

Office of the General Counsel
Walter J. Harvey, General Counsel

SUBJECT: **FINAL READING: PROPOSED AMENDMENTS TO SCHOOL BOARD POLICIES 2410, SCHOOL HEALTH SERVICES, AND 8510, WELLNESS AND PHYSICAL EDUCATION POLICY**

COMMITTEE: **PERSONNEL, STUDENT, SCHOOL & COMMUNITY SUPPORT**

LINK TO STRATEGIC PLAN: **SAFE, HEALTHY & SUPPORTIVE LEARNING ENVIRONMENTS**

Consistent with the Board's responsibility to review and amend policies to conform to legislative changes, authorization is requested for the Superintendent to amend School Board Policies 2410, *School Health Services*, and 8510, *Wellness and Physical Education Policy*. These policies are proposed for amendment to incorporate provisions of 2025 House Bill 1607 ("H.B. 1607") and Senate Bill 1514 ("S.B. 1514"), that became effective July 1, 2025.

Policy 2410 is proposed for amendment in response to S.B. 1514, which addresses emergency responses to anaphylaxis in public schools. Pursuant to this bill, the amended policy would require each school serving students in grades K–8 to provide specific training "to an adequate number of school personnel and contracted personnel in preventing and responding to allergic reactions, including anaphylaxis." The amended policy would further require that, for each student in grades K–8 with "an emergency action plan for anaphylaxis, such plan must be in effect and accessible at all times when the student is on school grounds during the school day or participating in school-sponsored activities." Additional references to emergency medical plans required by State Board of Education rules are also added throughout the policy.

Policy 8510 is proposed for amendment in response to H.B. 1607, which now requires, rather than encourages, school districts to provide instruction on first aid, including cardiopulmonary resuscitation, to middle and high school students during their physical education or health classes. The policy would be amended to incorporate this new requirement and specify the instruction that must be given.

The Notice of Intended Action was published in the Miami Herald on July 28, 2025, and posted in various places for public information and mailed to various organizations representing persons affected by the adopted and amended Board policies and individuals requesting notification. The time to request a hearing or protest the adoption and amendment of these policies has elapsed.

These policy amendments were drafted in collaboration with and reviewed by the Superintendent, Cabinet, and District staff. The Notice of Intended Action and policies with strikethroughs and underlines are attached.

RECOMMENDED: That The School Board of Miami-Dade County, Florida, amend School Board Policies 2410, *School Health Services*, and 8510, *Wellness and Physical Education Policy*, and authorize the Superintendent to file the policies with The School Board of Miami-Dade County, Florida, to be effective September 10, 2025.

NOTICE OF INTENDED ACTION

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA, announced on July 23, 2025, its intention to amend School Board Policies 2410, *School Health Services*, and 8510, *Wellness and Physical Education Policy*, at its meeting of September 10, 2025.

PURPOSE AND EFFECT: Policies 2410, *School Health Services*, and 8510, *Wellness and Physical Education Policy*, are proposed for amendment to incorporate the requirements of 2025 House Bill 1607 (“H.B. 1607”) and Senate Bill 1514 (“S.B. 1514”).

SUMMARY: Policies 2410, *School Health Services*, and 8510, *Wellness and Physical Education Policy*, are proposed for amendment to incorporate provisions of H.B. 1607 and S.B. 1514 that became effective July 1, 2025. Policy 2410 is proposed for amendment in response to S.B. 1514, which requires specific training in schools serving grades K–8 and that students’ emergency medical plans be in effect and accessible when students are on school grounds or participating in school-sponsored activities. Policy 8510 is proposed for amendment in response to H.B. 1607, which now requires, rather than encourages, school districts to provide middle school and high school students with specific instruction during physical education class on first aid, including cardiopulmonary resuscitation.

SPECIFIC LEGAL AUTHORITY UNDER WHICH RULEMAKING IS AUTHORIZED: Fla. Stat. ss. 1001.41(1)–(2); 1001.42(8); 1001.43(7); 1002.20(3); 1003.453; 1003.455.

LAWS IMPLEMENTED INTERPRETED OR MADE SPECIFIC: Fla. Stat. ss. 1003.453, 1002.20(3), 1006.062; Fla. Admin. Code r. 6A-6.0251, 6A-6.0252, 6A-6.0253.

IF REQUESTED, A HEARING WILL BE HELD DURING SCHOOL BOARD MEETING OF September 10, 2025, which begins at 1:00 p.m., in the School Board Auditorium, 1450 N.E. Second Avenue, Miami, Florida 33132. Persons requesting such a hearing or who wish to provide information regarding the statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative as provided in Section 120.54(1), F.S., must do so in writing by August 19, 2025, to the Superintendent, Room 912, at the same address.

ANY PERSON WHO DECIDES TO APPEAL THE DECISION made by the School Board of Miami-Dade County, Florida, with respect to this action will need to ensure the preparation of a verbatim record of the proceedings, including the testimony and evidence upon which the appeal is to be based. (Section 286.0105, Florida Statutes)

COPIES OF THE PROPOSED AMENDED POLICIES are available at cost to the public for inspection and copying in the Citizen Information Center, Room 158, 1450 N.E. Second Avenue, Miami, Florida 33132.



Book	Policy Manual
Section	September 10, 2025 - <u>Final</u> Reading
Title	SCHOOL HEALTH SERVICES PROGRAM
Code	2410
Status	<u>Final</u> Reading

2410 - **SCHOOL HEALTH SERVICES PROGRAM**

The health services provided by the District shall supplement, not replace, parental responsibility, and shall appraise, protect, and promote student health. These services shall be designed to encourage parents to devote attention to child health, to discover health problems, and to encourage the use of the services of physicians, dentists, and community health agencies as needed.

The School Board shall cooperate with the Miami-Dade County Health Department in providing professional medical supervision in all school health matters as required by the School Health Services Act F.S. 381.0056.

I. **School Health Services Plan**

The District, the local school health advisory council, and the Miami-Dade County Health Department shall jointly develop a school health services plan. The plan shall be completed biennially. Upon recommendation of the Superintendent, the plan shall be submitted to the Board for approval. Following Board approval, the plan shall be signed by the Superintendent and Board Chairperson, County Health Department medical director or administrator and the District administrator of the County Health Department.

The plan shall be reviewed each year for the purpose of updating the plan. Amendments to the plan shall be submitted to the Board for approval and signed by the Superintendent and the County Health Department medical director or administrator. The services provided shall be dependent on the statutory requirements, local priorities and availability of resources.

The plan shall include the provisions required by Florida statutes and

Department of Health rules.

The District shall directly notify the parents of students, at the beginning of the school year, of each healthcare service offered at their student's school, as provided for in the District health services plan, as well as of the specific or approximate dates during the school year when the services are scheduled or expected to be scheduled, and the option to withhold consent or decline any specific service. Parental consent to a health care service does not waive the parent's right to access his/her student's educational or health records or to be notified about a change in his/her student's services or monitoring as provided in F.S. 1001.42(8).

If there is a need for an invasive physical examination or screening, the consent of the student's parent shall be obtained in writing prior to the procedure. The term "invasive physical examination" means any medical examination that involves the exposure of private body parts, or any act during such examination that includes incision, insertion, or injection into the body, but does not include a hearing, vision, scoliosis, or body mass index (BMI) screening. Before administering a student well-being questionnaire or health screening form to a student in kindergarten through grade 3, the District will provide the questionnaire or form to the parent and obtain the permission of the parent.

A student will be exempt from any of the provided health services if his or her parent requests such an exemption in writing unless the physical examination or screening is permitted or required by an applicable State law.

II. Care of Students with Chronic Health Conditions

A. Chronic Health Conditions

Students with chronic health conditions will be provided with a free appropriate public education. Some students with chronic health conditions also require specially designed instruction and the student's health needs may be documented in an Individualized Education Plan (IEP). Those who do not require an IEP may be eligible for a Section 504 accommodation plan if the chronic health condition substantially limits one or more major life activities in the school or classroom setting, curriculum, or other school-related activities. Students with chronic health conditions shall also receive an Individualized Health Care Plan (IHCP) for school or school-related activities, as needed. An IHCP may also include a child-specific emergency plan that is developed for an anticipated health emergency in the school setting.

"Chronic health conditions," for the purposes of this policy, shall include, but are not limited to:

1. Allergies (including but not limited to peanut and other food allergies)
2. Asthma
3. Diabetes
4. Epilepsy and seizure disorders

B. School Health Practices & Management

1. School health practices shall provide students with chronic health conditions the opportunity for:
 - a. full participation in physical activities when students are well;
 - b. modified activities as indicated by the student's individual health care plans (IHC~~C~~P), Section 504 plan, or IEP;
 - c. access to preventative medications before activity (as prescribed by their medical providers) and immediate access to emergency medications during activity; and
 - d. communication regarding the student's health status between parents, physicians/medical providers, teachers, and all individuals whose duties include regular contact with the student during school or school-sponsored events and activities.
2. The District will coordinate school health practices for the management of ~~a~~-chronic health conditions~~s~~ and shall provide for:
 - a. identification of individuals with chronic health conditions;
 - b. development of IHC~~C~~Ps and child-specific emergency plans (as applicable);
 - c. coordination of health care management activities by school staff;
 - d. communication among school staff who interact with children with chronic health conditions;

- e. development of protocols to prevent exposure/episodic reactions; and
 - f. awareness and training of school staff regarding acute and routine management of chronic health conditions, information on signs and treatment of chronic health conditions, medication and administration, and emergency protocols for dealing with reactions during atypical situations such as field trips.
3. Healthcare management activities shall include:
- a. records review to identify students with chronic health conditions;
 - b. procedures to obtain, maintain, and utilize written IGHCPs specific to the student's condition, signed by the student's parents and physician/medical provider, for each student with a chronic health condition;
 - c. developing emergency plans specifying that 9-1-1 will be called immediately for an emergency event and that a specific plan of action is available if a student is unable to self-administer medication or self-manage treatment as prescribed;
 - ~~b-d.~~ ensuring that emergency plans for anaphylaxis are in effect and making such plans accessible at all times when students in grades K-8 are on school grounds during the school day or are participating in school-sponsored activities;
 - ~~e-e.~~ a standard emergency protocol in place for students experiencing a distress reaction if they do not have a written IGHCP on site;
 - ~~d-f.~~ student-specific training for all individuals whose job duties include regular contact with a student with a chronic health condition, to address the individual needs of the student, including for example:
 1. communication strategies
 2. immediate access to medications in accordance with Policy 5330, *Student Use of Medications*, that allows students to self-care and self-administer medications, inhalers, and Epi-pens, as prescribed by a physician/medical provider and approved by

parent/guardian

3. prevention strategies to avoid causal elements

e.g. procedures for students with frequent school absences, school health office visits, emergency department visits, or hospitalizations due to chronic health conditions; and,

f-h. management and care of the student's chronic health condition in the classroom, in any area of the school or school grounds, or at any school-related activity or event.

C. Training of Staff

1. Training for school staff about chronic health conditions will be conducted at least every two (2) years at the school site.
2. Student-specific training for all individuals whose job duties include regular contact with a student with a chronic health condition will be conducted at least annually at the school site.
3. Designated staff who have responsibility for specialized services shall be provided training by a licensed health professional specific to the procedures, at least annually.
4. The principal shall maintain a copy of the training program and the records of training completed by school employees.

D. Administrative procedures shall provide guidance for the implementation of this policy.

III. Emergency Allergy Treatment Educational Training Programs

III.A. Educational training programs in the District pertaining to emergency allergy treatment required by state law must be conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity or individual approved by the Department of Health. The curriculum must include, at a minimum:

A.1. recognition of the symptoms of systemic reactions to food, insect stings, and other allergens; and,

2. the proper administration of an epinephrine auto-injector.

B. These training programs must be provided to an adequate number of school staff and contracted personnel in each school serving students in grades K–8.

IV. Individualized Seizure Action Plans (ISAPs)

A. Creation and Implementation of an ISAP

To initiate the implementation of an ISAP, a student's parent must submit to the principal an ISAP that meets the following requirements:

1. An ISAP must be developed and signed by a medical professional, in consultation with the student's parent;
2. Written orders from the student's medical professional outlining the student's epilepsy or seizure disorder recommended care;
3. The parent's signature;
4. The student's epilepsy or seizure disorder symptoms;
5. Any accommodations the student requires for school trips, after-school programs and activities, class parties, and any other school-related activities;
6. When and whom to call for medical assistance;
7. The student's ability to manage, and the student's level of understanding of, his/her epilepsy or seizure disorder;
8. How to maintain communication with the student, the student's parent, and the student's health care team, school nurse, and educational staff;
9. Any rescue medication prescribed by the student's medical professional and how and when to administer the medication;
10. The ISAP should be submitted before or at the beginning of the school year, upon enrollment, or as soon as practicable following a diagnosis of a seizure disorder for a student; and
11. The provisions of a student's ISAP remain in effect until the student's parent submits a revised ISAP, signed by a medical professional, identifying any changes based on the student's condition. A school may implement training and student supports outlined in this policy regardless of whether a parent

submits an ISAP.

B. School Response to Receipt of an ISAP

1. The school nurse or an appropriate school employee that receives an ISAP shall:
 - a. In accordance with F.S. 1006.062, coordinate the provision of epilepsy and seizure disorder care at the school for the student, including administering anti-seizure and rescue medications as outlined in the ISAP; and
 - b. Verify that each school employee whose duties include regular contact with the student has completed training in the care of students with epilepsy and seizure disorders. The training must include how to recognize the symptoms of and provide care for epilepsy and seizure disorders.
2. The school shall provide each school employee whose duties include regular contact with the student with all of the following:
 - a. Notice of the student's condition;
 - b. Information from the ISAP on how to provide the recommended care for the student if he or she shows symptoms of the epilepsy or seizure disorder; and
 - c. The contact information for the student's parent and emergency contacts.

V. Confidentiality

All information regarding student identification, health care management, and emergency care shall be safeguarded as personally identifiable information in accordance with Policy 8330, *Student Records*, and Policy 8350, *Confidentiality*.

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Revised 10.19.2022
Revised 01.18.2023
Technical Correction 09.11.2023
Revised 12.20.2023

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Legal References:

[20 U.S.C. 1232h](#)

F.S. 39.201

F.S. 381.0056

F.S. 394.463

F.S. 1001.42(8)

F.S. 1002.20(3) ~~(h)~~

~~F.S. 1002.33(9)(q)~~

F.S. 1003.22

F.S. 1006.07(10)

F.S. 1006.12

F.S. 1011.62(16)

F.A.C. 6A-1.094125

F.A.C. 64F-6.002

~~[20 U.S.C. 1232h](#)~~

[F.A.C. 6A-6.0251](#)

[F.A.C. 6A-6.0252](#)

F.A.C. 6A-6.0253

Adoption Date: 05.11.2011



Book	Policy Manual
Section	July 23, 2025 - <u>Initial</u> Reading
Title	WELLNESS AND PHYSICAL EDUCATION POLICY
Code	8510
Status	<u>Initial</u> Reading

8510 - **WELLNESS AND PHYSICAL EDUCATION POLICY**

I. **Introduction**

In November 2005, the District, as a result of the 2004 Child Nutrition and WIC Reauthorization Act, was tasked with developing a District Wellness Policy. On May 10, 2006, by School Board action, the Wellness Policy for the District was established. The *Healthy, Hunger-Free Kids Act of 2010* continues to require that the District Wellness Policy be reviewed by the District Wellness Advisory Committee, and if necessary, be revised annually. The policy's focus is to promote wellness and address current health issues facing our students and staff.

Pursuant to F.S. 1003.453, this policy will be electronically submitted to the Florida Department of Agriculture and Consumer Services and the Florida Department of Education when a change or revision is made.

II. **Preamble**

The District is committed to providing a healthy environment for students and staff by promoting the physical, emotional, and mental health of students and staff within and beyond school. The District recognizes that individuals must be physically, mentally, and socially healthy in order to promote wellness and academic performance.

The District will focus on achieving five (5) goals:

- A. Nutrition – All students and staff will have access to and be encouraged to take advantage of high-nutrient food options served at school and

District/Region office cafeterias.

- B. Physical Education – All students will be encouraged to participate in the recommended levels of physical education.
- C. Physical Activity – All students and staff will be encouraged to engage in daily physical activity according to national guidelines.
- D. Health Literacy – All students and staff will be encouraged to develop healthy physical, nutritional, and mental life-style habits.
- E. Preventive Healthcare – All students and staff will be encouraged to participate in preventive healthcare.

III. **Nutrition**

District Policy: The District will make nutritious foods available on campus during the school day to promote student and staff health.

- A. The Department of Food and Nutrition will serve the following: foods that are a good source of fiber, free of added trans fat, low in added fats, sugar, and sodium, respectful of cultural diversity, and served in appropriate portion sizes consistent with United States Department of Agriculture standards. Meals will include plant-based food options and a vegetarian choice daily.
- B. All food sold on campus beginning one (1) hour before the start of the school day and up until one (1) hour after dismissal of the final class of the day must meet the *Rule on Food and Beverages Sold on Campus and in Vending Machines District-Wide*. (Appendix A)
- C. The Department of Food and Nutrition will pursue partnerships with local and regional farms to facilitate a Farm-to-School program.
- D. Meals served within the Federally reimbursable meal program will be designed to feature fresh fruits and vegetables from local sources to the greatest extent possible.
- E. The District will encourage parents and teachers to have healthy celebrations at school. Ideas and suggestions can be found at <http://nutrition.dadeschools.net>. When a list is sent home requesting donations for a celebration, it should include plain water and at least one (1) healthy option.
- F. Fundraisers that occur on campus, beginning one (1) hour before the start of the school day and up until one (1) hour after dismissal of the final class of the day must comply with the *Rule on Food and Beverages Sold on Campus and in Vending Machines District-Wide*. The District will

assist parents and staff in planning healthy fundraisers by providing suggestions which can be found at <http://nutrition.dadeschools.net>.

- G. The District will incorporate plant-based protein options that balance nutrition, taste, and costs.

IV. **Physical Education**

District Policy: The District will provide evidence-based physical education programs to enable students to develop healthy lifetime habits conducive to cardiovascular conditioning, flexibility, coordination, balance, and strength.

- A. Elementary Physical Education, grades K–1: 150 minutes of weekly instruction in physical education provided by the homeroom teacher is required.
- B. Elementary Physical Education, grades 2-5: 150 minutes of weekly instruction in physical education by a physical education teacher is required.
- C. Middle School Physical Education, grades 6 – 8: A minimum of one (1) semester of physical education in each of the three (3) years is required for all students, unless a waiver is submitted at the time of subject selection each year. Students will be encouraged to take physical education for the entire year in order to develop and maintain maximum health benefits. Students enrolled in the course must receive at least one (1) basic training in first aid, including cardiopulmonary resuscitation (CPR). The training must allow students to practice the psychomotor skills associated with performing CPR and must include the use of an automated external defibrillator (AED).
- D. Senior High School Physical Education, grades 9–12: A minimum of one (1) credit of physical education in senior high school is required. One (1) semester must be Personal Fitness while the second semester may be any physical education course offered by the District with the approved State course codes. Students enrolled in the course must receive at least one (1) basic training in first aid, including CPR. The training must allow students to practice the psychomotor skills associated with performing CPR and must include the use of an AED.

If additional periods are added to the current six (6) period day in senior high schools, then physical education requirements may be increased.

- E. Physical education will be taught by a certified physical education specialist and will be an essential part of every school’s instructional program, subject to the differing abilities of students. The program will stress the importance of physical fitness, healthy life-styles, and fairness

and respect for all students.

F. Nutrition education is required to be taught through physical education in grades K-12.

G. Physical education skills needed for enhancing health will include:

1. comprehension of concepts related to health promotion, disease prevention, and reduction of health risk;
2. ability to access valid health information;
3. effective interpersonal communication skills;
4. setting goals and making decisions;
5. stress reduction;
6. advocacy skills for personal, family and community health; and
7. instruction will include the psychomotor skills used in hands-on CPR/AED training (middle and senior high school only).

V. **Physical Activity**

District Policy: All students and staff will be encouraged to participate in the nationally recommended levels of a minimum of sixty (60) minutes or more per day of physical activity and to limit their non-instructional use of electronic devices to two (2) hours per day.

- A. Recess for students in grades PK-5, as specified in F.S. 1003.455, must take place five (5) times a week for twenty (20) consecutive minutes each time.
- B. School policies and practices support that physical activity and recess should not be withheld as punishment for students.
- C. Students will be informed of the opportunity to participate in physical activity in after-school programs and school intramural programs.
- D. Students will be informed that the U.S. Centers for Disease Control and Prevention recommend no more than two (2) hours of non-instructional use of electronic devices per day.
- E. Staff will be encouraged to participate in at least thirty (30) minutes of physical activity daily. This will include a combination of cardiorespiratory activity, flexibility, and muscular strength and

endurance.

- F. Staff will be informed of the opportunity to participate in physical activity in after-school programs and community events.

VI. **Health Literacy**

District Policy: All students and staff will be encouraged to learn about the principles of nutrition and other evidence-based competencies essential to making health-enhancing choices.

- A. "Health literacy" is the ability to obtain, understand and use healthcare information in order to make appropriate health decisions. Health literacy education will be incorporated into classroom instruction when applicable to include the following: comprehensive concepts on health-enhancing behaviors, risk factor reduction for life-style disease prevention, bullying and violence prevention, personal safety, identifying and managing stress.
- B. Nutrition education will include lessons and experiential learning opportunities, such as edible gardens, that enhance health and take into account:
 - 1. emphasizing the importance of goal-setting and positive decision-making strategies that enhance health including those related to food intake and energy expenditure;
 - 2. analyzing the influence of culture, media and other factors on food choices and preferences in personal health practices including food preparation methods that enrich and challenge healthy living; and
 - 3. the development and care of edible gardens.
- C. Students will be taught to differentiate between marketing messages and substantive health information.
- D. Health literacy resources will be available to staff focusing on concepts of health enhancing behaviors, risk factor reduction for disease prevention, personal safety, and managing stress.
- E. Nutrition resources that include learning opportunities which enhance health will be made available for staff.
- F. Healthy food choices and fresh food on school premises will be promoted by making relevant nutrition information available as close as possible to the point of choice.

VII. **Preventive Healthcare**

District Policy: All students and staff will be encouraged to participate in preventive healthcare that addresses physical, mental, social, and emotional wellness.

A. Through *HealthConnect in our Schools*, a school-based health team will be provided to offer a coordinated spectrum of healthcare to students that is consistently available at select District schools, including but not limited to:

1. coordinated professionally supervised school-based healthcare;
2. expanded health screenings and assessments with access to follow-up care;
3. mental and behavioral health services to identify and solve student health and educational issues;
4. improved access to a regular primary care physician;
5. assisting uninsured students in gaining access to primary health services;
6. chronic disease management; and
7. provision of school-specific health education classes.

B. The Florida Department of Health in Miami-Dade County *School Health Program* will provide health services to students in accordance with Florida statutes, rules, regulations, and the local School Health Services Plan.

School health services provided will include, but are not limited to:

1. health appraisal;
2. records review;
3. nurse assessment;
4. nutrition assessment;
5. screenings: vision, hearing, scoliosis, and growth and development including Body Mass Index (BMI) referral and/or follow-up;

6. health and behavioral/mental health counseling;
7. referral and follow-up of suspected or confirmed health problems;
8. emergency health needs;
9. referral of students to appropriate health treatment;
10. consultation with a student's parent or guardian regarding the need for health attention by the family physician, dentist, or other specialist when definitive diagnosis or treatment is indicated;
11. maintenance of records on incidents of health problems, corrective measures taken, and such other information as may be needed to plan and evaluate health programs;
12. health information regarding the placement of students in exceptional student programs and the reevaluation at periodic intervals of students placed in such programs;
13. education classes on a variety of health topics; and
14. medication administration quality assurance and improvement.

C. Healthcare provider will offer wellness resources that address physical, mental, social, and emotional wellness to support staff healthy habits.

VIII. **Monitoring and Evaluation**

The Superintendent's District Wellness Advisory Committee is responsible for reviewing and monitoring the District's Wellness Policy in accordance with the District's goals, policies, and programs to improve the health and wellness of all students and staff.

School sites are required to convene School Wellness Committees to implement this policy and related activities. Schools will annually complete the School Health Index.

The goals, objectives, and guidelines of the District Wellness Policy will be reviewed annually. Recommendations to the Superintendent by the Wellness Advisory Committee will address the following: changing conditions; new techniques and proven strategies; new objectives, if needed; and guidelines which reflect emerging scientific knowledge relevant to the health of students and staff.

APPENDIX A

Rule on Food and Beverages Sold on Campus and in Vending Machines District-Wide

The District is committed to providing an environment in which all students and staff can make healthy food choices for lifelong health. As such, the following Rule on Food and Beverages Sold on Campus and in Vending Machines District-Wide will be implemented for all sites, for **all** food sales beginning one (1) hour before the start of the school day and up until one (1) hour after dismissal of the final class of the day. This rule shall be applicable to all food and beverages sold in vending machines twenty-four (24) hours a day.

A. Beverages

All beverages must be non-carbonated and have no added caffeine.

1. Elementary School

- a. Plain water.
- b. Up to eight (8) ounce servings of milk and 100% juice.
 1. Fat-free or low-fat regular and flavored milk and nutritionally equivalent (per USDA) milk alternatives with up to 150 calories/eight (8) ounces.
 2. 100% juice with no added sweeteners, up to 120 calories/eight (8) ounces, and with at least ten percent (10%) of the recommended daily value of three (3) or more vitamins and minerals.

2. Middle School

Same as elementary school, except juice and milk may be sold in twelve (12) ounce servings.

3. High School

- a. Plain water.
- b. No- or low-calorie beverages with up to ten (10) calories/eight (8) ounces.
- c. Up to twelve (12) ounce servings of milk, 100% juice and certain other drinks.
 1. Fat-free or low-fat regular and flavored milk and nutritionally equivalent (per USDA) milk alternatives with

up to 150 calories/eight (8) ounces.

2. 100% juice with no added sweeteners, up to 120 calories/eight (8) ounces, and with at least ten percent (10%) of the recommended daily value of three (3) or more vitamins and minerals.
 3. Other drinks with no more than forty (40) calories/eight (8) ounces.
- d. At least twenty-five percent (25%) of non-milk beverages must be water and no more than twenty-five percent (25%) of beverages may be no- or low-calories options.

B. Food and Snacks

All food and snacks sold in school must meet the following:

1. No more than thirty-five percent (35%) of total calories from fat.
2. No more than ten percent (10%) of total calories from saturated fat.
3. No more than thirty-five percent (35%) added sugar by weight.
4. No added trans fat.
5. Be a "whole grain-rich" product.
6. Be a fruit, vegetable, dairy, protein food.
7. Be a combination food that contains at least $\frac{1}{4}$ cup of fruit and/or vegetable.

Snacks sold separately from meal times and as approved fundraisers on campus one (1) hour before the start of the school day and up until one (1) hour after dismissal of the final class of the day, must:

1. have no more than 200 calories;
2. have no more than 230 mg. of sodium.

The District encourages healthy food and beverages at school-related events. Ideas and suggestions can be found at <http://nutrition.dadeschools.net>. However, when school-related events occur at least one (1) hour after dismissal of the final class of the day and where parents and other adults are part of an audience or are selling food and beverages as boosters during intermission, as well as immediately before or after an event, these rules do not apply. Examples of these events include school plays and band concerts.

Foods used in Culinary Arts and Training Programs for instructional purposes are also exempt from these rules.

School administrators will be responsible for the implementation of the District Wellness Policy at their school site. Non-compliance with this policy will be addressed at the administrative level by School Operations.

Effective 07.01.2011

Revised 01.18.2012

Revised 09.03.2013

Revised 01.14.2015

Revised 06.22.2016

Revised 08.15.2018

Revised 07.24.2024

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Legal References:

42 U.S.C. 1751 et seq.

42 U.S.C. 1771 et seq.

F.S. 595.405

F.S. 595.407

F.S. 1001.41

F.S. 1001.42

F.S. 1001.43

F.S. 1003.453

F.S. 1003.455(6)

F.A.C. 6A-7.0411

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