represents utilization of evidence-based resources to inform policymaking. The percentages indicate the prevalence of the data source used across Maryland LEAs, while the checkmark indicates the LEA-specific selection.

The USDA also provides [resources](#) for developing the wellness policy. For additional areas to include in the wellness policy, LEAs may refer to the Community Health Needs Assessment report for their county, review data from the Youth Risk Behavior Surveillance System (YRBSS) or consider conducting a targeted school needs assessment.

Figure 4. LEA Utilization of Evidence-Based Resources.



Data Byte:



The Dietary Guidelines for Americans 2020–2025 recommends that people age 2 years or older limit added sugars intake to less than 10% of their total daily caloriesⁱⁱ.

LEA SPECIFIC GUIDANCE

Federal *regulations* set requirements for local wellness policies. Figure 5 shows six high-priority items selected by the OSNCP for additional review. LEAs were asked to self-assess the language in their wellness policies for these priorities as either “meets or exceeds expectations,” “weak statement,” or “not mentioned.” The OSNCP then further evaluated the priorities. Based on this review, the following corrective actions are required.

Figure 5. Selected Areas of Review.

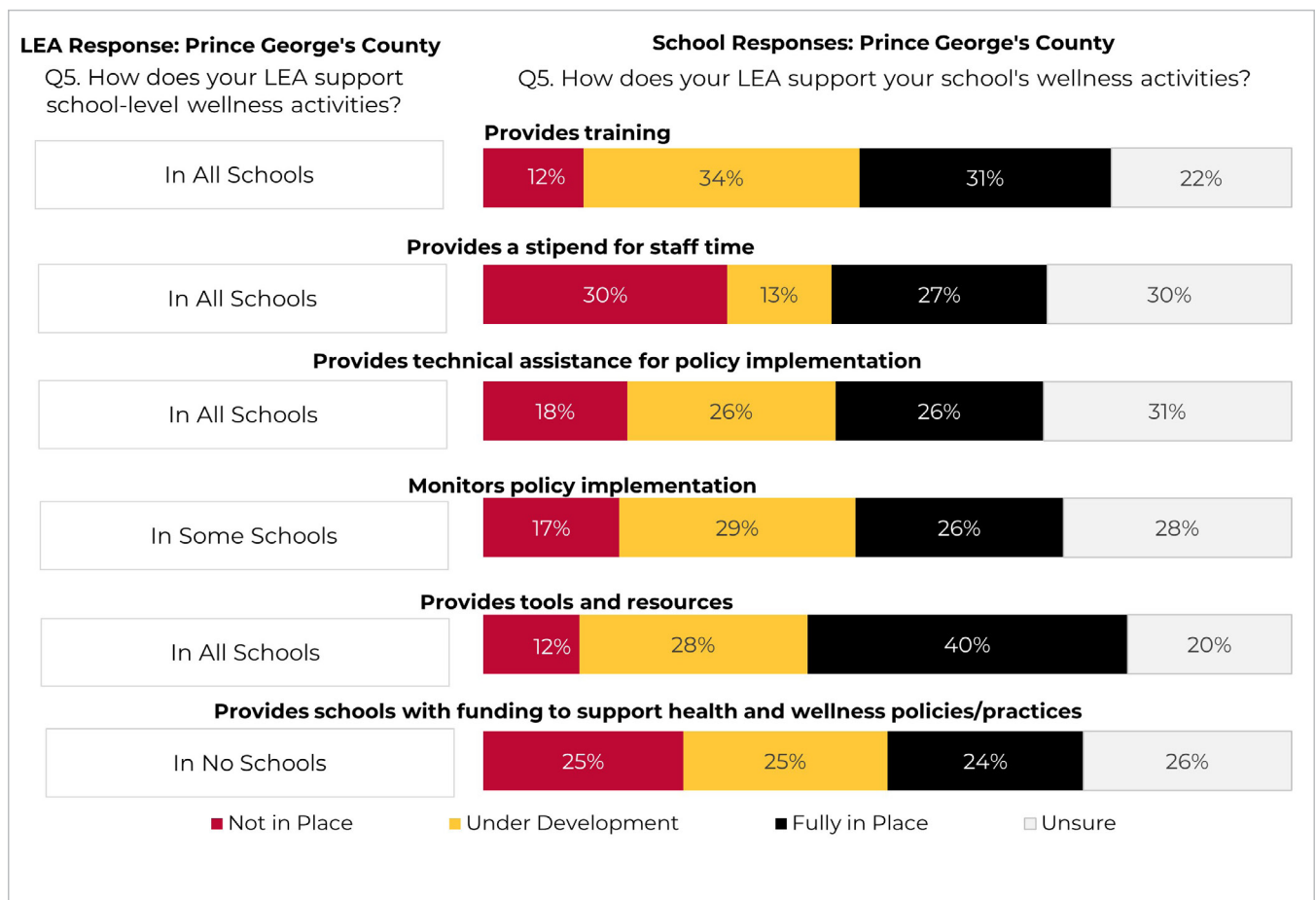
LEA Survey Question	Prince George's County Self-Evaluation	OSNCP Evaluation	Corrective Action Required
Q20. Assures compliance with USDA nutrition standards for reimbursable school meals.	2 - Meets or Exceeds Expectations	2 - Meets or Exceeds Expectations	None required
Q30. Addresses compliance with USDA nutrition standards (commonly referred to as Smart Snacks) for all food and beverages sold to students during the school day.	2 - Meets or Exceeds Expectations	1 - Weak Statement	The LEA shall update the wellness policy to indicate compliance with USDA Smart Snacks standards (7 CFR 210.31(c)(3)(iii)).
Q63. Does your LEA wellness policy indicate specific goals for physical activity?	Yes	Yes	None required
Q70. Restricts marketing on the school campus during the school day to only those foods and beverages that meet Smart Snacks standards.	2 - Meets or Exceeds Expectations	2 - Meets or Exceeds Expectations	None required
Q80. Addresses how all relevant stakeholders (parents, students, representatives of the school food authority, teachers of physical education, school health professionals, the school board, school administrator, and the general public) will participate in the development, implementation, and periodic review and update of the local wellness policy.	2 - Meets or Exceeds Expectations	2 - Meets or Exceeds Expectations	None required
Q82. Addresses making the wellness policy available to the public.	2 - Meets or Exceeds Expectations	1 - Weak Statement	The LEA shall update the wellness policy to indicate how the wellness policy will be made available to the public (7 CFR 210.31(d)).

Assessment of School-Level Implementation

LEA SUPPORT FOR SCHOOL-LEVEL IMPLEMENTATION

School wellness teams play a crucial role in ensuring successful execution and adherence to LEA wellness policies. Schools that perceive LEA support are more likely to implement the written wellness policy with fidelity. Figure 6 shows how the LEA perceives its own support of school-level wellness activities (i.e. “in all schools”, “in some schools”, “in no schools”, or “unsure”) as compared to how schools perceive the support that they receive from the LEA (i.e. “fully in place”, “under development”, “not in place”, or “unsure”) for key areas of support.

Figure 6. LEA and School Responses to Perceived Wellness Policy Support.





COMPLIANCE WITH LEA WELLNESS POLICY

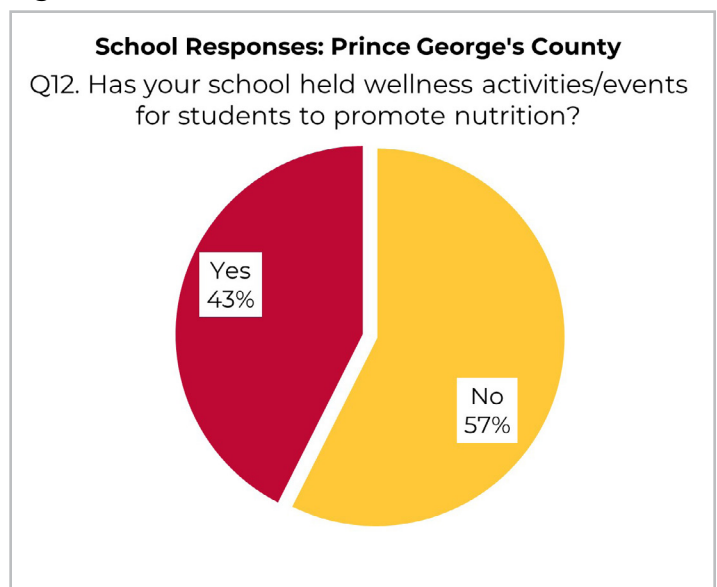
To assess school-level implementation of the LEA wellness policy the analysis turns to select questions from the *School Survey*. By aggregating responses for all participating schools within the LEA we estimate the prevalence of a given practice. Refer to Appendix A for number (n-counts) of responding schools. For select questions, the analysis also includes a response from the *LEA Survey*, indicating the LEA’s self-assessment of whether the item in question “meets or exceeds the expectation.” The questions that were surveyed reflect information frequently not found in the LEA Wellness Policy during an Administrative Review, but are indicated in federal school wellness policy regulations ([7 CFR 210.31](#)) and the MSDE memo - [Questions and Answers on Local School Wellness Policy Final Rule - SM 23-17](#). Results are organized into six sections.

SECTION 1: NUTRITION EDUCATION

The wellness policy should include specific goals for nutrition promotion and education, physical activity, and other school-based activities that are designed to promote student wellness. LEAs can determine other school-based activities based on the diverse needs of its students and staff. For example, institute meditation practice or other self-calming techniques. Or, plan an event in partnership with a mobile dental clinic for students to receive dental sealants.

Figure 7 shows school responses to holding nutrition promotion activities or events.

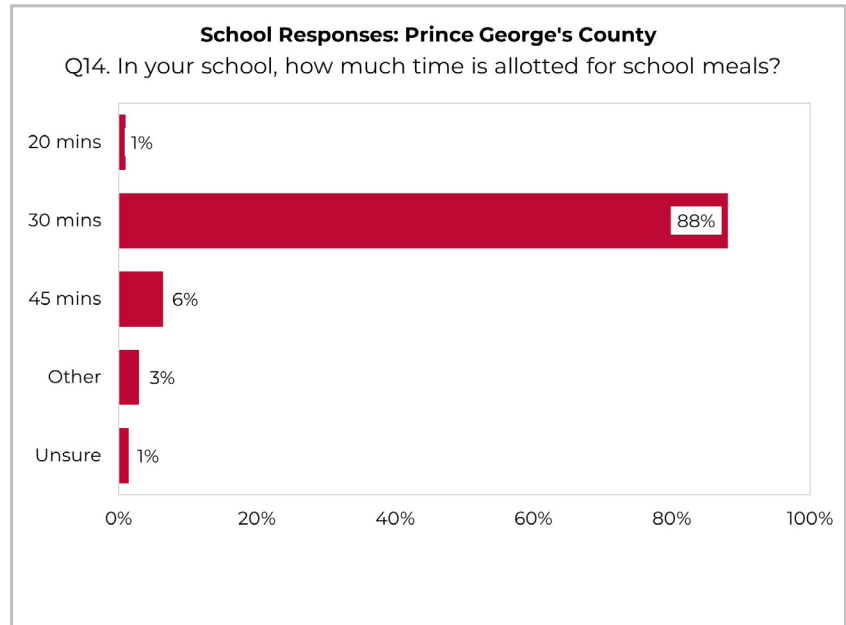
Figure 7. School Wellness Activities.



SECTION 2: STANDARDS FOR USDA CHILD NUTRITION PROGRAMS AND SCHOOL MEALS

Federal regulations stipulate the wellness policy to indicate that all foods and beverages available during the school day are consistent with Federal standards for program meals. The regulations do not indicate how much time should be allotted for meals. However, CDC studies have shown that providing more time for lunch is associated with improved consumption of food and key nutrients, increased selection of fruit, and decreased plate waste. Figure 8 indicates the school responses to how much time is allotted for meals.

Figure 8. Time Allotted for Meals.



SECTION 3: NUTRITION STANDARDS FOR COMPETITIVE AND OTHER FOODS AND BEVERAGES

The wellness policy should indicate that all foods and beverages sold on the school campus during the school day are consistent with Smart Snacks guidelines. Figure 9 shows a comparison between LEA and school responses as to whether the school is aligned with the wellness policy regarding Smart Snacks guidelines.

Smart Snacks guidelines also include food and beverages sold in vending machines. Figure 10 shows school responses to whether students are allowed access to vending machines during the school day.

For those schools that do allow access to vending machines, Figure 11 indicates whether the items are consistent with standards set in the wellness policy. Both LEA and school responses are provided.

Figure 9. Consistency with Smart Snacks Guidelines for Foods Sold Outside of Reimbursable Meal.

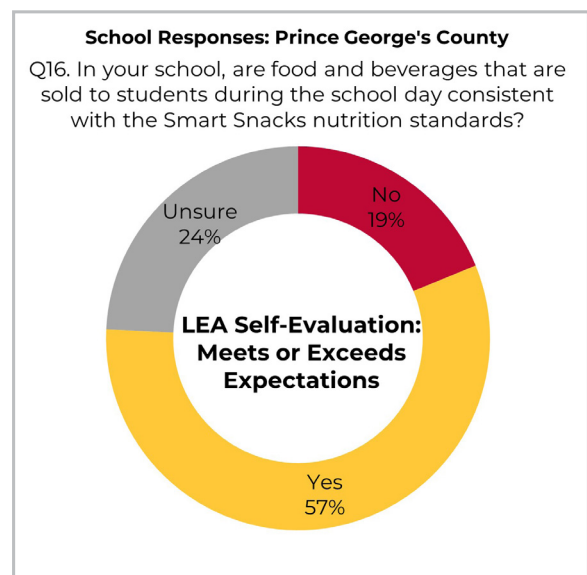


Figure 10. Access to Vending Machines.

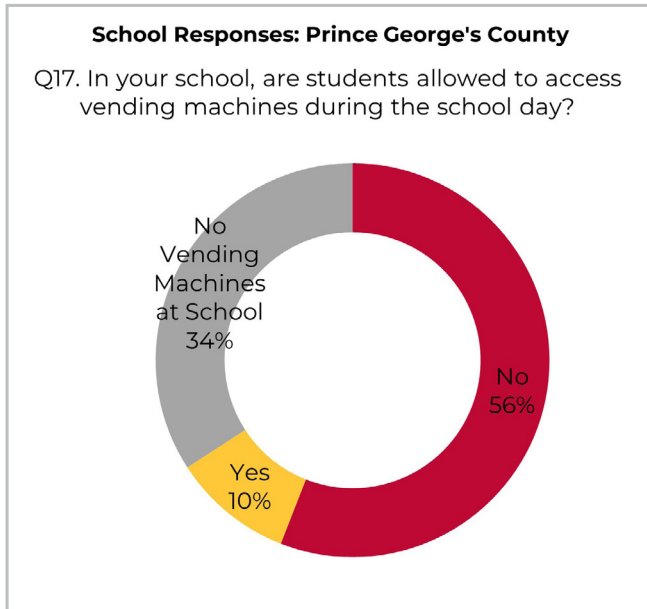
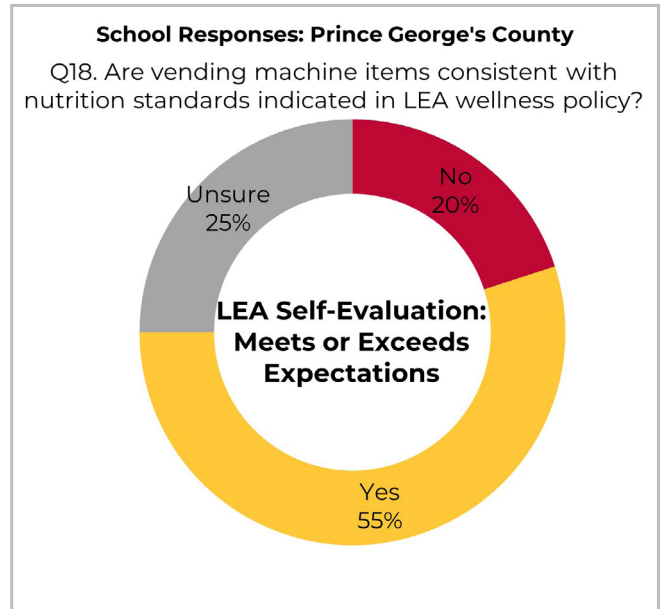


Figure 11. Consistency of Vending Machine Items with Nutrition Standards.



To facilitate consistency with nutrition standards, a recommended practice is to educate staff outside of food services, who have responsibility for stocking vending machines, on the Smart Snacks guidelines.

Figure 12. Sale of Food Fundraising Items.

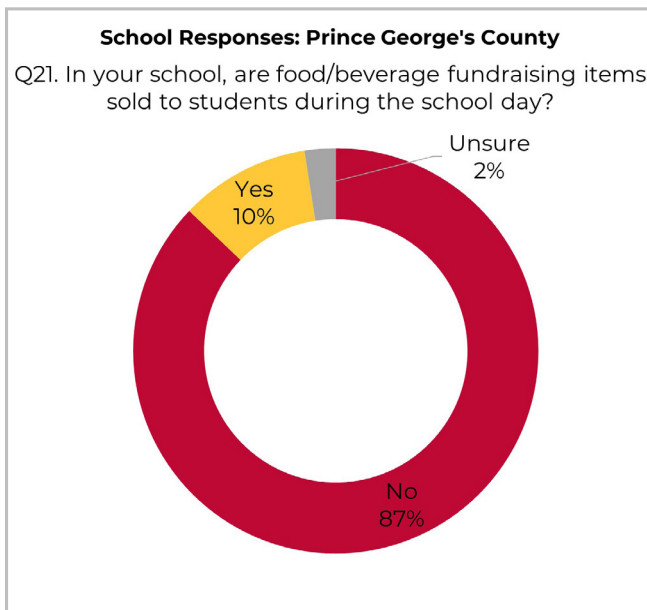
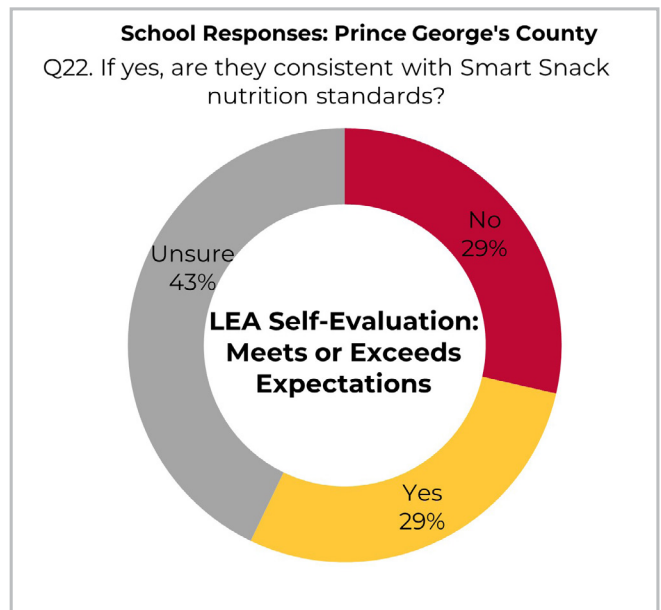


Figure 13. Food Fundraising Items Consistency with Smart Snacks Guidelines.



Smart Snacks guidelines also include food and beverages sold as fundraising items. Schools should ensure fundraising organizers are aware of the regulations and are consistent with Smart Snack guidelines. Figure 12 indicates school responses to whether food and beverages are sold in school fundraisers. For those that that do, Figure 13 shows whether the items are consistent with Smart Snack standards. Both LEA and school responses are provided.



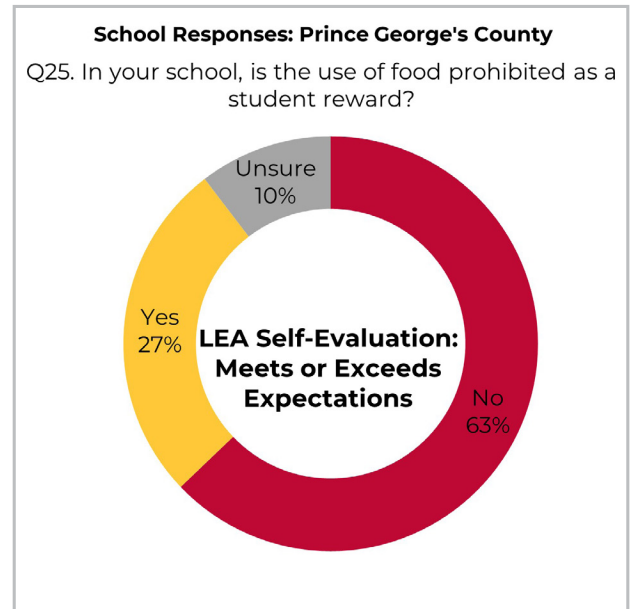
The wellness policy should include guidelines for all foods and beverages available, but not sold to students during the school day (e.g., classroom parties or rewards). Prohibiting food as a student reward is a *best practice*. Figure 14 indicates a comparison between LEA and school responses as to whether the school practice is aligned with the wellness policy regarding the prohibition of food as a student reward.

Data Byte:



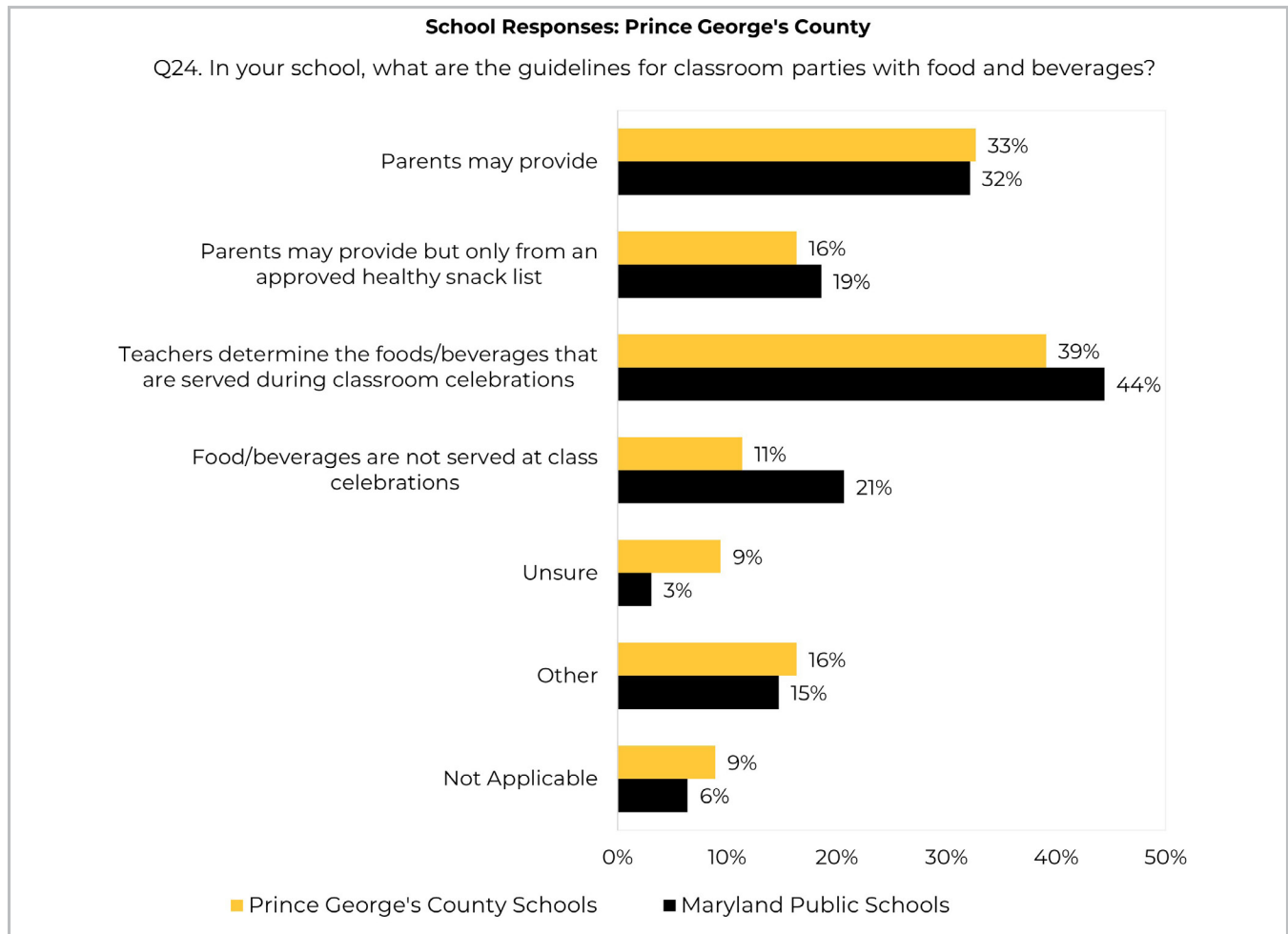
Giving sweets, chips or soda as a reward can lead to children overeating foods that are high in sugar, fat, and empty calories. It also interferes with their natural ability to regulate their eating and encourages them to eat when they're not hungryⁱⁱⁱ.

Figure 14. Food Prohibited as Student Reward.



Food guidelines for classroom parties are at the discretion of the LEA. Across Maryland schools, teachers typically decide what foods and beverages to serve during these celebrations. Figure 15 shows the school responses to the guidelines provided related to classroom parties. Responses for all schools within the LEA, as well as across Maryland are included for comparison.

Figure 15. Guidelines for Food during Classroom Parties.



Data Byte:



Just over 1 in 3 young adults aged 17-24 has a BMI over 27.5 and is too heavy to serve in our military^{iv}.

SECTION 4: PHYSICAL EDUCATION AND ACTIVITY

The USDA encourages LEAs to require a specific length and frequency for physical activities in schools. The Centers for Disease Control and Prevention (CDC) *recommends* 60 minutes of physical activity every day for children and adolescents. Figures 16 and 17 show school responses to the frequency and length of physical activity breaks, respectively.

Figure 16. Frequency of Activity Breaks.

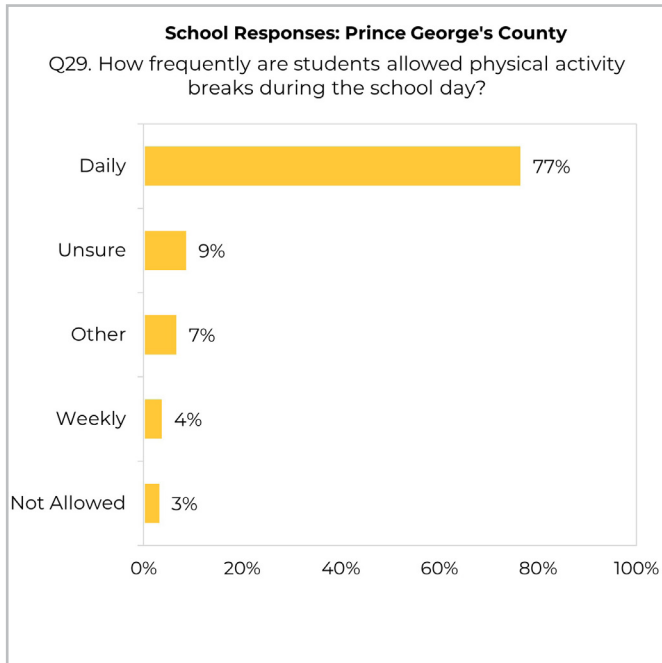
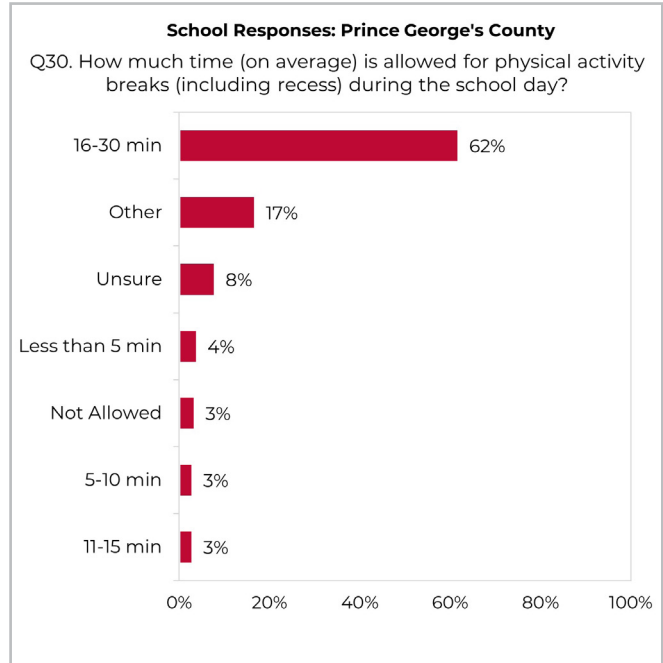


Figure 17. Length of Activity Breaks.



Data Byte:



41% of Maryland children aged 6-17 years did not participate in a sports team or take sports lessons after school or on weekends in 2022^v.

Data Byte:



The CDC recommends creating school environment that encourages a healthy body image, shape, and size among all students and staff members, is accepting of diverse abilities, and does not tolerate weight-based teasing^{vi}.

Data Byte:



Studies have identified a strong, comprehensive body of evidence demonstrating the powerful influence of food marketing exposure linking food marketing to childhood obesity^{vii}.



SECTION 5: WELLNESS PROMOTION AND MARKETING

The wellness policy should state that food and beverage marketing and advertising for items sold during the school day is allowed only if they meet Smart Snacks guidelines. This includes items sold through vending machines and school fundraisers.

Figure 18 shows school responses to whether marketing of items sold to students during the school day is aligned with Smart Snacks guidelines. The corresponding LEA response is included. Where marketing does take place, Figure 19 shows whether marketing of items sold in vending machines is aligned with Smart Snacks guidelines.

Figure 18. Marketing of Foods Sold During the School Day.

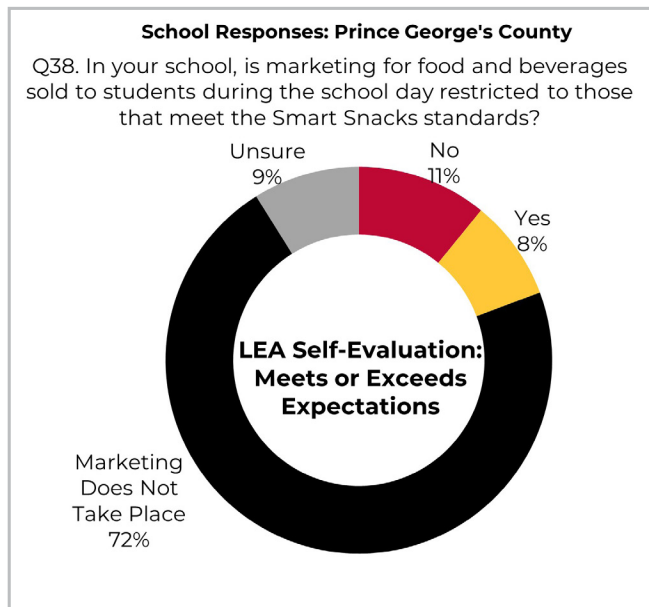


Figure 19. Alignment of Vending Machine Marketing with Smart Snacks Guidelines.

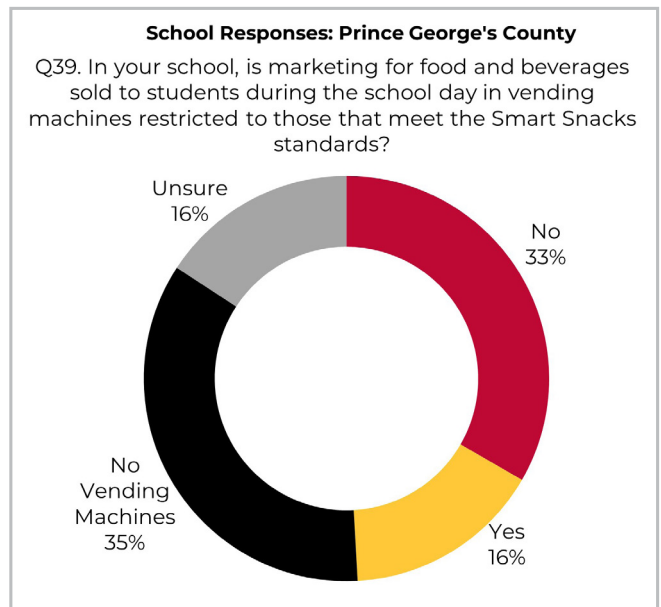


Figure 20 shows school responses to whether marketing of items sold in fundraisers are aligned with Smart Snacks Guidelines. Figure 21 indicates school responses for alignment of food fundraising items with Smart Snacks Guidelines.

Figure 20. Marketing of Food Fundraising Items.

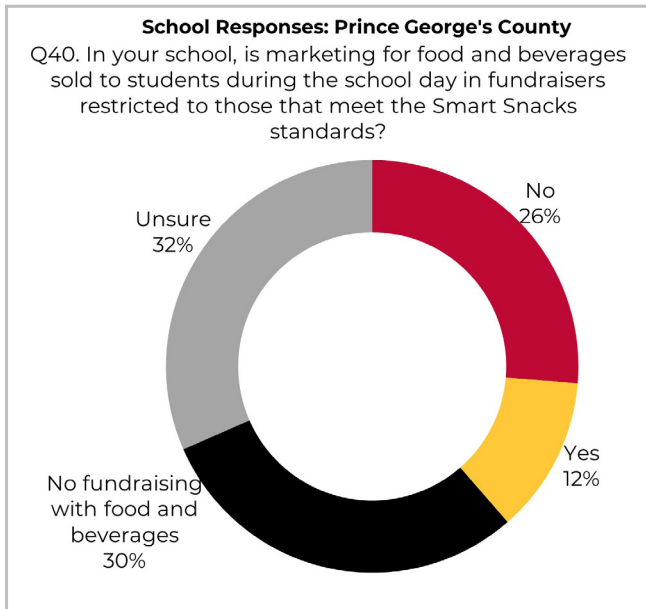
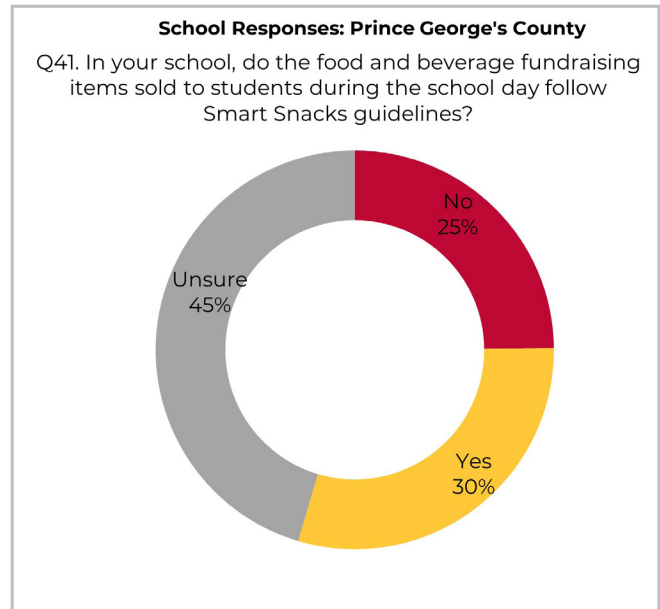
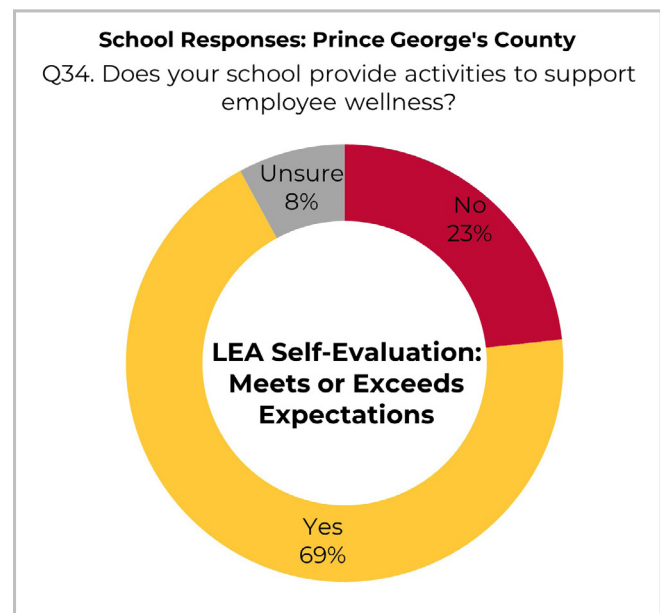


Figure 21. Alignment of Food Fundraising Items with Smart Snacks Guidelines.



Along with student wellness, wellness policies should provide guidelines that address employee wellness. *Employee wellness* is also a component of the CDC's Whole School, Whole Community, Whole Child, (WSCC) model. Figure 22 shows a comparison between LEA and school responses to whether activities to support employee wellness are offered.

Figure 22. Employee Wellness Activities.



Data Byte:



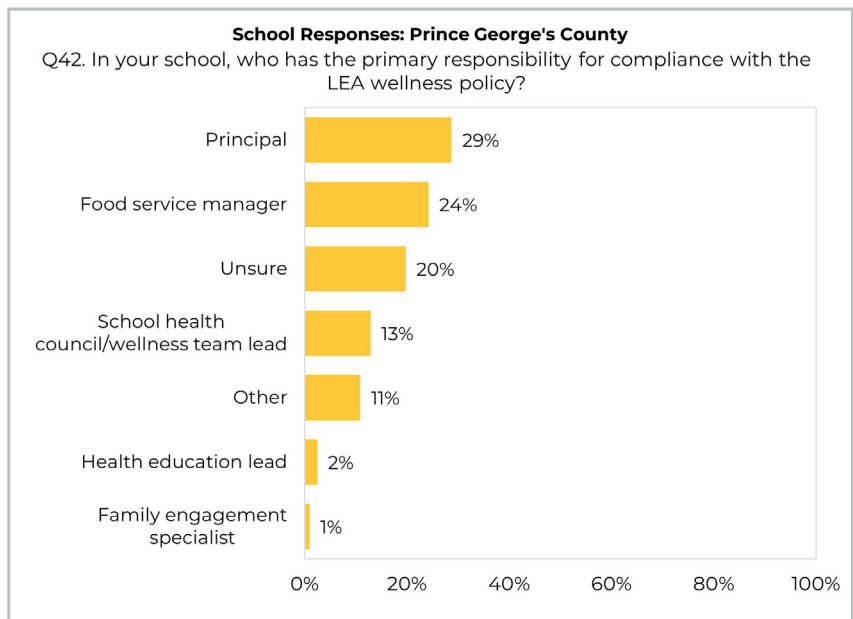
49% of employers in a Kaiser Family Foundation study indicated that wellness programs were effective at improving health and well-being of their staff ^{viii}.

SECTION 6: IMPLEMENTATION, EVALUATION, AND COMMUNICATION

The wellness policy should indicate that parents, students, LEA representatives, physical education teachers, school health professionals, the school board, school administrators, and members of the public at-large will be invited to participate in the development, implementation, and periodic review and update of the wellness policy. The wellness policy can also assign responsibility for school-level compliance with the policy to a person or entity. Figure 23 shows school responses to who has this role across schools.

While the LEA is responsible for developing the wellness policy, a best practice is for each school to have a wellness committee or health council to facilitate implementation, monitoring, and compliance of the policy at the school-level. Figure 24 shows school responses to whether a school-level health council is present at the site.

Figure 23. Responsibility for Policy Compliance.

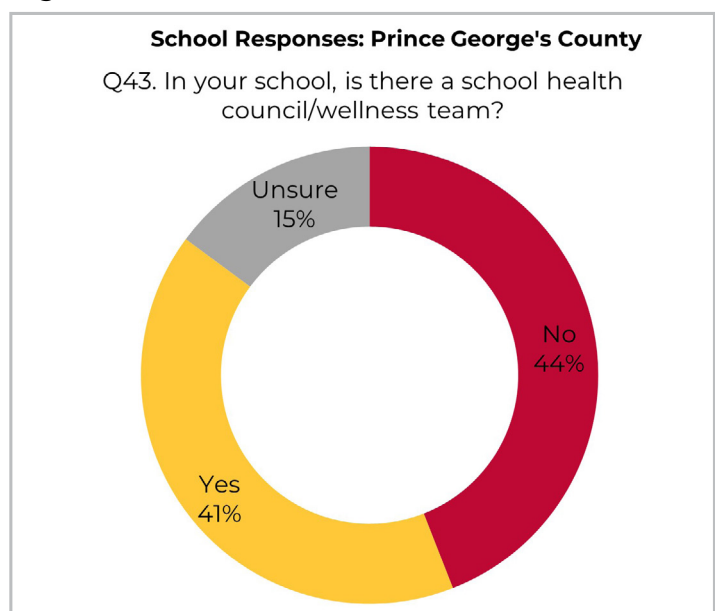


Data Byte:



School is the ideal setting for promotion of student's wellbeing which can reduce the prevalence of unhealthy outcomes and improve academic achievement^{ix}.

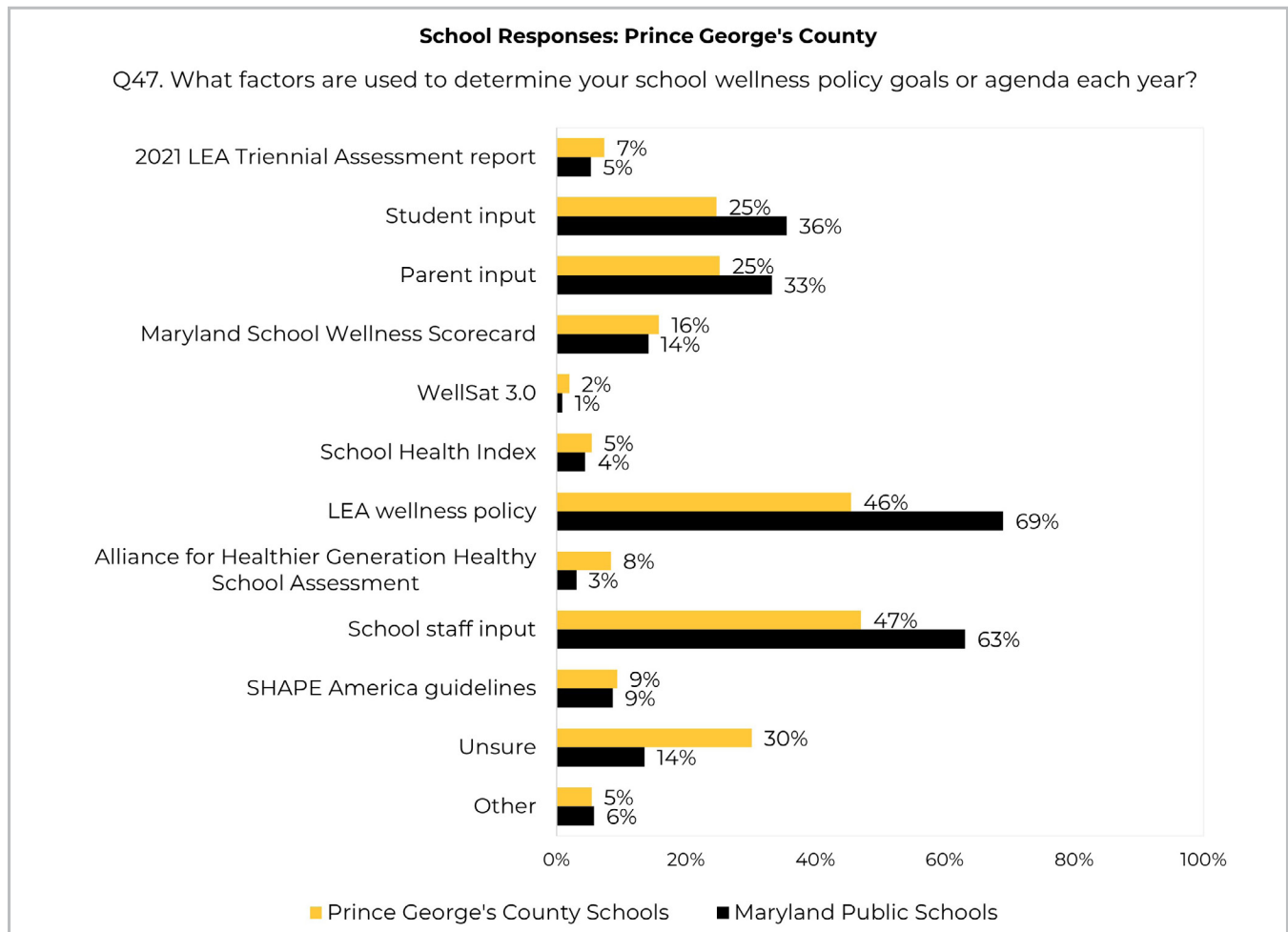
Figure 24. Establishment of School Health Council.





Wellness policy goals in schools should be informed by a variety of sources, including but not limited to the policy and policy assessments. The wellness policy regulation requires LEAs to notify the public annually of the local school wellness policy, and any updates to the policy. Figure 25 shows school responses to how policy goals are determined across schools.

Figure 25. Factors Determining Policy Goals.



LEAs are encouraged to consider the reasons that schools may implement wellness practices that are not indicated in the LEA wellness policy. For example, there may be school-level physical or mental health needs that the wellness policy does not address. Figure 26 shows school responses to whether they implement wellness practices that are not included in the LEA wellness policy.

Figure 26. Wellness Practices Not Included in LEA Policy.

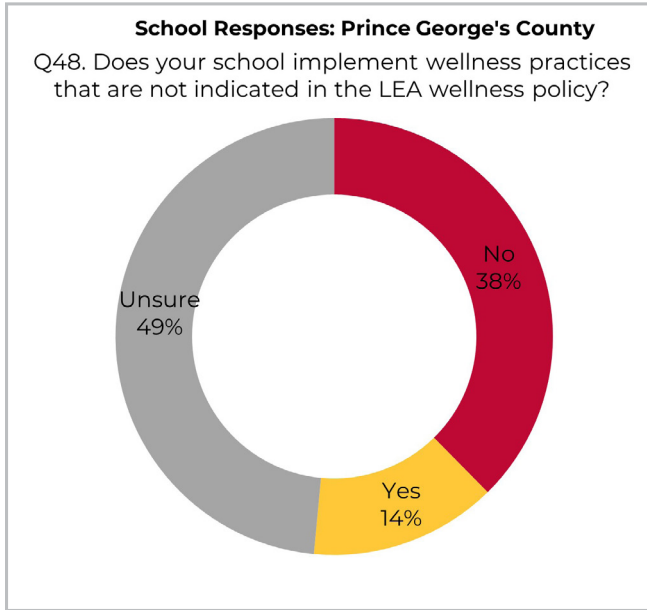
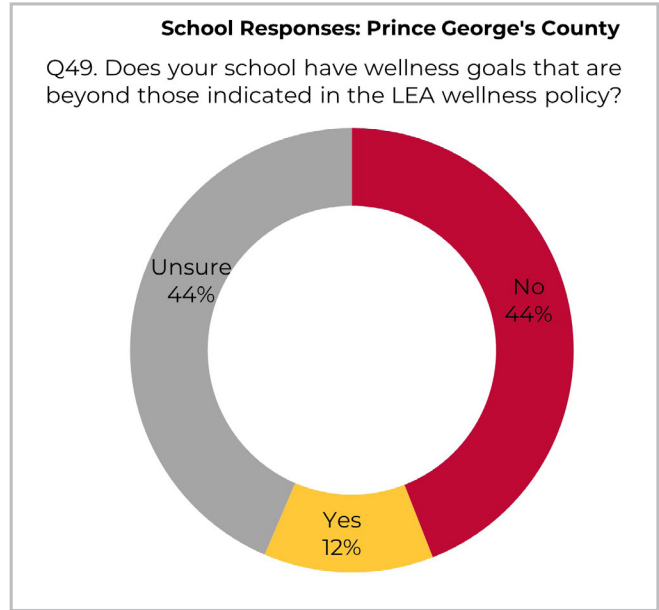


Figure 27. Wellness Goals Not Included in LEA Policy.



LEAs can also consider whether there are school-level goals that go beyond those indicated in the LEA wellness policy. Figure 27 shows school responses to existence of goals that are not indicated in the LEA wellness policy.

Data Byte:



Data Byte: 66% of US high school students with mostly A's ate vegetables (green salad, potatoes [excluding French fries, fried potatoes, or potato chips], carrots, or other vegetables, during the 7 days before the survey compared to only 52% of students with mostly D/F's^x.

General Guidance

SUPPORTING SCHOOL-LEVEL IMPLEMENTATION

Maryland’s ten recommendations for LEAs to promote wellness policy implementation in schools are built around three themes: build, communicate, and monitor.

Build	Communicate	Monitor
<ol style="list-style-type: none"> 1. Maintain a system-level school health council. 2. Identify funding to support policy implementation. 3. Communicate implementation plan to the public. 4. Train staff to support policy implementation. 	<ol style="list-style-type: none"> 5. Report policy goals to local school board. 6. Communicate system-level wellness initiatives to school-level wellness councils. 7. Communicate progress in wellness policy implementation to public. 	<ol style="list-style-type: none"> 8. Hold regular policy meetings to review current policies. 9. Measure semi-annual or annual progress in achieving system wellness goals. 10. Provide technical assistance for the evaluation and reporting of policy implementation.

FOODS SOLD OUTSIDE OF THE REIMBURSABLE MEAL (A LA CARTE MEALS/SNACKS)

Foods sold outside of the reimbursable meal between 12:01 am and thirty minutes after the end of the school day should comply with USDA Smart Snacks guidelines and the [Maryland Nutrition Standards for All Foods Sold in School](#). Below are some tips for ensuring up to date standards in your policy:

1. The MD Standards should be posted to your website in your school meals section. It should also be shared with each schools’ food service team.
2. The wellness policy should refer to the Standards and/or the Smart Snacks guidelines in the policy sections where a la carte meals are discussed.
3. It is not recommended that the policy state specific guidelines (e.g., sodium levels). Guidelines may change before the policy can be updated and approved by the school board.
4. There are volume limits on allowed beverages indicated in the Standards based on age/grade level.
5. These standards are supplemental to the meal requirements for reimbursable meals in the National School Lunch (NSLP) and School Breakfast Program (SBP)
6. It is recommended that the policy state where a la carte items are sold (e.g., vending machines, school stores, etc.).
7. If food/beverages outside of the reimbursable meal are not sold, it is recommended that the wellness policy indicate this information.

Summary

The 2024 Wellness Policy Triennial Assessment Data Report provides an overview of the LEA's written wellness policy and its implementation at the school level. It is expected that LEAs can utilize this data to evaluate the effectiveness of their policies. These include identifying:

- Areas of strength where schools are fully implementing practices that align with the policy.
- Areas with weak language or where schools are partially implementing practices.
- Areas that lack requisite language or implementation of the LEA wellness policy by schools.
- Areas of policy or school practice that are opportunities for growth.

The wellness policy lays the foundation for a school environment that promotes student health, wellbeing, and improved academic outcomes. As such, it provides a valuable contribution to overall student success.

Appendix

APPENDIX A: SCHOOL SURVEY PARTICIPATING SCHOOLS

The Triennial Assessment is based on responses from 1,434 public and nonpublic schools. Table 1 shows n-counts for *School Survey* responses for each of the nonpublic and public LEAs. Counts do not include schools that have been exempted from the assessment with prior approval.

Table 1. *School Survey* n-counts by LEA.

Nonpublic LEAs		Public LEAs	
LEA Name	Number of Schools	LEA Name	Number of Schools
Archdiocese of Baltimore	11	Allegany County	23
Bais Yaakov School for Girls	1	Anne Arundel County	125
Bishop Walsh School	1	Baltimore County	169
Bnos Yisroel Of Baltimore	1	Baltimore City	154
Board of Childcare	1	Calvert County	23
Congregation Ohel Levi Yitzchok Lubavitch	1	Caroline County	9
Department of Health & Mental Hygiene	3	Carroll County	41
Don Bosco Cristo Rey	1	Cecil County	28
Kennedy Krieger	2	Charles County	41
Maryland Department of Juvenile Services	8	Dorchester County	11
Maryland School for the Blind	1	Frederick County	69
Montgomery County Correctional Facility	1	Garrett County	14
PHILLIPS Programs	1	Harford County	53
Maryland School for the Deaf	2	Howard County	77
St. Elizabeth School	1	Kent County	5
St. Ignatius Loyola Academy	1	Montgomery County	211
Torah Institute of Baltimore	1	Prince George's County	202
Talmudical Academy of Baltimore	1	Queen Anne's County	14
Woodbourne Center	1	SEED School of MD	1
Total Nonpublic Schools	40	Somerset County	7
		St. Mary's County	27
		Talbot County	8
		Washington County	44
		Wicomico County	25
		Worcester County	13
		Total Public Schools	1,394

APPENDIX B: STRENGTHENING THE POLICY LANGUAGE

LEA Survey participants were asked to rate the strength of the policy language for specific topics. The response options provided are “0”, “1”, or “2” with the following definitions:

0 - Not Mentioned

- The item is not included in the text of the policy.

1 - Weak Statement Assign a rating of “1” when the item is mentioned, but

- The policy will be hard to enforce because the statement is vague, unclear, or confusing.
- Statements are listed as goals, aspirations, suggestions, or recommendations.
- There are loopholes in the policy that weaken enforcement of the item.
- The policy mentions a future plan to act without specifying when the plan will be established.

Words often used in statements rated as a “1” are: may, can, could, should, might, encourage, suggest, urge, some, partial, make an effort, and try.

2 - Meets or Exceeds Expectations Assign a rating of “2” when the item is mentioned and it is clear that the policy makers are committed to making the item happen because:

- Strong language is used to indicate that action or regulation is required.
- The item is described with concrete plans or strategies for implementation.

Words often used in statements rated as a “2” are: shall, will, must, have to, insist, require, all, total, comply, and enforce.

The Maryland-specific examples below illustrate weak and strong wellness policy language:

Policy Item	Example Weak Language	Example Strong Language
Food/Beverage Marketing	Marketing strategies, such as taste tests and signage in the cafeteria, should be used to promote healthy food and beverages throughout the school.	Any foods and beverages marketed or promoted to students on the school campus during the school day, will meet or exceed the “Maryland Nutrition Standards for All Foods Sold in Schools” such that only those foods that comply with or exceed those nutrition standards are permitted to be marketed or promoted to students.
Public Involvement in the Development, Review, and Update of the Policy	Students, parents, and/ or community members are welcome to join the wellness committee.	School Wellness Council reviews the District Wellness Policy every three years. Members of the School Health/Wellness Council will represent all school levels and include, but not be limited to parents and caregivers; students; representatives of the school nutrition program physical education teachers; health education, mental health and social services staff, the general public etc.
Foods Provided but Not Sold During the School	We will allow one traditional party food during celebrations.	Incentives or awards for student achievement shall be non-food health-minded incentives e.g., extra recess, leadership opportunities, brain boost, public acknowledgment of achievements.

APPENDIX C: MARYLAND WELLSAT 3.0 SCORES

An average of the WellsAT 3.0 comprehensiveness and strength scores across Maryland's 25 public (including the SEED School) and 19 nonpublic LEAs in each of the six policy sections, are shown below.

Figure 28. Aggregated WellsAT 3.0 Scores for Public LEAs.

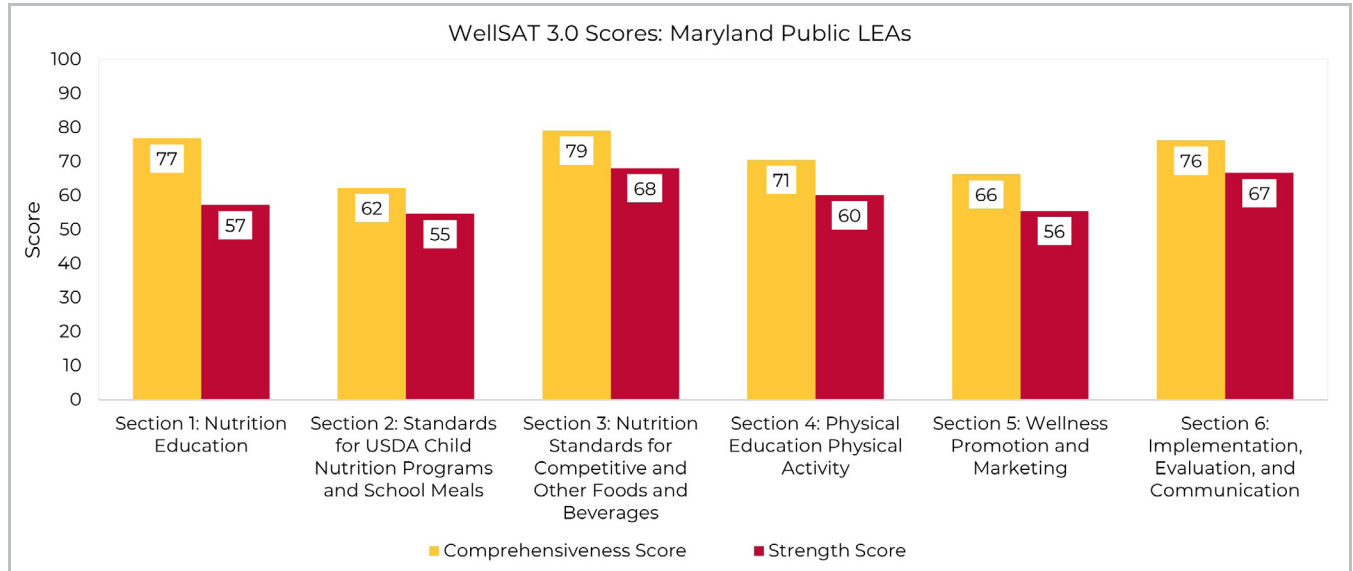
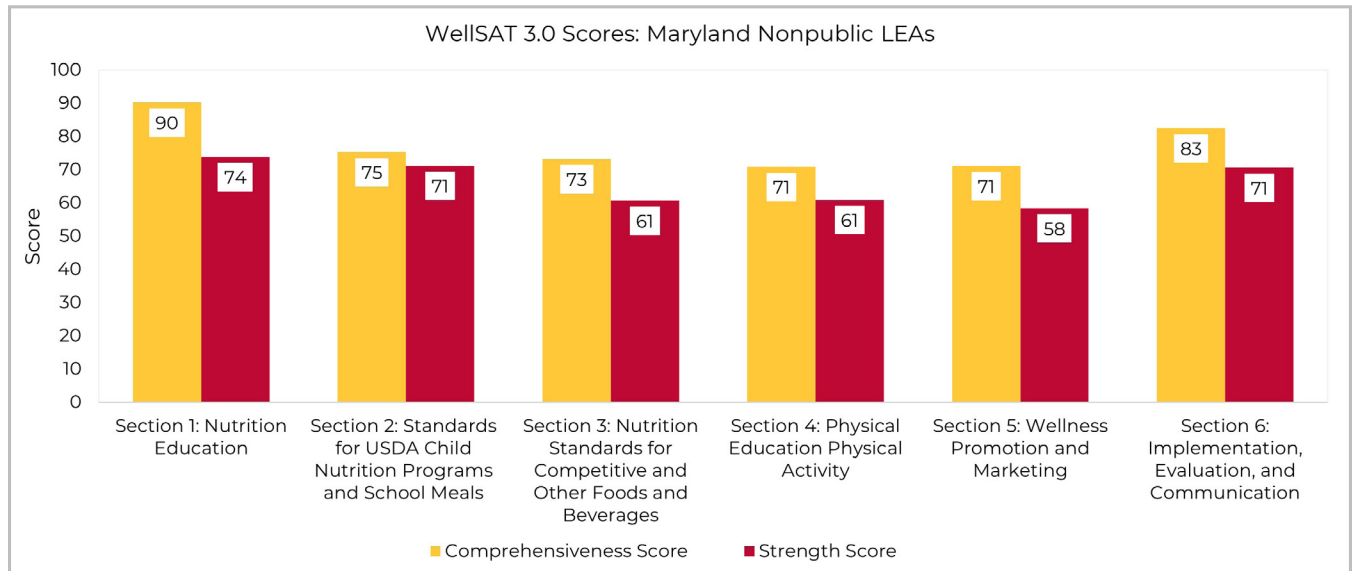


Figure 29. Aggregated WellsAT 3.0 Scores for Nonpublic LEAs.



A portrait of Dr. Carey Wright, the Maryland State Superintendent of Schools, is shown in a red-tinted overlay. She is wearing glasses and a patterned jacket. The text 'DR. CAREY WRIGHT' is overlaid in a dark red box on the left side of her portrait.

DR. CAREY WRIGHT

STATE SUPERINTENDENT OF SCHOOLS

Maryland State Superintendent of Schools.

APPENDIX D: MARYLAND STATE EDUCATION SUPERINTENDENT APPLAUDS WELLNESS WORK

Maryland State Department of Education Superintendent, Dr. Carey Wright applauds local school health councils in a welcome address [video](#) to participants of the 2024 Maryland State School Health Council Annual Conference. Dr. Wright indicates the importance of wellness policies in supporting the whole child and achieving the aims of the Blueprint for Maryland's Future.



ACKNOWLEDGEMENTS

This report was prepared by Maryland State Department of Education (MSDE) staff:

- Sabir Nazarov, MA
- Leslie Sessom Parks, MSW
- Aderonke Adegbite, RD, MPH
- Sabina Chatterji-Len (intern)

The report was funded, at least in part, with federal funds from the U.S. Department of Agriculture (USDA). The contents of this publication do not necessarily reflect the view or policies of the USDA, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

MSDE and USDA are equal opportunity providers.

For questions, contact:

Leslie Sessom Parks

Office of School and Community Nutrition Programs

Maryland State Department of Education)

leslie.sessomparks@maryland.gov

REFERENCES

- ⁱ U.S. Department of Agriculture. *2019 Farm to School Census State Summary*. Schools serving local food: <https://farmtoschoolcensus.fns.usda.gov/census-results/census-data-explorer>
- ⁱⁱ Dietary Guidelines for Americans 2020–2025. <https://www.dietaryguidelines.gov/2020-2025-dietary-guidelines-online-materials/top-10-things-you-need-know>
- ⁱⁱⁱ University of Rochester Medical Center. Why Parents (Schools) Shouldn't Use Food as Reward or Punishment. <https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=160&ContentID=32>
- ^{iv} Centers for Disease Control and Prevention. <https://www.cdc.gov/physicalactivity/resources/unfit-to-serve/index.html>
- ^v Data Resource - Center for Child and Adolescent Health. <https://www.childhealthdata.org/browse/survey/results?q=10365&r=22>
- ^{vi} Centers for Disease Control and Prevention. School Health Guideline - School Environment Strategy. <https://www.cdc.gov/healthyschools/npao/strategies.htm>
- ^{vii} National Center for Education Statistics. Food Marketing Influences Children's Attitudes, Preferences and Consumption: A Systematic Critical Review. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6520952/>
- ^{viii} Kaiser Family Foundation. <https://www.kff.org/report-section/ehbs-2022-section-12-health-screening-and-health-promotion-and-wellness-programs/>
- ^{ix} School as Ideal Setting to Promote Health and Wellbeing Among Young People. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7723000/#:~:text=Results%3A%20The%20promotion%20of%20students,and%20improve%20their%20academic%20achievements>
- ^xCenters for Disease Control and Prevention. https://www.cdc.gov/healthyschools/health_and_academics/health_academics_dietary.htm