

**INSTRUCTIONS FOR
LOCAL WELLNESS POLICY CHECKLIST
FORM FND-105**

SECTION A

1. APPLICANT INFORMATION

- **School Food Authority (SFA) or Special Milk Program (SMP) Contracting Organization Name:** Enter the name of the school district, private school, Residential Child Care Institution (RCCI) or SMP contracting organization. School district is designated as an independent school district or charter school.
 - **County District/Program No.:** Provide a county district number for school districts. Program numbers are required for private schools, RCCI or SMP contracting organization sites.
 - **Education Service Center (ESC) Region No.:** Enter the ESC region number for the SFA or SMP contracting organization.
 - **Authorized Representative Name:** SFAs may provide the Child Nutrition Program (CNP) Director or Authorized Representative Name when completing the form. Private school, RCCI or SMP contracting organization sites must provide the name of the current Authorized Representative on file.
 - **ESC Child Nutrition Program (CNP) Specialist's Name:** Enter the name of the ESC CNP Specialist's name.
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SECTION B

1. IMPLEMENTATION

- Please check one of the boxes Yes, No, or N/A. A box marked "Yes" shows compliance with program regulations. A response of "No" indicates an area of non-compliance. A box marked "N/A" indicates the question is not applicable according to program regulations or the implementation of the local wellness policy. A "No" or "N/A" comment requires a comment in the notes section.

2. DEVELOPMENT OF POLICY

- Questions 1 through 6 include the minimum number of groups that should be involved as participants in the local wellness policy.

NOTES:

- A box marked "No" or "N/A" requires an explanation. The "N/A" box can only be marked if the question is not applicable to program regulations.

3. GOALS AND GUIDELINES

- Questions 1 through 5 include the minimum number of goals and guidelines included in the local wellness policy.

NOTES:

- A box marked "No" or "N/A" requires an explanation. The "N/A" box can only be marked if the question is not applicable to program regulations.

4. MEASUREMENT OF IMPLEMENTATION

- Questions 1 through 4 include additional steps within the implementation of the local wellness policy.

NOTES:

- A box marked "No" or "N/A" requires an explanation. The "N/A" box can only be marked if the question is not applicable to program regulations.

SECTION C

1. SIGNATURES

- Public school districts may provide the Child Nutrition Program (CNP) Director or Authorized Representative Name when completing the form. Provide the title of the person signing the form. Private schools, RCCIs or SMP contracting organization sites must provide the name of the current Authorized Representative on file.

SECTION D

1. FEDERAL/STATE POLICIES AND PROCEDURES

- This section reviews federal and state policies and procedures.
- This section reviews the responsibilities of the TDA Food and Nutrition Division (FND)
- This section reviews the responsibilities of the SFA/SMP Contracting Organization School Nutrition Program and Authorized Representative.