

**TITLE 6            PRIMARY AND SECONDARY EDUCATION**  
**CHAPTER 12       PUBLIC SCHOOL ADMINISTRATION - HEALTH AND SAFETY**  
**PART 6            SCHOOL DISTRICT WELLNESS POLICY**

**6.12.6.1            ISSUING AGENCY:** Public Education Department  
[6.12.6.1 NMAC - N, 02-28-06]

**6.12.6.2            SCOPE:** This regulation applies to public schools in New Mexico unless otherwise expressly limited.  
[6.12.6.2 NMAC - N, 02-28-06]

**6.12.6.3            STATUTORY AUTHORITY:** This regulation is adopted pursuant to Sections 22-2-1 and 9-24-8 NMSA 1978.  
[6.12.6.3 NMAC - N, 02-28-06]

**6.12.6.4            DURATION:** Permanent  
[6.12.6.4 NMAC - N, 02-28-06]

**6.12.6.5            EFFECTIVE DATE:** February 28, 2006, unless a later date is cited at the end of a section.  
[6.12.6.5 NMAC - N, 02-28-06]

**6.12.6.6            OBJECTIVE:** This rule requires the adoption of local school district wellness policies.  
[6.12.6.6 NMAC - N, 02-28-06]

**6.12.6.7            DEFINITIONS:**

A.        “Coordinated school health approach” means the framework for linking health and education. The focus is healthy and successful students. There are eight interactive components of coordinated school health: health education; physical education and activity; nutrition; social and emotional well-being; healthy and safe environment; health services; staff wellness; and family, school and community involvement.

B.        “Family, school and community involvement” means an integrated family, school and community approach for enhancing the health and well-being of students by establishing a district school health advisory council that has the responsibility to make recommendations to the local school board in the development or revision, implementation, and evaluation of the wellness policy.

C.        “Fund raiser” means an activity during which currency, tokens, tickets or other items of value are exchanged for the sale or purchase of a food or beverage product in support of a school or school-related activity. A fund raiser may be conducted during school hours a maximum of one time per semester or trimester per school.

~~[C]~~D.    “Health education” means the instructional program that provides the opportunity to motivate and assist all students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. It meets the content standards with benchmarks and performance standards as set forth in 6.30.2.19 NMAC.

~~[D]~~E.    “Health services” means services provided for students to appraise, protect, and promote health. These services are designed to ensure access or referral to primary health care or behavioral health services or both, foster appropriate use of primary health care services, behavioral health services, prevent and control communicable diseases and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health.

~~[E]~~F.    “Healthy and safe environment” means the physical and aesthetic surroundings and the psychosocial climate and culture of the school. It supports a total learning experience that promotes personal growth, healthy interpersonal relationships, wellness, and freedom from discrimination and abuse.

~~[F]~~G.    “Nutrition” means programs that provide access to a variety of nutritious and appealing meals and snacks that accommodate the health and nutrition needs of all students.

~~[G]~~H.    “Physical activity” means body movement of any type which include recreational, fitness, and sport activities.

~~[H]~~I.    “Physical education” means the instructional program that provides cognitive content and learning

experiences in a variety of activity areas. It provides the opportunity for all students to learn and develop the skills, knowledge and attitudes necessary to personally decide to participate in a lifetime of healthful physical activity. It meets the content standards with benchmarks and performance standards as set forth in Section 6.30.2.20 NMAC.

J. “School hours” for purposes of this rule extend from 12:01 a.m. to a half-hour after the end of the school day.

~~[F]~~K. “Social and emotional wellbeing” means services provided to maintain and/or improve students’ mental, emotional, behavioral, and social health.

~~[F]~~L. “Staff wellness” means opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall coordinated school health approach.

~~[K]~~M. “Emergency Operation Plan (EOP)” means the document which outlines and explains functions, resources and coordination procedures for responding to and supporting crisis, emergency, terrorist-response, and disaster operations, and is that portion of a safe school plan that details risk assessments and establishes the plans or procedures to manage a crisis, emergency, terrorist or disaster event before, during and after it has occurred and includes, but is not limited to, emergency routes and staff assignments as they relate to immediate actions, delayed actions, mitigation actions, facility evacuations and facility reentry.

[6.12.6.7 NMAC - N, 02-28-06; A, 11-30-06; A, 05-15-14; A, 7-15-14]

### **6.12.6.8 REQUIREMENTS:**

A. This section applies to local school boards, local school districts, and charter schools and governs policies to be implemented by local school districts with regards to student and school employee wellness.

B. Each school district and charter school shall develop and implement a policy that addresses student and school employee wellness through a coordinated school health approach.

C. Each school district and charter school shall submit the wellness policy to the public education department for approval.

(1) Sections of the wellness policy that meet the requirements set forth in Paragraphs (3), (4), (5), (6) and (11) of Subsection D and the requirements set forth in Subsection E of this section shall be submitted to the public education department on or before August 30, 2006.

(2) Sections of the wellness policy that meet the requirements set forth in Paragraphs (1), (2), (7), (8), (9) and (10) of Subsection D of this section shall be submitted to the public education department on or before January 30, 2007.

D. The wellness policy shall include, but shall not be limited to:

(1) a planned, sequential, K-12 health education curriculum that addresses the physical, mental, emotional, and social dimensions of health and is aligned to the health education content standards with benchmarks and performance standards as set forth in 6.30.2.19 NMAC;

(2) a planned, sequential, K-12 physical education curriculum that provides the optimal opportunity for all students to learn and develop skills, knowledge and attitudes necessary to personally decide to participate in lifetime healthful physical activity and is aligned to the physical education content standards with benchmarks and performance standards as set forth in 6.30.2.20 NMAC;

(3) guidelines to provide physical activity opportunities to students before, during and/or after school;

(4) nutrition guidelines for a la carte offerings minimally meeting guidelines set forth in Subsection B of 6.12.5.8 NMAC;

(5) guidelines for ~~[school sponsored]~~ fund raisers during ~~[the normal]~~ school hours ~~[minimally]~~ meeting ~~[guidelines set forth in Paragraph (1) of Subsection C of]~~ requirements of Subsection C of 6.12.5.8 NMAC;

(6) guidelines for ~~[school sponsored]~~ fund raisers ~~[before and]after [schools] school hours [ensuring that at least fifty percent of the offerings shall be healthy choices in accordance with] that meet~~ the requirements ~~[set forth in Paragraph (2)]~~ of Subsection C of 6.12.5.8 NMAC;

(7) a plan addressing the behavioral health needs of all students in the educational process by focusing on students’ social and emotional wellbeing;

(8) school safety plans at each school building focused on supporting healthy and safe learning environments; the school safety plan must be submitted to the public education department for approval on a three-year cycle and must include the following minimum components:

(a) introduction;

(b) school policies and procedures;

- (c) prevention; and
- (d) a school EOP;
- (9) a plan addressing the health services needs of students in the educational process;
- (10) a plan addressing the staff wellness needs of all school staff that minimally ensures an equitable work environment and meets the American with Disabilities Act, Part III;
- (11) a plan for measuring implementation and evaluation of the wellness policy, including the designation of one or more persons within the school district, or at each school, as appropriate, charged with operational responsibility for ensuring that each school fulfills the district's wellness policy.

E. Family, school and community involvement. Each local board of education shall establish a district school health advisory council that consists of parent(s), school food authority personnel, school board member(s), school administrator(s), school staff; student(s); and community member(s). The school health advisory council shall have the responsibility to make recommendations to the local school board in the development or revision, implementation, and evaluation of the wellness policy consistent with this rule. The school health advisory council shall meet for this purpose a minimum of two times annually.  
[6.12.6.8 NMAC - N, 02-28-06; A, 11-30-06; A, 05-15-14; A, 7-15-14]

**History of 6.12.6 NMAC:** [Reserved]