



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

**EDUCATION**

## **2019-20 SCHOOL YEAR**

### **SCHOOL HEALTH PROFILES FORM**

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#### **Healthy Schools Act of 2010**

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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.

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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.

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## Section 1: School Profile

### 1. Type of School\*

☒ Public School      ☐ Public Charter School      ☐ Private School

2. LEA ID: 1

3. School Code: 417

4. Ward: 8

5. LEA Name\* District of Columbia Public Schools

5a. School Name\* Kramer Middle School

### 6. Grades Served. Select all that apply\*

<input type="checkbox"/> Pre-K-3 and Pre-K4	<input type="checkbox"/> K	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input checked="" type="checkbox"/> 6	<input checked="" type="checkbox"/> 7
<input checked="" type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> Adult
<input type="checkbox"/> Other:		

7. Contact Name of Person Completing the School Health Profile (SHP)\* Katreena Shelby

7a. Contact E-mail\* Katreena.shelby@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.

Undesignated Epinephrine Injector: An epinephrine auto-injector that is not assigned to a specific student by prescription.

### **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:\***

Nurse	# full time (0 – 10) <sup>1</sup>	# part time (0 – 10) <sup>0</sup>
Allied health professional	# full time (0 – 10) <sup>0</sup>	# part time (0 – 10) <sup>0</sup>

#### **9b. For the coverage you indicated in 9a, please state the funding source:\***

	Yes	No		Yes	No
Nurse			Allied health professional		
Self-funded	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Self-funded	<input type="checkbox"/>	<input type="checkbox"/>
Provided by the Department of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided by the Department of Health	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

### **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: Curbside Grocery
- ☐ No current partnership(s)

**11. Does your school have at least two unexpired undesignated epinephrine auto-injectors? \***

☒ Yes

☐ No

**11a. Does your school have at least two employees or agents (outside of the school nurse) who are certified to administer both an undesignated and a designated epinephrine auto-injector during all hours of the school day in case of an anaphylactic emergency?**

☒ Yes

☐ No

**11b. Please provide the names of AOM (Administration of Medication) certified personnel at your school and when they were certified, if applicable:**

**11bw. Name:** Danita Dorsey

**11bwi. Date of Certification:** 2019-08-01

**11bx. Name:** Michael Paterno

**11bxi. Date of Certification:** 2019-08-01

**11by. Name:**

**11byi. Date of Certification:**

**11bz. Name:**

**11bzi. Date of Certification:**

**12. Does your school have an Automated External Defibrillator (AED)?**

☐ Yes

☒ No

**13. How many of the following clinical staff are currently employed, work as a contractor, or volunteer at your school?\***

Licensed Independent Clinical Social Worker (LICSW)	# full time (0 – 10): 3	#part time (0 – 10): 1	Funding Source: Provided by the Department of Health
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Licensed Graduate Social Worker (LGSW)	# full time (0 – 10):	#part time (0 – 10):	Funding Source:
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Licensed Professional Counselor (LPC)	# 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:
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Psychologist	# full time (0 – 10): 1	#part time (0 – 10): 0	Funding Source: Other
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Psychiatrist	# full time (0 – 10):	#part time (0 – 10):	Funding Source:
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**14. Please provide the contact information of your school mental health point of contact:**

**14a. Contact Name\*** Camillia Smith

**14b. Contact E-mail\*** camilla.smith@k12.dc.gov

**15. Does your school offer mental health services to students in the general education setting (students that don't receive services through a 504 Plan or an IEP)?**

☒ Yes

☐ No

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

**students, please specify their name below (including Community Based Organizations, Department of Behavioral Health, etc.).**

- ☒ Name of agency or organization: LAYC, DBH
- ☐ No current partnership(s)

**17. Parent engagement in schools is defined as parents and school staff working together to support and improve the learning, development, and health of children and adolescents. How is your school facilitating parent engagement?**

- ☒ PTO
- ☐ PTA
- ☐ Wellness Committee
- ☐ Other:

**18. Does 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. What 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:**

**Health Education:** 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).

**Cardiopulmonary Resuscitation Training:** 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 teachers instruct only health education in your school? (0-10)\* 1**

*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**

Michael Patierno

Michael.Patierno@k12.dc.gov

**20b. Name of Health Education Instructor 1**

**20bi. Health Education Instructor 1 E-mail**

#### **21. How many teachers instruct only physical education in you school? (0-10)\* 1**

**21a. Name of Physical Education Instructor 1**

**21ai. Physical Education Instructor 1 E-mail**

Michael Patierno

Michael.Patierno@k12.dc.gov

**21b. Name of Physical Education Instructor 2**

**21bi. Physical Education Instructor 2 E-mail**

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

**22a. Name of Dual Instructor 1**

**22ai. Dual Instructor 1 E-mail**

Michael Patierno

Michael.Patierno@k12.dc.gov

**22b. Name of Dual Instructor 2**

**22bi. Dual Instructor 2 E-mail**

\_\_\_\_\_

\_\_\_\_\_

**23. If your school partners with any outside programs or organizations to satisfy the health education requirements (including nutrition, alcohol, tobacco and other drugs, sexual health, oral health, etc.), please specify their name(s) below.\***

☐ Name of agency or organization:

☒ No current partnership(s)

**24. For each grade span in your school, please indicate the average number of minutes per week during the regular instructional school week that students receive health education instruction: \*^**

Grades: Pre-K3 and Pre-K4 Minutes/Week:

Grades: K – 5 Minutes/Week:

Grades: 6 – 8 Minutes/Week: 250

Grades: 9 – 12 Minutes/Week:

**25. Does your school include CPR instruction to students in grades 9 through 12 prior to graduation?**

☐ Yes

☒ No

**26. Do you require high school students to take 0.5 units in Health Education prior to graduation?**

☐ Yes

☒ No

**27. For the health topics listed, please specify which health education curriculum (or curricula) your school uses for instruction: Select all that apply**

*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**

**Mental and Emotional Health Curriculum:**

☐ 3Rs (Rights, Respect, and Responsibility)

☐ Other:

☐ None

**Sexual and Personal Health Curriculum:**

- ☐ 3Rs (Rights, Respect, and Responsibility)
- ☐ BART
- ☐ FLASH
- ☐ Making Proud Choices
- ☐ Be Proud! Be Responsible!
- ☐ None
- ☐ Other:

**Nutrition Curriculum:**

- ☐ CATCH
- ☐ Healthy Kids
- ☐ Eat Well and Keep Moving
- ☐ Life Series
- ☐ None
- ☐ Other:

**Alcohol, Tobacco and Other Drugs Curriculum:**

- ☐ Across Ages
- ☐ Keepin' It Real
- ☐ PALS
- ☐ Too Good for Drugs
- ☐ Other:
- ☐ None:

**Grades: 6 - 8**

**Mental and Emotional Health Curriculum:**

- ☒ 3Rs (Rights, Respect, and Responsibility)
- ☐ Other:
- ☐ None

**Sexual and Personal Health Curriculum:**

- ☒ 3Rs (Rights, Respect, and Responsibility)
- ☐ BART
- ☐ Making Proud Choices
- ☐ FLASH
- ☐ Be Proud! Be Responsible!
- ☐



- ☐ None
- ☐ Other:

**Nutrition Curriculum:**

- ☐ CATCH
- ☒ Healthy Kids
- ☐ Eat Well and Keep Moving
- ☐ Life Series
- ☐ None
- ☐ Other:

**Alcohol, Tobacco and Other Drugs Curriculum:**

- ☐ Across Ages
- ☒ Keepin' It Real
- ☐ PALS
- ☐ Too Good for Drugs
- ☐ Other:
- ☐ None:

**Grades: 9- 12**

**Mental and Emotional Health Curriculum:**

- ☐ 3Rs (Rights, Respect, and Responsibility)
- ☐ Other:
- ☐ None

**Sexual and Personal Health Curriculum:**

- ☐ 3Rs (Rights, Respect, and Responsibility)
- ☐ BART
- ☐ Making Proud Choices
- ☐ FLASH
- ☐ Be Proud! Be Responsible!
- ☐ None
- ☐ Other:

**Nutrition Curriculum:**

- ☐ CATCH
- ☐ Healthy Kids
- ☐ Eat Well and Keep Moving

- ☐ Life Series
- ☐ None
- ☐ Other:

**Alcohol, Tobacco and Other Drugs Curriculum:**

- ☐ Across Ages
- ☐ Keepin' It Real
- ☐ PALS
- ☐ Too Good for Drugs
- ☐ Other:
- ☐ None:

## Section 4: Physical Education Instruction

*Recommended point of contact for this section: Physical Education Teacher*

### **Important Definitions for this Section:**

**Physical Education:** 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.

**Moderate-to-Vigorous Physical Activity:** 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:

Grades: 6 – 8 Minutes/Week: 250

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.*

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

Grades: K – 5 Curriculum:

Grades: 6 – 8 Curriculum: DCPS

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:

Grades: 6 – 8 Minutes/Week: 250

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:

**31a. Please indicate the number of sessions of outdoor physical activity per day:**

**31b. Please indicate the average minutes per session of outdoor physical activity per day:**

**32. How many minutes per day do students get recess on average?\***

Grades: K – 5 Minutes/Day:

Grades: 6 – 8 Minutes/Day: 100

**33. What strategies does your school use, during or outside of regular school hours, to promote physical activity? Select all that apply**

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Active Recess  | <input checked="" type="checkbox"/> After-School Activities                         | <input type="checkbox"/> Bike to School        |
| <input type="checkbox"/> Playground/field off of school campus   |   |  |
| <input type="checkbox"/> Shared Use Agreement with organizations that provide physical activity outside of the normal school day |   |  |
| <input type="checkbox"/> Movement in the Classroom   | <input type="checkbox"/> Athletic Programs  |  |
| <input type="checkbox"/> Playground/field on school campus   | <input checked="" type="checkbox"/> Reward for student achievement or good behavior |  |
| <input type="checkbox"/> Gardening   | <input checked="" type="checkbox"/> Walk to School                                  | <input type="checkbox"/> Safe Routes to School |
| <input type="checkbox"/> Before-School Activities  | <input type="checkbox"/> Dancing or Dance Programs                                  | <input type="checkbox"/> Other:                |

## 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 apply**

	Yes	No
Before and/or after school	<input type="checkbox"/>	<input checked="" type="checkbox"/>
During school hours	<input type="checkbox"/>	<input checked="" type="checkbox"/>
During school hours, excluding meal times	<input type="checkbox"/>	<input checked="" type="checkbox"/>
During school hours, only at meal times	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### **35b. What items are sold from student vending machines? Select all that apply**

- |   |   |
|---|---|
| <input type="checkbox"/> 100% fruit and/or vegetable juice        | <input type="checkbox"/> Baked chips, lower calorie and/or fat snacks |
| <input type="checkbox"/> Fresh fruits and/or non-fried vegetables | <input type="checkbox"/> Milk and dairy products                      |
| <input type="checkbox"/> Regular chips, pretzels and snack mixes  | <input type="checkbox"/> Sodas and/or fruit drinks                    |
| <input type="checkbox"/> Whole grain products                     | <input type="checkbox"/> Water  |
|   | <input type="checkbox"/> Other:                                       |

### **36. If you have a school store, what are the hours of operation? Select all that apply\***

	Yes	No	N/A
Before and/or after school	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
During school hours	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
During school hours, excluding meal times	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
During school hours, only at meal times	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

- |   |   |
|---|---|
| <input type="checkbox"/> 100% fruit and/or vegetable juice        | <input type="checkbox"/> Baked chips, lower calorie and/or fat snacks |
| <input type="checkbox"/> Fresh fruits and/or non-fried vegetables | <input type="checkbox"/> Milk and dairy products                      |
| <input type="checkbox"/> Regular chips, pretzels and snack mixes  | <input type="checkbox"/> Sodas and/or fruit flavored drinks           |
| <input type="checkbox"/> Whole grain products                     | <input type="checkbox"/> Water  |
|   | <input type="checkbox"/> Other:                                       |

**38. Does your school serve breakfast via an alternative serving model?**

- ☒ Yes ☐ No

**38a. If yes, select all alternative serving models in operation:**

- ☐ Breakfast in the Classroom (BIC)
- ☐ Grab n Go
- ☒ Second Chance Breakfast
- ☐ Other

**39. Does your school have a wellness committee, school health council, or team?\***

- ☐ Yes ☒ No

**39a. Please provide the contact information of two members of the wellness committee, school health council, or team.**

**39b. Contact Name\***

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**39bi. Contact E-mail\***

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**39c. Contact Name\***

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**39ci. Contact E-mail\***

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## Section 6: Distributing Information

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

### **Important Definitions for this Section:**

**Sustainable Agriculture:** 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.

**Vegetarian Food Option:** 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**

#### **LEA's Local Wellness Policy**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> School Website                    | <input checked="" type="checkbox"/> School Cafeteria or Eating Areas        |
| <input checked="" type="checkbox"/> To foodservice staff              | <input checked="" type="checkbox"/> To students                             |
| <input checked="" type="checkbox"/> School Main Office                | <input checked="" type="checkbox"/> To parent/teacher organization          |
| <input checked="" type="checkbox"/> To administrators                 | <input type="checkbox"/> This information is not available for distribution |
| <input type="checkbox"/> School does not have a Local Wellness Policy | <input type="checkbox"/> Other:   |

#### **School Menu for Breakfast and Lunch**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> School Website                    | <input type="checkbox"/> School Cafeteria or Eating Areas                   |
| <input checked="" type="checkbox"/> To foodservice staff              | <input type="checkbox"/> To students  |
| <input type="checkbox"/> School Main Office                           | <input type="checkbox"/> To parent/teacher organization                     |
| <input checked="" type="checkbox"/> To administrators                 | <input type="checkbox"/> This information is not available for distribution |
| <input type="checkbox"/> School does not have a Local Wellness Policy | <input type="checkbox"/> Other:   |

#### **Nutritional Content of Each Menu Item**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> School Website                    | <input checked="" type="checkbox"/> School Cafeteria or Eating Areas        |
| <input checked="" type="checkbox"/> To foodservice staff              | <input type="checkbox"/> To students  |
| <input checked="" type="checkbox"/> School Main Office                | <input type="checkbox"/> To parent/teacher organization                     |
| <input type="checkbox"/> To administrators                            | <input type="checkbox"/> This information is not available for distribution |
| <input type="checkbox"/> School does not have a Local Wellness Policy | <input type="checkbox"/> Other:   |

#### **Ingredients of Each Menu Item**

- |  |  |
|--|--|
| <input type="checkbox"/> School Website                  | <input checked="" type="checkbox"/> School Cafeteria or Eating Areas |
| <input checked="" type="checkbox"/> To foodservice staff | <input type="checkbox"/> To students                                 |

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> School Main Office                | <input type="checkbox"/> To parent/teacher organization                     |
| <input type="checkbox"/> To administrators                            | <input type="checkbox"/> This information is not available for distribution |
| <input type="checkbox"/> School does not have a Local Wellness Policy | <input type="checkbox"/> Other:   |

**Information on where fruits and vegetables served in school are grown and whether growers are engaged in sustainable agriculture^ practices**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> School Website                    | <input type="checkbox"/> School Cafeteria or Eating Areas                   |
| <input checked="" type="checkbox"/> To foodservice staff              | <input type="checkbox"/> To students  |
| <input type="checkbox"/> School Main Office                           | <input type="checkbox"/> To parent/teacher organization                     |
| <input type="checkbox"/> To administrators                            | <input type="checkbox"/> This information is not available for distribution |
| <input type="checkbox"/> School does not have a Local Wellness Policy | <input type="checkbox"/> Other:   |

**41. Are students and parents informed about the availability of vegetarian food options at your school?\***

- ☒ Yes
 ☐ No
 ☐ Vegetarian food options are not available

**41a. How are vegetarian food options made available to students at your school? Select all that apply**

- ☐ Veg Food Options are available at Breakfast
 ☒ Veg Food Options are available at Lunch
- ☒ Veg Food Options Are Rotated Daily to Avoid Repetition
- ☐ Veg Food Options Are Clearly Labeled or Identified
 ☐ Veg Food Options Are Not Available
- ☒ Other: Veg/vegan accommodations available through formal 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?\***

- ☒ Yes
 ☐ No
 ☐ Milk alternatives are not available



## 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](http://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](http://www.chesapeakebay.net/publications/title/meaningful_watershed_educational_experience).

**43. Does your school currently have a School Garden?\***<sup>^</sup>

☐ 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.**

- |   |   |                                 |
|---|---|---------------------------------|
| <input type="checkbox"/> Alice Ferguson Foundation's Hard Bargain Farm (MD)       | <input type="checkbox"/> Pierce Mill (DC)             |                                 |
| <input type="checkbox"/> Arcadia Center for Sustainable Food and Agriculture (VA) | <input type="checkbox"/> Calleva Farm (MD)            |                                 |
| <input type="checkbox"/> City Blossoms Community Green Spaces (DC)                | <input type="checkbox"/> Common Good City Farm (DC)   |                                 |
| <input type="checkbox"/> DC Urban Greens' Fort Stanton Farm (DC)                  | <input type="checkbox"/> Red Wiggler Farm (MD)        |                                 |
| <input type="checkbox"/> Rocklands Farm (MD)                                      | <input type="checkbox"/> Washington Youth Garden (DC) | <input type="checkbox"/> 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?** 51

**46. Name of Lead Science Teacher/Environmental Literacy Instructor\*** Cathy Mccoy

**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: Science

Curriculum: Stem Scope

Water (e.g., stormwater, rivers, aquatic wildlife)

☐

Course: Science

Curriculum: stem scope

Land (e.g., plants, soil, urban planning, terrestrial wildlife)

☐

Course: science

Curriculum: stem scope

Resource Conservation (e.g., energy, waste, recycling)

☐

Course: science

Curriculum: stem scope

Health (e.g., nutrition, gardens, food)	<input type="checkbox"/>
Course: health	
Curriculum: dcps	
Other	<input checked="" type="checkbox"/>
Course:	
Curriculum:	

**Grades: 9 – 12**

No curriculum is  
used

Air (e.g., quality, climate change)	<input type="checkbox"/>
Course:	
Curriculum:	
Water (e.g., stormwater, rivers, aquatic wildlife)	<input type="checkbox"/>
Course:	
Curriculum:	
Land (e.g., plants, soil, urban planning, terrestrial wildlife)	<input type="checkbox"/>
Course:	
Curriculum:	
Resource Conservation (e.g., energy, waste, recycling)	<input type="checkbox"/>
Course:	
Curriculum:	
Health (e.g., nutrition, gardens, food)	<input type="checkbox"/>
Course:	
Curriculum:	
Other	<input type="checkbox"/>
Course:	
Curriculum:	

**. Which of the following groups in your school participated in environmental education (EE) learning experiences provided by outside organizations or agencies?**

**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. Teachers of Grades 6 – 8**

☒ Yes ☐ No

**49a. 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:

**50. Teachers of Grades 9 – 12**

☐ Yes ☐ No

**50a. 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:

**51. Administrators**

☐ Yes ☒ No

**51a. 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:

**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 – 8**

- ☐ 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: 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
- ☐ Other

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

- ☐ Cardboard only

- ☐ Paper and cardboard only
- ☐ Mixed recyclables (plastic, metals, glass) only
- ☒ Co-mingled paper, cardboard, and mixed recyclables together (“single-stream”)
- ☐ Organics
- ☐ Other
- ☐ None of these

**55. Does your school compost? Select all that apply**

- ☐ Yes, we participate in an organics recycling (off-site composting) program
- ☐ Yes, on-site outdoors (e.g. in garden)
- ☐ Yes, on-site indoors (e.g. worm bin in classroom)
- ☐ Other method
- ☒ Don't Compost

**56. Does your school promote the Environmental Protection Agency's Indoor Air Quality Tools for Schools Program to reduce exposure to environmental factors that impact asthma among children and adults in public schools?**

- ☐ Yes
- ☐ No
- ☒ Don't know

**57. Does your school purchase environmentally-friendly cleaning supplies?**

- ☐ Yes
- ☐ No
- ☒ Don't know

**58. Does your school cleaning/maintenance staff follow green cleaning procedures?**

- ☒ Yes
- ☐ No
- ☐ Don't know