**School District**

**Organizational Assessment Questionnaire**

**FFY 2024**

*Developed by the*

*University of California Nutrition Policy Institute for the California Department of Public Health*

**Information and instructions:**

* **WHAT does it include?** Questions that assess *current, districtwide* healthy eating and physical activity practices. Do NOT include policies and practices that are planned but not yet implemented. Do NOT include policies and practices occurring only at some schools and not districtwide. This questionnaire also asks you to provide scores from your district’s most recent [WellSAT](https://www.wellsat.org/about_the_WellSAT.aspx) assessment, a measure of district wellness policy.
* **WHO should complete it?** S*chool district staff* (NOT the local health department or other partner). Identify one or more individuals who are familiar with the policies and practices in place at this school district. This may include the food service director, wellness committee lead, head nurse, or CalFresh Healthy Living liaison.
* **WHEN should this be completed?** Annually, *before* new interventions begin for the school year at this district.
* **WHY?** To understand school district need for healthy eating and physical activity supports, and to measure change in implementation of these supports over time.
* **HOW?** It can be completed on paper or on-line. If you complete it on paper, you will need to enter your data into Survey 123 in order to submit your responses: [*https://ucanr.edu/sites/slaq/OAQ\_Questionnaires/*](https://ucanr.edu/sites/slaq/OAQ_Questionnaires/)

**Tips and additional information:**

* Review the questionnaire before beginning to decide who should be involved in completing each section and gather any relevant materials/documents, such as the board-approved wellness policy and [WellSAT](https://www.wellsat.org/about_the_WellSAT.aspx) scores.
* Consider whether you could schedule time at a wellness committee meeting to complete the assessment.
* Do your best to report the current situation so that change over time can be accurately assessed. Do NOT include policies and practices that are planned but not yet implemented.
* Current practices may be impacted by health and safety emergencies. It is important that you *report practices currently in place at the time you complete the questionnaire*, even though they may differ from the usual practices. There is space at the end of the questionnaire to comment on these impacts.
* Answer questions as honestly as possible. The questionnaire is NOT intended to evaluate your district; the intention is to provide planning information and to measure changes in your healthy eating and physical activity policies and practices over time.

***School District Information***

**School district name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School district address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This school district’s Local Health Department (LHD) partner** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of current assessment** (MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of last assessment** (MM/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ N/A (this is the first assessment)

**School district WellSAT information**

*Please report dates and scores from the district’s most recent* [*WellSAT*](https://www.wellsat.org/about_the_WellSAT.aspx) *administration. This needs to have occurred in the past 3 years.*

Date (MM/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comprehensiveness score \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strength score \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: The Wellness School Assessment Tool ([WellSAT](https://www.wellsat.org/about_the_WellSAT.aspx)) is used to evaluate school wellness policies. This tool was developed for use by school districts and others to assess the quality of their district’s wellness policies and is commonly used to meet the USDA’s triennial assessment requirement.*

**Position(s) or title(s) of those completing this form:**

|  |
| --- |
| Title or Role |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |

*For the Local Health Department:*

**PEARS Site ID**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*PEARS Site ID is assigned by PEARS and can be found* [*here*](https://pears.io/accounts/signin/?next=/)*. Watch this* [*video tutorial*](https://ucanr.edu/sites/SLAQ/SLAQ_Training/#siteID) *on how to find a PEARS Site ID.*

***School District Wellness Policy and Wellness Committee***

The following questions ask about current district wellness policy and committee activities.

**1. During the past year, has anyone at your school district done any of the following activities?** Mark all that apply.

□ Helped revise your district’s wellness policy

□ Provided training on your district’s wellness policy to school staff

□ Distributed your district’s wellness policy to parents and families

□ None of these

□ N/A: no district wellness policy

**2. Is there an official (i.e., point person) who is responsible for implementation and compliance with district wellness policy?**

* Yes What is their title/position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

**3. Is there an active district wellness committee (an action-oriented advisory group of two or more people that focuses on the health and well-being of students)?**

* Yes
* No skip to Q4

**3a. How often did the district wellness committee meet during the last 12 months?**

* + Committee did not meet
  + 1-2 times
  + 3-4 times
  + 5-6 times
  + 7+ times

**3b. Who has participated in a district wellness committee meeting or other activity in the last 12 months?**

Mark all that apply.

□ Food Service Director

□ Other district administrator

□ Other district staff

□ School site administrator

□ Teacher

□ School nurse or health aide

□ Other school site staff (e.g., paraeducator, counselor, office staff)

□ Student

□ Parent/caregiver or other family member

□ Community member

□ CalFresh Healthy Living partner agency (e.g., local health department)

□ Other community agency (e.g. Dairy Council, Blue Zones)

□ Other Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Nutrition and Physical Activity Education and Training***

The following questions ask about education for students and training for school site personnel.

* *Nutrition education refers to formal curriculum-based lessons about nutrition.*
* Physical activity education means formal lessons that teach the importance of physical activity and/or engage students in physical activity when these happen outside of the Physical Education (PE) curriculum.

4. **Are school sites required to offer physical education (PE)?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A: District does not include this grade level |
| Pre-Kindergarten (Pre-K) | o | o | o |
| Transitional Kindergarten (TK) | o | o | o |
| Elementary | o | o | o |
| Middle | o | o | o |
| High school | o | o | o |

5. Does this school district provide nutrition and physical activity education for students in at least one grade districtwide? Mark all that apply.

□ Nutrition education is provided complete Q4a

□ Physical activity education (separate from PE) is provided complete Q4b

□ Neither is provided skip to Q5

**5a. Please specify which grade levels are provided nutrition education.**

Mark one response per grade level.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | N/A: District does not include this grade level | District requires | District encourages and supports, but does not require | N/A: District neither requires nor encourages and supports |
| Pre-Kindergarten (Pre-K) | o | o | o | o |
| Transitional Kindergarten (TK) | o | o | o | o |
| Elementary | o | o | o | o |
| Middle | o | o | o | o |
| High school | o | o | o | o |

**5b. Please specify which grade levels are provided physical activity education (separate from PE).**

Mark one response per grade level.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | N/A: District does not include this grade level | District requires | District encourages and supports, but does not require | N/A: District neither requires nor encourages and supports |
| Pre-Kindergarten (Pre-K) | o | o | o | o |
| Transitional Kindergarten (TK) | o | o | o | o |
| Elementary | o | o | o | o |
| Middle | o | o | o | o |
| High school | o | o | o | o |

6. During the past year, districtwide training has been/will be offered to school site personnel in the following areas:

Consider any trainings that the district hosts for staff throughout the district. Do not report trainings hosted by or for specific school sites. Mark all that apply.

□ School food service regulations

□ Child nutrition

□ Benefits of physical activity

□ Improving Physical Education (PE) instruction

□ Ways to improve children’s physical activity (not PE)

□ Health equity

□ Social-emotional wellness

□ Trauma-informed approaches

□ Diversity, equity, and inclusion

□ Other areas of school wellness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***School Meals***

The following questions ask about district-level practices related to school meals.

**7. What percent of school meals use the following preparation methods?**

When answering this question, consider all meals prepared in a district kitchen, vended meals purchased by the district, and meals prepared in school kitchens from ingredients the district purchases. Percentages must add up to 100. For any preparation methods not used in your district, please input a 0.

\_\_\_ % Convenience prep (pre-portioned, heat and serve, e.g., frozen burrito)

\_\_\_ % Minimal prep or “speed scratch” (food preparation primarily involves assembling and portioning, e.g., chef’s salad made with pre-cut and pre-cooked ingredients)

\_\_\_ % Scratch prep (food preparation involves primarily the use of raw ingredients, some degree of ingredient prep, and cooking when needed, e.g., spaghetti with sauce prepared from scratch)

8. **District ensures that all students districtwide have adequate time to eat breakfast.** Consider whether the district implements practices such as “second chance breakfast” and scheduling morning bus routes so that students arrive at school with time to eat.

* Yes
* No

**9. This district implements the following efforts to reduce food waste districtwide:**

*Select all practices in use, even when reduction of food waste is not the primary motivation.*

Mark all that apply.

□ N/A: this district currently has no food waste reduction efforts in place

□ On-site composting or biogas generation

□ Contracting out or self-transporting food waste for composting or biogas generation

□ Donating leftovers to emergency food system and/or farm/range for animal feeding

□ Repurposing leftovers from kitchen (not after students taken)

□ Marketing meals to students

□ Obtaining feedback on new menu items

□ Providing more food/beverage choices

□ Serving foods with familiar flavors

□ Using kid tested menus

□ Offering grab-and-go items

□ Other Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Food and Beverage Purchasing***

The following questions ask about vendor purchasing agreements for foods and beverages purchased by the school district.

10. The school district participates in one or more districtwide programs that promote locally or regionally sourced food for meals.

Mark all that apply.

□ California Food for California Kids (formerly California Thursdays)

□ Farm to School

□ Farmers to Families (USDA)

□ DoD Fresh

□ FoodCorps

□ Fresh Fruit and Vegetable Program (USDA)

□ Harvest of the Month

□ Other Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. Vendor purchasing agreements include language to ensure the school district’s nutrition standards are met for:**

Mark all that apply.

□ Meal foods

□ Beverages served in meals

□ Competitive foods

□ Competitive beverages

□ No foods

□ No beverages

***Community and Government Partnerships***

The following questions ask about the school district’s partnerships with community organizations and local government.

**12. School district partners with:**

Mark all that apply.

□ Local food policy council

□ Local or regional food hub

□ County or regional nutrition or obesity prevention collaborative

□ State or national school wellness collaborative

□ Other nutrition or wellness related partnerships Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. School district is involved in local governmental decision-making about:

Mark all that apply.

□ Local food production and/or distribution

□ Healthy food and beverage procurement

□ Nutrition or health elements in General Plan

□ Zoning for food and beverage outlets, including mobile vendors

□ Zoning for physical activity facilities

□ Access to and/or safety of parks and open space

□ Safe Routes to School, Complete Streets, or other active transportation planning/projects

□ Community design and safety, including community policing and crime reduction/prevention

□ Joint use policies

□ Other Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Impacts of Health and Safety Emergencies on Nutrition and Physical Activity Practices***

The following questions ask about the impact of health and safety emergencies on the practices covered by this questionnaire.

**14. During this school year, has a health or safety emergency caused changes to any of the district’s nutrition or physical activity-related programs or services?**

Mark all that apply.

□ No significant changes were made due to a health or safety emergency *skip to Q17*

□ Changes were made due to COVID-19

□ Changes were made due to a wildfire or other natural disaster

□ Changes were made due to another emergency

**14a. Has a health or safety emergency caused nutrition/physical activity programs or services to be stopped or discontinued?**

* No
* Yes If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14b. Has a health or safety emergency prompted the school district to begin new nutrition/physical activity programs or services that they otherwise would not have begun?**

* No
* Yes If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14c. Has a health or safety emergency caused any other changes to nutrition/physical activity programs or services?**

* No
* Yes If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments and Reflections**

Please use this space for any comments or reflections you would like to share or note for your own reference.

**15. Would you like to share any other comments or details about wellness-related practices and policies in this school district?**