

2019-20 SCHOOL YEAR SCHOOL HEALTH PROFILES FORM

Healthy Schools Act of 2010

Under Section 602 of the *Healthy Schools Act of 2010* (L18-0209, DC Official Code § 38-826.02), each public school and public charter school within the District of Columbia is required to:

- 1.) **Complete and submit** the online School Health Profile (SHP) form to the Office of the State Superintendent of Education (OSSE).
- 2.) Make the completed profile available to the public by posting it online, if the school has a website, and making the information available to parents in the school's main office.

Any public school or public charter school that fails to complete and submit its SHP form to OSSE **on or before Feb. 17** of each year will be out of compliance with Section 602 of the Healthy Schools Act of 2010. The School Health Profile is used by OSSE to inform the School Report Card. Non-compliant schools will not include data from their School Health Profile on their School Report Card.

Section 1: School Profile

| 1. | Type of School* | | |
|-----|-------------------------------|------------------------------|-------------------------------|
| | Public School | O Public Charter School | O Private School |
| 2. | LEA ID: 1 | | |
| 3. | School Code: 313 | | |
| 4. | Ward: 4 | | |
| 5. | LEA Name* District of Col | umbia Public Schools | |
| 5a. | School Name* Shepherd E | lementary School | |
| 6. | Grades Served. Select all the | at apply* | |
| | Pre-K-3 and Pre-K4 | ✓ K | 7 1 |
| | ▽ 2 | ✓ 3 | ✓ 4 |
| | √ 5 | ☐ 6 | □ 7 |
| | □ 8 | □ 9 | □ 10 |
| | □ 11 | ☐ 12 | Adult Adult |
| | Other: | | |
| 7. | Contact Name of Person Co | mpleting the School Health P | rofile (SHP)* Phyllis Hedlund |

7a. Contact E-mail* phyllis.hedlund@k12.dc.gov

8. Contact Job Title* Principal

OSSE will contact this person if there are questions about the SHP. This person will automatically be added as a user on Quickbase for the 2020-21 HSA SHP and will receive a PDF copy of the completed HSA SHP via e-mail for posting per section 602(c) of the Healthy Schools Act of 2010.

Note: Responses are required for questions with an asterisk.

Section 2: Health Services

Recommended point of contact for this section: School Health Professional or School Mental Health Professional

Important Definitions for this Section:

Nursing: Registered nurses (RN) or licensed practical nurses (LPN). Allied health professional: Nursing assistants, medical technicians, or anyone who can support a nurse; it does not refer to related service providers for purposes of special education. <u>Undesignated Epinephrine Injector</u>: An epinephrine auto-injector that is not assigned to a specific student byprescription. 9. Do you have nursing and/or allied health professional coverage in your school?* ✓ Yes ☐ No 9a. Please state the coverage of nursing and/or allied health professional coverage in your school:* # full time $(0 - 10)^{-1}$ # part time (0 - 10) 1 Nurse # full time $(0 - 10)^{-0}$ # part time $(0 - 10)^{-0}$ Allied health professional 9b. For the coverage you indicated in 9a, please state the funding source:* Nurse Yes No Allied health professional Yes No $\overline{\mathbf{V}}$ Self-funded Self-funded $\overline{}$ П Provided by the Department of Health Provided by the Department of Health $\overline{ }$ Other Other 10. What type(s) of health services does your school offer to students? Select all that apply Access and/or referrals to medical providers through a systematic process Prevention materials and resources for chronic diseases (diabetes, obesity, asthma, etc.) Screening, testing, and/or treatment for chronic diseases (diabetes, obesity, asthma, etc.) Prevention materials and resources for sexually transmitted diseases (HIV/AIDS, gonorrhea, chlamydia, etc.) Screening, testing, and/or treatment for sexually transmitted diseases (HIV/AIDS, gonorrhea, chlamydia, etc.) Oral health services (screening, cleaning, counseling, etc.) ✓ Vision screenings Hearing screenings Other 10a. If your school partners with any outside programs or organizations to provide health services to students, please specify their name below (including Community Based Organizations, DC Health, etc.). Name of agency or organization:

✓ No current partnership(s)

| 11. Does your school have at least t | wo unexpired undesignat | ted epinephrine auto-in | jectors? * | | | | |
|---|-----------------------------|--------------------------|----------------------------------|--|--|--|--|
| ✓ Yes |] No | | | | | | |
| 11a. Does your school have at least administer both an undesignated an case of an anaphylactic emergency? | | , | · · | | | | |
| ✓ Yes |] No | | | | | | |
| 11b. Please provide the names of A they were certified, if applicable: | OM (Administration of M | Medication) certified pe | ersonnel at your school and when | | | | |
| 11bw. Name: Michelle Browne | 11 | bwi. Date of Certifica | tion: 2017-02-10 | | | | |
| 11bx. Name: Robyn Brooks | 11 | bxi. Date of Certificat | ion: 2016-09-13 | | | | |
| 11by. Name: Phillips Spriggs | 11 | byi. Date of Certificat | ion: 2016-12-16 | | | | |
| 11bz. Name: | 11 | bzi. Date of Certificat | ion: | | | | |
| 12. Does your school have an Autor | nated External Defibrilla | ntor (AED)? | | | | | |
| ☐ Yes ✓ |] No | | | | | | |
| 13. How many of the following clin school?* | ical staff are currently en | nployed, work as a con | tractor, or volunteer at your | | | | |
| Licensed Independent Clinical Social Worker (LICSW) | # full time (0 – 10): 1 | #part time (0 – 10): 0 | Funding Source: Self-Funded | | | | |
| Licensed Graduate Social Worker (LGSW) | # full time (0 – 10): | #part time (0 – 10): | Funding Source: | | | | |
| Licensed Professional Counselor (LF | C) # full time (0 – 10): | #part time (0 – 10): | Funding Source: | | | | |
| Licensed Graduate Professional Counselor (LGPC) | # full time (0 – 10): | #part time (0 – 10): | Funding Source: | | | | |
| Psychologist | # full time (0 – 10): 0 | #part time (0 – 10): 1 | Funding Source: Self-Funded | | | | |
| Psychiatrist | # full time $(0 - 10)$: | #part time (0 – 10): | Funding Source: | | | | |
| 14. Please provide the contact infor | rmation of your school m | ental health point of co | ntact: | | | | |
| 14a. Contact Name* Michelle Bro | wne | | | | | | |
| 14b. Contact E-mail* michelle.browne@k12.dc.gov | | | | | | | |
| 15. Does your school offer mental hereceive services through a 504 Plan | | s in the general educati | on setting (students that don't | | | | |
| ✓ Yes |] No | | | | | | |

 $16. \ \ If your school partners with any outside programs or organizations to provide mental health services to$

| | | etc.). |
|-----|----------|---|
| | | Name of agency or organization: |
| | ✓ | No current partnership(s) |
| the | lear | rent engagement in schools is defined as parents and school staff working together to support and improve ning, development, and health of children and adolescents. How is your school facilitating parent nent? |
| | | PTO |
| | ✓ | PTA |
| | | Wellness Committee |
| | | Other: |
| | | |
| 18. | Do | es your school offer any health and wellness education for parents? Select all that apply |
| | | Health risks related education (e.g. managing student asthma, blood pressure screenings) |
| | | Mental health education (e.g. stress management, warning signs of youth suicide) |
| | | Physical health education (e.g. nutrition or cooking classes, obesity prevention) |
| | | Physical activity education (e.g. Zumba, yoga, parent-child exercise classes) |
| | | Personal health education (e.g. how to talk to your child about appropriate touch, puberty, healthy relationships, sexual health resources) |
| | | Other: |
| 19. | Wł | nat type of staff wellness initiatives does your school offer that contribute to a positive school climate? |
| | | Opportunities for self-care during the school day (wellness rooms, lactation rooms, welcoming break rooms, etc.) |
| | | Staff wellness retreats for positive self-care skills like (yoga, meditation, stress management, etc.) |
| | ✓ | Trauma informed self-care training (e.g. Vicarious trauma training) |
| | | Other: |
| | | |

Section 3: Health Education Instruction

Recommended point of contact for this section: Health Education Teacher, Physical Education teacher

Important Definitions for this Section:

<u>Health Education</u>: Formal, structured health education as defined by the Centers for Disease Control and Prevention consists of any combination of planned learning experiences that provide the opportunity to acquire information and the skills students need to make quality decisions. Health education instruction of the District of Columbia Health Education Standards (DC Official Code § 38–821.01).

Health Education Minutes: This number should represent the average number of minutes per week over the course of the school year. If a student only receives health education for one semester or one quarter, please average the total weekly minutes for the whole school year. Do **NOT** include physical education instruction time in this figure. This average should only include time devoted exclusively to health education instruction that utilizes a health-specific curriculum. For this question, please indicate an average between 0 and 125 minutes of health education that your school provides per grade for every week of the school year. The Healthy Schools Act requires an average of 75 minutes of health education per week for grades K - 8 (DC Official Code § 38–824.02).

<u>Cardiopulmonary Resuscitation Training:</u> Public and public charter schools that serve grades 9 through 12 shall include cardiopulmonary resuscitation (CPR) instruction in at least one health class necessary for graduation. The instruction shall be nationally recognized and based on the most current evidencebased emergency cardiovascular care guidelines for resuscitation, include appropriate use of an automated external defibrillator (AED), and incorporate hands-on practice (DC Official Code § 38–824.02).

| 20. How | many | teacners | instruct o | niy neaitn | eaucation | ın your s | scnooi? (| (0-10)* | v |
|---------|------|----------|------------|------------|-----------|-----------|-----------|---------|---|
| | | | | | | | | | |

Note: Please make sure teachers reported in questions 20, 21, and 22 are not counted for more than one time.

| 20a. Name of Health Education Instructor 1 | 20ai. Health Education Instructor 1 E-mail |
|---|--|
| 20b. Name of Health Education Instructor 1 | 20bi. Health Education Instructor 1 E-mail |
| 21. How many teachers instruct only physical ed | ucation in you school? (0-10)* 0 |
| 21a. Name of Physical Education Instructor 1 | 21ai. Physical Education Instructor 1 E-mail |
| 21b. Name of Physical Education Instructor 2 | 21bi. Physical Education Instructor 2 E-mail |

| 22a. Name of Dual In | structor 1 | 22ai. Dual Instructor 1 E-mail |
|--|--|---|
| | Structor 1 | |
| Jeff Langrock | | jeff.langrock@k12.dc.gov |
| 22b. Name of Dual In | structor 2 | 22bi. Dual Instructor 2 E-mail |
| 23. If your school pa | rtners with any outside prog | grams or organizations to satisfy the health education requirements |
| • | | rugs, sexual health, oral health, etc.), please specify their name(s) |
| ☐ Name of agen | cy or organization: | |
| ✓ No current pa | rtnership(s) | |
| | · · | edicate the average number of minutes per week during the regular alth education instruction:*^ |
| Grades: Pre-K3 and Pre- | e-K4 Minutes/Week: 30 | |
| Grades: K – 5 Minutes | Week: 30 | |
| Grades: 6 – 8 Minutes/ | Week: | |
| Grades: 9 – 12 Minutes | s/Week: | |
| 25. Does your school | include CPR instruction to | students in grades 9 through 12 prior to graduation? |
| ☐ Yes | ✓ No | |
| 26. Do you require h | igh school students to take (| 0.5 units in Health Education prior to graduation? |
| ☐ Yes | ✓ No | |
| 27. For the health top instruction: Select all | | ch health education curriculum (or curricula) your school uses for |
| | curriculum's full name. If teac standards, and/or websites us | chers in your school create their own curricula/lesson plans, please ed to create the curriculum. |
| Grades: K – 5 | | |
| Mental and Emotiona | ll Health Curriculum: | |
| ⊙ 3Rs (Rights, | Respect, and Responsibil | ity) |
| O Other: | | |
| O None | | |

22. How many teachers instruct both health and physical education in your school? (0-10)*1

| Sexual and Personal Health Curriculum: |
|--|
| |
| O BART |
| O FLASH |
| O Making Proud Choices |
| O Be Proud! Be Responsible! |
| O None |
| Other: |
| Nutrition Curriculum: |
| O CATCH |
| O Healthy Kids |
| O Eat Well and Keep Moving |
| O Life Series |
| ⊙ None |
| Other: |
| Alcohol, Tobacco and Other Drugs Curriculum: |
| O Across Ages |
| O Keepin' It Real |
| O PALS |
| O Too Good for Drugs |
| Other: |
| None: |
| Grades: 6 - 8 |
| Mental and Emotional Health Curriculum: |
| O 3Rs (Rights, Respect, and Responsibility) |
| Other: |
| O None |
| Sexual and Personal Health Curriculum: |
| O 3Rs (Rights, Respect, and Responsibility) |
| O BART |
| O Making Proud Choices |
| O FLASH |
| O Be Proud! Be Responsible! |

0

| None |
|--|
| Other: |
| |
| Nutrition Curriculum: |
| O CATCH |
| O Healthy Kids |
| O Eat Well and Keep Moving |
| O Life Series |
| O None |
| Other: |
| Alcohol, Tobacco and Other Drugs Curriculum: |
| O Across Ages |
| O Keepin' It Real |
| O PALS |
| O Too Good for Drugs |
| Other: |
| O None: |
| Grades: 9- 12 |
| Mental and Emotional Health Curriculum: |
| O 3Rs (Rights, Respect, and Responsibility) |
| Other: |
| O None |
| Sexual and Personal Health Curriculum: |
| O 3Rs (Rights, Respect, and Responsibility) |
| O BART |
| O Making Proud Choices |
| O FLASH |
| O Be Proud! Be Responsible! |
| O None |
| Other: |
| Nutrition Curriculum: |
| O CATCH |
| O Healthy Kids |
| O Eat Well and Keep Moving |

| 0 | Life Series |
|---------|---------------------------------------|
| 0 | None |
| 0 | Other: |
| Alcohol | , Tobacco and Other Drugs Curriculum: |
| 0 | Across Ages |
| 0 | Keepin' It Real |
| 0 | PALS |
| 0 | Too Good for Drugs |
| 0 | Other: |

O None:

Section 4: Physical Education Instruction

Recommended point of contact for this section: Physical Education Teacher

Important Definitions for this Section:

<u>Physical Education:</u> Physical education (PE) is instruction based on the District of Columbia Physical Education Standards, of which at least 50% of the time is spent in moderate to vigorous physical activity (DC Official Code § 38–821.01). As SHAPE America explains, "physical education provides students with a planned, sequential, K through 12 standards-based program of curricula and instruction designed to develop motor skills, knowledge and behaviors for active living, physical fitness, sportsmanship, selfefficacy and emotional intelligence."

Physical Education Minutes: The Healthy Schools Act sets requirements for physical education and physical activity by grade band. For students in grades K - 5, schools shall provide an average of 90 minutes of physical education per week, with a goal to provide an average of 150 minutes per week. For students in grades 6 - 8, schools shall provide an average of 135 minutes of physical education per week, with a goal to provide an average of 225 minutes per week. At least 50 percent of physical education time shall be spent-on-moderate to vigorous physical activity (movement resulting in substantially increased heart rate and breathing). (DC Official Code § 38–824.02).

Physical Activity: Physical activity means bodily movement, including walking, dancing, or gardening (DC Official Code § 38–821.01). Physical activity promotes normal and healthy growth and development. It can help reduce the risk of chronic disease and improve general health and overall daily function in people who do it regularly. For students in grades K-8, it shall be the goal to provide 60 minutes of physical activity per day (DC Official Code § 38–824.01). For students in grades Pre-K3 and Pre-K4, schools shall provide an average of 60 minutes of physical activity per day, with a goal to provide 90 minutes of physical activity per day. (DC Official Code § 38–824.02). For this question, please indicate a daily average between 0 and 135 for grades Pre-K3 and Pre-K4.

<u>Moderate-to-Vigorous Physical Activity:</u> Movement resulting in a substantially increased heart rate and breathing (DC Official Code § 38–821.01).

Moderate-to-Vigorous Physical Activity Minutes: This number should include the time that students are participating in moderate-to-vigorous physical activity. It should NOT include time devoted to administrative tasks, transitions, or breaks. The number reported in question 30 cannot exceed the number in question 28. For students in grades K-8, at least 50 percent of physical education time shall be spent on moderate-to-vigorous physical activity (DC Official Code § 38–824.02). For this question, please indicate a weekly average between 0 and 225 for grades K-5, and a weekly average between 0 and 300 for grades 6-8.

Recess: Recess and Outdoor Physical Activity: Recess and outdoor physical activity is a regularly scheduled period in the school day for physical activity and play that is monitored by trained staff or volunteers. During this time, students are encouraged to be physically active and engaged with their peers in structured physical activities or activities of their choice, at all grade levels. Schools shall provide recess and outdoor physical activity for all students on a daily basis (weather and space permitting). For students in grades K - 8, it shall be the goal to provide at least one recess of at least 20 minutes per day. For students in grades Pre-K3 and Pre-K4, it schools shall be the goal to provide at least two 20 minute sessions of outdoor physical activity per day (DC Official Code § 38-824.02).

28. For each grade span in your school, please indicate the average number of minutes per week during the regular instructional school week that a student receives physical education instruction. This does NOT include recess or after school activities.*^

Grades: K – 5 Minutes/Week: 90

Grades: 6 – 8 Minutes/Week:

Grades: 9 – 12 Minutes/Week:

Note: Please state the curriculum's full name. If teachers in your school create their own curricula/lesson plans, please include the resources, standards, and/or websites used to create the curriculum.

| Grades: K – 5 Curriculum: Teacher-planned and aligned with the National PE Standards |
|---|
| Grades: 6 – 8 Curriculum: |
| Grades: 9 – 12 Curriculum: |
| 30. For each grade span in your school, please indicate the average number of minutes per week during the regular instructional school week devoted to actual moderate-to-vigorous physical activity within the physical education course. This does NOT include recess or after school activities.*^ |
| Grades: K – 5 Minutes/Week: 80 |
| Grades: 6 – 8 Minutes/Week: |
| Grade: 9 – 12 Minutes/Week: |
| 31. Please indicate the average number of minutes per day of physical activity offered for pre-K3 and pre-K4 students: |
| Grades Pre-K3 and Pre-K4 Minutes/Day: 30 |
| 31a. Please indicate the number of sessions of outdoor physical activity per day: 1 |
| 31b. Please indicate the average minutes per session of outdoor physical activity per day: 30 |
| |
| 32. How many minutes per day do students get recess on average?* |
| 32. How many minutes per day do students get recess on average?* Grades: K – 5 Minutes/Day: 30 |
| |
| Grades: K – 5 Minutes/Day: 30 |
| Grades: K – 5 Minutes/Day: 30 Grades: 6 – 8 Minutes/Day: 33. What strategies does your school use, during or outside of regular school hours, to promote physical activity? |
| Grades: K – 5 Minutes/Day: 30 Grades: 6 – 8 Minutes/Day: 33. What strategies does your school use, during or outside of regular school hours, to promote physical activity? Select all that apply |
| Grades: K − 5 Minutes/Day: 30 Grades: 6 − 8 Minutes/Day: 33. What strategies does your school use, during or outside of regular school hours, to promote physical activity? Select all that apply ✓ Active Recess ✓ After-School Activities □ Bike to School |
| Grades: K – 5 Minutes/Day: 30 Grades: 6 – 8 Minutes/Day: 33. What strategies does your school use, during or outside of regular school hours, to promote physical activity? Select all that apply Active Recess After-School Activities Bike to School Playground/field off of school campus |
| Grades: K − 5 Minutes/Day: 30 Grades: 6 − 8 Minutes/Day: 33. What strategies does your school use, during or outside of regular school hours, to promote physical activity? Select all that apply ✓ Active Recess ✓ After-School Activities □ Bike to School □ Playground/field off of school campus ✓ Shared Use Agreement with organizations that provide physical activity outside of the normal school day |
| Grades: K − 5 Minutes/Day: 30 Grades: 6 − 8 Minutes/Day: 33. What strategies does your school use, during or outside of regular school hours, to promote physical activity? Select all that apply ✓ Active Recess ✓ After-School Activities ☐ Bike to School ☐ Playground/field off of school campus ✓ Shared Use Agreement with organizations that provide physical activity outside of the normal school day ✓ Movement in the Classroom ✓ Athletic Programs |

29. Which physical education curriculum (or curricula) is your school currently using for instruction?

Section 5: School Nutrition and Local Wellness Policy

Recommended points of contact for this section: Food Services Director or Manager, Principal, Chair of School Wellness Council/Committee

Important Definitions for this Section:

Alternative Breakfast Serving Model: An alternative breakfast serving model is a model of serving breakfast, such as breakfast in the classroom (BIC) or breakfast on grab-and-go carts, in which breakfast is offered in one or more locations with high student traffic other than the cafeteria. With alternative breakfast serving models, breakfast is also available after the start of the school day or both before and after the start of the school day. The model must be proven to increase student participation in breakfast relative to the traditional serving model, in which breakfast is served in the cafeteria before the start of the school day. Other alternative serving models may be used but may require approval by OSSE.

| 34. Is cold, filtered water available to students during meal times?* | | | |
|---|------------------|--------------|----------|
| ✓ Yes □ No | | | |
| 35. How many vending machines are available to students?(0-10)* 0 | | | |
| 35a. What hours are student vending machines available? Select all that ap | oply | | |
| | Yes | No | |
| Before and/or after school | | \checkmark | |
| During school hours | | \checkmark | |
| During school hours, excluding meal times | | \checkmark | |
| During school hours, only at meal times | | \checkmark | |
| 35b. What items are sold from student vending machines? Select all that a | pply | | |
| ☐ 100% fruit and/or vegetable juice ☐ Baked chips, lower calo | rie and/or fat s | nacks | |
| ☐ Fresh fruits and/or non-fried vegetables ☐ Milk and dairy pro | oducts | | |
| ☐ Regular chips, pretzels and snack mixes ☐ Sodas and/or frui | t drinks | | |
| ☐ Whole grain products ☐ Water ☐ Other | er: | | |
| 36. If you have a school store, what are the hours of operation? Select all the | nat apply* | | |
| | Yes | No | N/A |
| Before and/or after school | | | ✓ |
| During school hours | | | √ |
| During school hours, excluding meal times | | | √ |
| During school hours, only at meal times | | | √ |

37. What food and/or beverages are sold in the school store? Select all that apply

| | | 100% fruit and/or vegetable ju | ice 🗌 | Bake | ed chips, lower calorie and/or fat snacks | |
|--------------|----------|----------------------------------|-----------------|---------|--|----------|
| | | Fresh fruits and/or non-fried v | egetables | | Milk and dairy products | |
| | | Regular chips, pretzels and sn | ack mixes | | Sodas and/or fruit flavored drinks | |
| | | Whole grain products | ☐ Water | | Other: | |
| 38. | Doe | es your school serve breakfast | via an alternat | tive se | erving model? | |
| | ✓ | Yes | No | | | |
| 38a. | . If | yes, select all alternative serv | ing models in o | perati | ion: | |
| | | Breakfast in the Classroom (B) | (C) | | | |
| | | Grab n Go | | | | |
| | ✓ | Second Chance Breakfast | | | | |
| | | Other | | | | |
| 39. | Doe | es your school have a wellness | committee, sch | hool he | nealth council, or team?* | |
| | | Yes | No | | | |
| 39a. tean | | ase provide the contact inform | nation of two m | nembe | ers of the wellness committee, school health cou | ncil, or |
| 39b | . Coi | ntact Name* | | 39bi. | Contact E-mail* | |
| 39c. | Con | atact Name* | | 39ci. (| Contact E-mail* | |

Section 6: Distributing Information

Recommended point of contact for this section: Principal, Business Manager, Director of Operations

Important Definitions for this Section:

LEA's Local Wellness Policy

<u>Sustainable Agriculture:</u> An integrated system of plant and animal production practices having a sitespecific application that will, over the long-term: (a) Satisfy human food and fiber needs; (b) Enhance environmental quality and the natural resources base upon which the agriculture economy depends; (c) Make the most efficient use of nonrenewable resources and on-farm resources and integrate, where appropriate, natural biological cycles and controls; (d) Sustain the economic viability of farm operations and (e) Enhance the quality of life for farmers and society as a whole.

<u>Vegetarian Food Option:</u> Food or beverages that are: (a) free of meat, poultry, and seafood; and/or (b) utilize a meat alternative recognized by the United States Department of Agriculture as a meat alternate free of meat, poultry, and seafood for the purposes of the National School Lunch Program. Schools shall have a vegetarian food optional available for students as a main course for breakfasts and lunches. Schools shall clearly label vegetarian food options and rotate the main course vegetarian food option to avoid repetition (DC Official Code § 38–822.01).

40. How and to whom are following items distributed at your school? Select all that apply

| DEFT 5 Documents I oney | | | |
|--|--|--|--|
| ☐ School Website | ☐ School Cafeteria or Eating Areas | | |
| ☐ To foodservice staff | ☐ To students | | |
| ☐ School Main Office | ☐ To parent/teacher organization | | |
| ☐ To administrators | ☐ This information is not available for distribution | | |
| ☐ School does not have a Local Wellness Policy | Other: | | |
| School Menu for Breakfast and Lunch | | | |
| ✓ School Website | ☐ School Cafeteria or Eating Areas | | |
| ✓ To foodservice staff | ☐ To students | | |
| ☐ School Main Office | ☐ To parent/teacher organization | | |
| ✓ To administrators | ☐ This information is not available for distribution | | |
| ☐ School does not have a Local Wellness Policy | Other: | | |
| Nutritional Content of Each Menu Item | | | |
| ✓ School Website | ✓ School Cafeteria or Eating Areas | | |
| ▼ To foodservice staff | ☐ To students | | |
| ✓ School Main Office | ☐ To parent/teacher organization | | |
| ☐ To administrators | ☐ This information is not available for distribution | | |
| ☐ School does not have a Local Wellness Policy | Other: | | |
| Ingredients of Each Menu Item | | | |
| ☐ School Website | ☐ School Cafeteria or Eating Areas | | |
| ☐ To foodservice staff | ☐ To students | | |

| | School Main Office | | To parent/teacher organization | | |
|---|---|---------|---|--|--|
| | To administrators | | This information is not available for distribution | | |
| | School does not have a Local Wellness Policy | | Other: | | |
| | Information on where fruits and vegetables served in school are grown and whether growers are engaged in sustainable agriculture^ practices | | | | |
| \checkmark | School Website | | School Cafeteria or Eating Areas | | |
| \checkmark | To foodservice staff | | To students | | |
| | School Main Office | | To parent/teacher organization | | |
| | To administrators | | This information is not available for distribution | | |
| | School does not have a Local Wellness Policy | | Other: | | |
| | tudents and parents informed about the availability | y of ve | getarian food options at your school?* Vegetarian food options are not available | | |
| 41a. How are vegetarian food options made available to students at your school? Select all that apply | | | | | |
| □ V | Veg Food Options are available at Breakfast | ∑ Veg | g Food Options are available at Lunch | | |
| ✓ V | ✓ Veg Food Options Are Rotated Daily to Avoid Repetition | | | | |
| □ V | Veg Food Options Are Clearly Labeled or Identified | | ☐ Veg Food Options Are Not Available | | |
| V | Other: Veg/vegan accommodations available through | forma | l process | | |
| 42. Are students and parents informed about the availability of milk alternatives, such as soy milk, rice milk, lactose free milk, etc., at your school?* | | | | | |
| iactose ii e | ,, wo j our sonoor | | | | |

Section 7: Environment

Recommended point of contact for this section: Principal, Lead Science Teacher

Data from the School Health Profile will be used to complete the Environmental Literacy Indicator Tool, a biennial survey used to determine progress on environmental literacy goals in the Chesapeake Bay Watershed Agreement. In the future, compiled results will be available on the chesapeakebayprogress.com website.

Important Definitions for this Section:

School Gardens: outdoor spaces that engage students through hands-on lessons that enhance learning.

Meaningful Watershed Educational Experience (MWEE's): Provide students with a better understanding of the natural environment by connecting classroom learning with outdoor field investigations. MWEE's encourage students to define an environmental issue, investigate the issue by collecting data through outdoor field experiences, take action to address the environmental issue at the personal or societal level, and then analyze and evaluate the results of the investigation to communicate findings to an audience. More information about MWEE's can be found at http://www.chesapeakebay.net/publications/title/meaningful watershed educational experience.

| 43. Does your school currently have a School Garden?*^ | | | | |
|--|--|--|--|--|
| ☐ Yes ✓ No | | | | |
| 43a. Name of Garden Contact* | | | | |
| 43b. Garden Contact E-mail* | | | | |
| 44. Did any of your classes or student groups attend a farm field trip this year?* | | | | |
| ☐ Yes ✓ No | | | | |
| 44a. How many students attended a farm field trip? | | | | |
| 44b. What farm(s) did the students visit? Select all that apply. | | | | |
| ☐ Alice Ferguson Foundation's Hard Bargain Farm (MD) ☐ Pierce Mill (DC) | | | | |
| ☐ Arcadia Center for Sustainable Food and Agriculture (VA) ☐ Calleva Farm (MD) | | | | |
| ☐ City Blossoms Community Green Spaces (DC) ☐ Common Good City Farm (DC) | | | | |
| ☐ DC Urban Greens' Fort Stanton Farm (DC) ☐ Red Wiggler Farm (MD) | | | | |
| ☐ Rocklands Farm (MD) ☐ Washington Youth Garden (DC) ☐ Other: | | | | |
| 45. Does your school offer an Environmental Science Class?* | | | | |
| ☐ Yes ✓ No | | | | |
| 45a. How many students are enrolled in this course in the 2019-20 school year? | | | | |
| 46 Name of Load Science Teacher/Environmental Literacy Instructor* | | | | |

46a. Lead Science Teacher/Environmental Literacy Instructor E-mail*

47. Please select the environmental literacy topics currently addressed in your school. For each selection, indicate the course in which the topic is taught and the curriculum (or curricula) that your school is currently using for instruction:

Note: Please state the curriculum's full name. If teachers in your school create their own curricula/lesson plans, please include the resources, standards, and/or websites used to create the curriculum.

| Grades: K – 5 | No curriculum is used |
|---|-----------------------|
| Air (e.g., quality, climate change) Course: Curriculum: | ✓ |
| Water (e.g., stormwater, rivers, aquatic wildlife) Course: Curriculum: | ✓ |
| Land (e.g., plants, soil, urban planning, terrestrial wildlife) Course: Curriculum: | ✓ |
| Resource Conservation (e.g., energy, waste, recycling) Course: Curriculum: | ✓ |
| Health (e.g., nutrition, gardens, food) Course: Curriculum: | ✓ |
| Other Course: Curriculum: | ✓ |
| Grades: 6 – 8 | No curriculum is used |
| Air (e.g., quality, climate change) Course: Curriculum: | |
| Water (e.g., stormwater, rivers, aquatic wildlife) Course: Curriculum: | |
| Land (e.g., plants, soil, urban planning, terrestrial wildlife) Course: Curriculum: | |
| Resource Conservation (e.g., energy, waste, recycling) Course: Curriculum: | |

| Health (e.g., nutrition, gardens, food) Course: | |
|---|-----------------------|
| Curriculum: | |
| Other Course: | |
| Curriculum: | |
| Grades: 9 – 12 | No curriculum is used |
| Air (e.g., quality, climate change) Course: Curriculum: | |
| Water (e.g., stormwater, rivers, aquatic wildlife) Course: Curriculum: | |
| Land (e.g., plants, soil, urban planning, terrestrial wildlife) Course: Curriculum: | |
| Resource Conservation (e.g., energy, waste, recycling) Course: Curriculum: | |
| Health (e.g., nutrition, gardens, food) Course: Curriculum: | |
| Other Course: Curriculum: | |
| . Which of the following groups in your school participated in environmental education (EE) lead provided by outside organizations or agencies? | arning experiences |
| 48. Teachers of Grades K – 5 | |
| ☐ Yes ✓ No | |
| 48a. Who was the provider? | |
| ☐ Informal EE organization (e.g., Anacostia Watershed Society) | |
| ☐ Higher Education (e.g., University of the District of Columbia) | |
| ☐ Local Education Agency (e.g., DC Public Schools) | |
| ☐ State Education Agency (OSSE) | |
| ☐ Other District Agency (e.g., DC Department of Energy & Environment) | |
| ☐ Federal Program (e.g., Smithsonian Institution) | |
| ☐ Other, please list: | |

| 49. | Tea | achers of Grades 6 – 8 | |
|------|-----|-----------------------------|--|
| | | Yes | □ No |
| 49a. | . W | ho was the provider? | |
| | | Informal EE organization (| e.g., Anacostia Watershed Society) |
| | | Higher Education (e.g., Uni | iversity of the District of Columbia) |
| | | Local Education Agency (e | .g., DC Public Schools) |
| | | State Education Agency (O | SSE) |
| | | Other District Agency (e.g. | , DC Department of Energy & Environment) |
| | | Federal Program (e.g., Smit | thsonian Institution) |
| | | Other, please list: | |
| 50. | Tea | achers of Grades 9 – 12 | |
| | | Yes | □ No |
| 50a. | . W | ho was the provider? | |
| | | Informal EE organization (| e.g., Anacostia Watershed Society) |
| | | Higher Education (e.g., Un | iversity of the District of Columbia) |
| | | Local Education Agency (e | .g., DC Public Schools) |
| | | State Education Agency (O | SSE) |
| | | Other District Agency (e.g. | , DC Department of Energy & Environment) |
| | | Federal Program (e.g., Smit | thsonian Institution) |
| | | Other, please list: | |
| 51. | Ad | ministrators | |
| | | Yes | ✓ No |
| 51a. | . W | ho was the provider? | |
| | | Informal EE organization (| e.g., Anacostia Watershed Society) |
| | | Higher Education (e.g., Uni | iversity of the District of Columbia) |
| | | Local Education Agency (e | .g., DC Public Schools) |
| | | State Education Agency (O | SSE) |
| | | Other District Agency (e.g. | , DC Department of Energy & Environment) |
| | | Federal Program (e.g., Smi | thsonian Institution) |
| | | Other, please list: | |

52. For each grade at your school, please indicate the level of participation in Meaningful Watershed Educational Experiences (MWEE) ^. Grades: K-5 A system wide Meaningful Watershed Educational Experience is in place. Please describe (i.e., grade, description of unit, partnerships, etc.): Some classes participated in a Meaningful Watershed Educational Experience. Please describe (i.e., grade, description of unit, partnerships, etc.): No evidence that students in this grade participated in a Meaningful Watershed Educational Experience. Grades: 6 - 8A system wide Meaningful Watershed Educational Experience is in place. Please describe (i.e., grade, description of unit, partnerships, etc.): Some classes participated in a Meaningful Watershed Educational Experience. Please describe (i.e., grade, description of unit, partnerships, etc.): No evidence that students in this grade participated in a Meaningful Watershed Educational Experience. **Grades: 9 – 12** A system wide Meaningful Watershed Educational Experience is in place. Please describe (i.e., grade, description of unit, partnerships, etc.): Some classes participated in a Meaningful Watershed Educational Experience. Please describe (i.e., grade, description of unit, partnerships, etc.): No evidence that students in this grade participated in a Meaningful Watershed Educational Experience. 53. What practices is your LEA implementing related to sustainable, green schools? Select all that apply ✓ School-wide Recycling Program ✓ Lead testing of water On-site Composting ✓ LEED Certification Type: Silver ✓ Gold Platinum ☐ Project Learning Tree Green Schools ☐ National Wildlife Federation Eco-Schools ☐ Environmentally-friendly cleaning products ✓ Landscaping with native plants Stormwater reduction efforts (i.e., rain barrels, cisterns, rain gardens) ☐ Sprint to Savings/Green Schools Energy Challenge

54. What type of recycling hauling services does your school receive? Select all that apply

Cardboard only

Other

| | | Paper and cardboard only | | | |
|-----|--|-----------------------------|----------------------------------|-------|--|
| | | Mixed recyclables (plastic | , metals, glass) only | | |
| | ✓ | Co-mingled paper, cardboa | ard, and mixed recyclables toge | ether | ("single-stream") |
| | | Organics | | | |
| | | Other | | | |
| | | None of these | | | |
| 55. | 5. Does your school compost? Select all that apply | | | | |
| | | Yes, we participate in an o | organics recycling (off-site com | posti | ng) program |
| | Yes, on-site outdoors (e.g. in garden) | | | | |
| | Yes, on-site indoors (e.g. worm bin in classroom) | | | | |
| | ☐ Other method | | | | |
| | ✓ | Don't Compost | | | |
| Pro | | n to reduce exposure to er | | _ | cy's Indoor Air Quality Tools for Schools asthma among children and adults in public |
| | | Yes | ✓ No | | Don't know |
| 57. | Do | es your school purchase e | nvironmentally-friendly clear | ing | supplies? |
| | | Yes | ✓ No | | Don't know |
| 58. | Do | es your school cleaning/m | aintenance staff follow green | clea | ning procedures? |
| | | Yes | ✓ No | | Don't know |
| | | | | | |