

HEALTHY ACTIVE CHILDREN (HSP-S-000)

Section 1 LOCAL SCHOOL HEALTH ADVISORY COUNCIL

(a) Each school district shall establish and maintain a local School Health Advisory Council to help plan, implement, and monitor this policy.

(b) The local School Health Advisory Council shall be composed of community and school representatives from the eight areas of a coordinated school health program mentioned in Section 4 (a), representatives from the local health department and school administration.

Section 2 PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

(a) To address issues such as overweight, obesity, cardiovascular disease, and Type II diabetes, each school district shall require students enrolled in pre-kindergarten, kindergarten, and grade level below high school to participate in physical activity as part of the district's physical education curriculum. Elementary schools should consider the benefits of having 150 minutes per week and middle schools should consider the benefits of having 225 minutes per week of physical activity that will include a minimum of every other day of physical education throughout the 180-day school year.

(b) The physical education course shall be the environment in which students learn, practice and are assessed on developmentally appropriate motor skills, social skills, and knowledge as defined in the Healthful Living Standard Course of Study and should be the same class size as other regular classes.

Section 3 RECESS

(a) Structured recess and other physical activity shall not be taken away as a form of punishment.

(b) Appropriate amounts of recess and physical activity shall be provided for students.

(c) The physical activity required by this section must involve physical exertion of at least a moderate intensity level and for a duration sufficient to provide a significant health benefit to students.

Section 4 COORDINATED SCHOOL HEALTH PROGRAMS (CSHP)

(a) The State Board of Education shall make available to each school district a coordinated school health model designed to address health issues of children. The program must provide for coordinating the following eight components:

(1) safe environment;

(2) physical education;

(3) health education;

(4) staff wellness;

(5) health services;

(6) mental and social health;

(7) nutrition services; and

(8) parental/family involvement.

Policy HSP-S-000

(b) The North Carolina Department of Public Instruction shall notify each school district of the availability of professional development opportunities and provide technical assistance in implementing coordinated school health programs at the local level.

Section 5 This policy shall be fully implemented by the 2006 – 2007 school year.

(a) Each local school district shall develop an action plan prepared in collaboration with the local School Health Advisory Council to assist in the implementation of the policy. This action plan will identify steps that need to be taken each year to fully implement the policy by the 2006-2007 school year and will include a review and appropriate modification of existing physical education and health curricula.

(b) Action plans shall be submitted to the North Carolina Department of Public Instruction by July 15, 2004.

(c) Progress reports shall be submitted to the North Carolina Department of Public Instruction by July 15, 2005 and 2006.

(d) The report shall be completed by July 15th each year and remain on file for a period of 12 months to be provided upon request of the North Carolina Department of Public Instruction.

(e) Beginning July 15, 2007, each local school district in collaboration with the local School Health Advisory Council shall prepare a report annually, which will include the minutes of physical education and physical activity received by students in each school within the district.