# 2021-22 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. 15** 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 o	of School*					
O I	Public School					
⊙ F	O Public Charter School					
O F	Private School					
2. LEA II	<b>D:</b> 123					
3. School	<b>Code:</b> 188					
4. Ward:	8					
5. LEA N	ame* Cedar Tree Academy PCS					
5a. Schoo	l Name* Cedar Tree Academy PCS					
6. Grade	s Served. Select all that apply*					
<b>✓</b>	Pre-K-3 and Pre-K4					
<b>√</b>	K					
<b>✓</b>	1					
<b>V</b>	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					

$\square$ 12
□ Adult
Other:
7. Contact Name of Person Completing and verifying the School Health Profile (SHP)* Robinette Lewis Breedlove
7a. E-mail of person completing the SHP* rlewis@cedartree-dc.org
8. Job Title of person completing the SHP* Director of Facilities and Business Operations
This person will be contacted by OSSE if there are questions about the SHP and will also 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 and School Behavioral Health Professional

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

Nursing: Registered nurses (RN) or licensed practical nurses (LPN).

<u>Allied health professional</u>: Nursing assistants, medical technicians, or anyone who can support a nurse; it doesnot 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 by prescription.

Please note, any nurse or allied health professional within the school building for the sole purpose of administering COVID-19 testing or vaccinations should not be included in responses to questions 9, 9a, or 9b below

9. Do you have nursing and/or a	allied health	profe	essional	coverage in your school?*		
✓ Yes						
□ <sub>No</sub>						
9a. Please state the coverage of	nursing and	l/or al	llied he	alth professional coverage in your school:	*	
Nurse	# full time	e (0 –	10) <u>1</u>	# part time $(0-10)$ <u>0</u>		
Allied health professional	# full time	e (0 –	10) <u>0</u>	# part time $(0-10)$ <u>0</u>		
9b. For the coverage you indica	ated in 9a, pl	ease s	state the	e funding source:*		
Nurse		Yes	No	Allied health professional	Yes	No
Self-funded		<b>✓</b>		Self-funded		
Provided by the Department of	Health		$\checkmark$	Provided by the Department of Health		
Other			<b>V</b>	Other		
10. What type(s) of health serv	ices does you	ır sch	ool offe	er to students? Select all that apply		
☐ Access and/or referrals to	o medical pro	vider	s throug	h a systematic process		
Prevention materials and	resources for	r chro	nic dise	ases (diabetes, obesity, asthma, etc.)		
☐ Screening, testing, and/o	r treatment fo	or chro	onic dise	eases (diabetes, obesity, asthma, etc.)		
✓ On-site COVID-19 testin	✓ On-site COVID-19 testing					
☐ Prevention materials and	☐ Prevention materials and resources for sexually transmitted diseases (HIV/AIDS, gonorrhea, chlamydia, etc.)					
☐ Screening, testing, and/o	☐ Screening, testing, and/or treatment for sexually transmitted diseases (HIV/AIDS, gonorrhea, chlamydia, etc.)					
☐ Oral health services (scre	eening, cleani	ng, co	ounselin	g, etc.)		
☐ Vision screenings						
☐ Hearing screenings						

On-site COVID-19 Vaccinations	s and routine pediatric immunizations
10a. Does your school partner with an	ny outside programs or organizations to provide health services to students?
☐ Yes	
✓ No	
10b. Please specify their name below	(including Community Based Organizations, DC Health, etc.).
Name of agency or organization:	
11. Does your school have at least two	unexpired undesignated epinephrine auto-injectors? *
✓ Yes	
□ <sub>No</sub>	
· ·	o employees or agents (outside of the school nurse) who are certified to a designated epinephrine auto-injector during all hours of the school day in
✓ Yes	
□ No	
11b. Please provide the names of AOI they were certified, if applicable:	M (Administration of Medication) certified personnel at your school and when
11bw. Name: Celenease Edison	11bwi. Date of Certification: 01-22-2023
11bx. Name: LaTonya Henderson	11bxi. Date of Certification: 01-22-2023
11by. Name:	11byi. Date of Certification:
11bz. Name:	11bzi. Date of Certification:
12. Does your school have an Automat	ted External Defibrillator (AED)?
✓ Yes	
□ No	
13. How many of the following clinica school?*	al staff are currently employed, work as a contractor, or volunteer at your
Licensed Independent Clinical Social Worker (LICSW)	# full time $(0-10)$ : 0 #part time $(0-10)$ : 1 Funding Source: Provided by the Department of Health
Licensed Graduate Social Worker (LGSW)	# full time $(0-10)$ : 1 #part time $(0-10)$ : 0 Funding Source: Other
Licensed Professional Counselor (LPC)	# full time $(0-10)$ : 1 #part time $(0-10)$ : 0 Funding Source: Self-Funded

Licensed Graduate Professional Counselor (LGPC)	# full time $(0 - 10)$ : 0	#part time $(0 - 10)$ : 0	Funding Source:
Psychologist	# full time (0 – 10): 0	#part time (0 – 10): 1	Funding Source: Self-Funded
Psychiatrist	# full time (0 – 10): 0	#part time (0 – 10): 0	Funding Source:
14. Please provide the contact inform	nation of your school beh	avioral health point of	contact:
14a. Contact Name* Regina Ray			
14b. Contact E-mail* rray@cedartro	ee-dc.org		
15. Does your school provide access indicates that behavioral health ser who receive services through an IE	vices are available to stud		
✓ Yes			
$\square$ No			
16. Does your school partner with services to students?	any outside programs or	organizations to provid	le behavioral/mental health
✓ Yes			
☐ No			
16a. Please specify their name(s) be Health, etc.).	elow (including Commun	ity Based Organization	s, Department of Behavioral
Name of agency(ies) or organization	on(s): Department of B	ehavioral Health, Smile	Therapy
17. Does your school facilitate pare staff working together to support an For example, PTO, PTA, Wellness O	nd improve the learning, o		<del>-</del>
✓ Yes			
☐ No			
18. Does your school offer any heal	th and wellness education	n for parents?	
✓ Yes			
☐ No			
18a. Which of the following health apply	and wellness education o	ptions does your school	l offer to parents? Select all that
☐ Health risks related education	n (e.g. managing student as	thma, blood pressure sci	reenings)

	☐ 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)
	✓ COVID-19 risks related education (e.g. mitigation strategies, vaccination, etc.)
	Other:
19.	Does your school offer any health and wellness initiatives to staff that contribute to a positive school climate?
	✓ Yes
	□ No
19a	. What type of staff wellness initiatives does your school offer that contribute to a positive school climate?
	✓ Organizational structures to support staff wellness (lactation rooms, welcoming break rooms, early dismissal days, opportunities to engage teacher voice and build trusting relationships, etc.)
	✓ Staff wellness events (retreats, wellness days, workshops, campaigns, etc.) to promote positive self-care skills like fitness, nutrition, stress management, etc.
	✓ Professional development (Trauma informed care, self-care, grief and loss, etc.)
	✓ Mental/Behavioral health services offered through an Employee Assistance Program or partnering community-based organization

### **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 health decisions. Health education instruction of the District of Columbia Health Education Standards (DC Official Code § 38–821.01). 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).

Health Education Minutes (Grades 1-8): The average number of minutes per week during the school year that a student receives health education instruction. This average should only include time devoted exclusively to health education instruction that utilizes a health-specific curriculum. Do NOT include physical education instruction time in this figure. For this question, please indicate the average number of minutes per week that your school provides health education instruction to each grade level. Average number of minutes of health education instruction per week can range between 0 and 125 minutes.

Note: If your school provides more than 125 minutes of health education instruction in an average week, enter 125. 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 you have questions regarding this calculation and need support? If so, please contact OSSE's Division of Health and Wellness here: OSSE.HYDT@dc.gov

The Office of the State Superintendent of Education (OSSE) is committed to providing technical assistance to schools that do not meet the Health Education minute requirements. Schools that do not meet the required Health Education minutes will receive follow-up support from OSSE.

<u>Health Education Requirement (Grades 9-12):</u> According to the District of Columbia Municipal Regulations, prior to graduation, all students must have one and one half (1.5) Carnegie Units in Health/Physical Education.

Cardiopulmonary Resuscitation (CPR) Training: Cardiopulmonary resuscitation (CPR) is a lifesaving technique that is useful in many emergencies, such as a heart attack or near drowning, in which someone's breathing or heartbeat has stopped. District of Columbia 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 evidence-based 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).

The following questions ask for the names and contact information for teachers who instruct 1) only health education, 2) only physical education, and 3) both health education and physical education at your school.

20.	How many	teachers instruct	only health	education in you	r school? (0-10)* (

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

21. How many teachers instruct only physical education 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

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

Ebony Harris eharris@cedartree-dc.org

22b. Name of Dual Instructor 2 22bi. Dual Instructor 2 E-mail

23. 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: K-5

Kindergarten Minutes/Week: 120

Grade 1 Minutes/Week: 120

Grade 2 Minutes/Week: 120

Grade 3 Minutes/Week:

Grade 4 Minutes/Week:

Grade 5 Minutes/Week:

**Grades: 6 - 8** 

Grade 6 Minutes/Week:

Grade 7 Minutes/Week:

Grade 8 Minutes/Week:

•	ool partner with any outside programs or organizations to supplement the health education (including nutrition, alcohol, tobacco and other drugs, sexual health, oral health, etc.)? $*$
☐ Yes	
✓ No	
24a. If yes, please	specify the name(s) of the partner program or organization below.*
Name of agency	or organization:
25. Does your scho	ool include CPR instruction to students in grades 9 through 12 prior to graduation?
□ Yes	
$\square$ No	
26. Do you require	e high school students to take 0.5 units in Health Education prior to graduation?
□ Yes	
$\square$ No	
27. Does your scho	ol teach the following health education topics?
Note: Please state to	he curriculum's full name or note the curricula/lesson plan is teacher created.
Grades: K – 5 (Sor	ne topics may only be taught in older elementary grades.)
Alcohol, Tobacco,	and Other Drugs Prevention Education
✓ Yes	If Yes, what curriculum do you use?
Sparks	
□ No	
Disease Prevention	Education
✓ Yes	If Yes, what curriculum do you use?
Sparks	
□ No	
Human Body and	Personal Health Education
✓ Yes	If Yes, what curriculum do you use?
Sparks	
□ No	

<b>Nutrition Education</b>	
✓ Yes	If Yes, what curriculum do you use?
Sparks	
□ No	
Mental and Emotiona	al Health Education
✓ Yes	If Yes, what curriculum do you use?
Sparks	
□ No	
Safety Skills Education	on .
✓ Yes	If Yes, what curriculum do you use?
Sparks	
□ No	
Suicide Prevention Ed	ducation
✓ Yes	If Yes, what curriculum do you use?
Sparks	
□ No	
<b>Grades: 6 - 8</b>	
Alcohol, Tobacco, and	d Other Drugs Prevention Education
☐ Yes	If Yes, what curriculum do you use?
□ No	
Disease Prevention E	ducation
☐ Yes	If Yes, what curriculum do you use?
□ No	
Human Body and Per	rsonal Health Education
☐ Yes	If Yes, what curriculum do you use?
□ No	
HIV/STI Prevention 1	Education
☐ Yes	If Yes, what curriculum do you use?
□ No	

Nutrition Education	
☐ Yes	If Yes, what curriculum do you use?
□ No	
Mental and Emotion	al Health Education
☐ Yes	If Yes, what curriculum do you use?
□ No	
Safety Skills Educati	ion
☐ Yes	If Yes, what curriculum do you use?
□ No	
Suicide Prevention F	Education
☐ Yes	If Yes, what curriculum do you use?
□ No	
<b>Grades: 9- 12</b>	
Alcohol, Tobacco, ar	nd Other Drugs Prevention Education
☐ Yes	If Yes, what curriculum do you use?
□ No	
Disease Prevention I	Education
☐ Yes	If Yes, what curriculum do you use?
□ No	
Human Body and Pe	ersonal Health Education
☐ Yes	If Yes, what curriculum do you use?
□ No	
HIV/STI Prevention	Education
☐ Yes	If Yes, what curriculum do you use?
□ No	
Nutrition Education	
☐ Yes	If Yes, what curriculum do you use?

	No					
Mental a	Mental and Emotional Health Education					
	Yes	If Yes, what curriculum do you use?				
	No					
Safety S	Safety Skills Education					
	Yes	If Yes, what curriculum do you use?				
	No					
Suicide Prevention Education						
	Yes	If Yes, what curriculum do you use?				

□ No

### **Section 4: Physical Education Instruction**

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

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

<u>Physical Activity</u>: 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.

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

<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."

<u>Recess and Outdoor Physical Activity</u>: 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.

#### **Legislative Requirements and Instructions:**

<u>Physical Activity</u>: 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>Physical Education Minutes</u>: 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).

The Office of the State Superintendent of Education (OSSE) is committed to providing technical assistance to schools that do not meet the Physical Education minute requirements. Schools that do not meet the required Physical Education minutes will receive follow-up support from OSSE.

<u>Moderate-to-Vigorous Physical Activity Minutes</u>: 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 and Outdoor Physical Activity:: 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: 150		
Grades: 6 – 8 Minutes/Week:		
Grades: 9 – 12 Minutes/Week:		
29. Which physical education curriculum (or curricula) is your school currently	y using for instr	ruction?
Note: Please state the curriculum's full name. If teachers in your school create their include the resources, standards, and/or websites used to create the curriculum.	own curricula/le	sson plans, please
Grades: K – 5 Curriculum: Sparks		
Grades: 6 – 8 Curriculum:		
Grades: 9 – 12 Curriculum:		
30. For each grade span in your school, please indicate the average number of instructional school week devoted to actual moderate-to-vigorous physical activities.*	-	0 0
	Less than 50%	50% or more
Grades: K – 5		<b>/</b>
Grades: 6 – 8		
Grades: 9 – 12		
31. Please indicate the average number of minutes per day of physical activity students:	offered for pre-l	K3 and pre-K4
Grades Pre-K3 and Pre-K4 Minutes/Day: 70		
31a. Please indicate the number of sessions of outdoor physical activity per day:	2	
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?*		
Grades: K – 5 Minutes/Day: 50		
Grades: 6 – 8 Minutes/Day:		
33. What strategies does your school use, during or outside of regular school ho Select all that apply	urs, to promote	physical activity?
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
<b>V</b>	Movement in the Classroom
	Athletic Programs
	Playground/field on school campus
<b>✓</b>	Reward for student achievement or good behavior
$\checkmark$	Gardening
	Walk to School
	Safe Routes to School
<b>✓</b>	Before-School Activities
	Dancing or Dance Programs
	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.

<u>Local Wellness Committee</u>: An action-oriented advisory group that focuses on the health and wellbeing of students, staff, and families in a school community. The local wellness committee implements the local wellness policy and leads or supports health-related initiatives.

<u>Share Table</u>: A location where school community members can place an unopened or sealed foods to provide for other community members to take food that would otherwise be thrown away.

34. Does your school operate a share table?		
✓ Yes		
$\square$ No		
34a. Please indicate the type of share table (select all that apply).		
Refrigerated		
✓ Unrefrigerated		
35. Is cold, filtered water available to students during meal times?*		
✓ Yes		
□ <sub>No</sub>		
36. How many vending machines are available to students? $(0-10)$ * 0		
36a. What hours are student vending machines available? Select all that apply		
	Yes	No
Before and/or after school		
During school hours		
During school hours, excluding meal times		

During school nours, only at meal times		
36b. What items are sold from student vending machines? Select all that apply	y	
☐ 100% fruit and/or vegetable juice		
☐ Baked chips, lower calorie and/or fat snacks		
☐ Fresh fruits and/or non-fried vegetables		
☐ Milk and dairy products		
☐ Fruit snacks		
Regular chips, pretzels and snack mixes		
☐ Sodas and/or fruit drinks		
☐ Whole grain products		
□ Water		
37. Does your school have a school store?		
□ Yes		
✓ No		
37a. What are the hours of operation? Select all that apply.*		
	Yes	No
Before and/or after school		
During school hours		
During school hours, excluding meal times		
During school hours, only at meal times		
37b. What food and/or beverages are sold in the school store? Select all that a	pply	
100% fruit and/or vegetable juice		
☐ Baked chips, lower calorie and/or fat snacks		
☐ Fresh fruits and/or non-fried vegetables		
☐ Milk and dairy products		

Fruit snacks	
Regular chips, pretzels and snack mixes	
☐ Sodas and/or fruit flavored drinks	
☐ Whole grain products	
□ Water	
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 (in-school)	
☐ Second Chance Breakfast	
☐ Home Delivery	
☐ Meal Pick Up (for students learning in a distance learning environment)	
39. Does your school have a local wellness committee or school health council/team?*	
✓ Yes	
□ <sub>No</sub>	

## **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

✓ School Website	✓ School Main Office
☐ School Cafeteria or Eating Areas	✓ To parent/teacher organization
☐ To foodservice staff	To administrators
✓ To students	☐ This information is not available for distribution
☐ Upon request	☐ School does not have a Local Wellness Policy
School Menu for Breakfast and Lunch	
✓ School Website	☐ School Main Office
☐ School Cafeteria or Eating Areas	✓ To parent/teacher organization
✓ To foodservice staff	✓ To administrators
✓ To students	☐ This information is not available for distribution
☐ Upon request	☐ School does not have a Local Wellness Policy
<b>Nutritional Content of Each Menu Item</b>	
☐ School Website	✓ School Main Office
☐ School Cafeteria or Eating Areas	☐ To parent/teacher organization
✓ To foodservice staff	To administrators
☐ To students	☐ This information is not available for distribution
✓ Upon request	☐ School does not have a Local Wellness Policy
Ingredients of Each Menu Item	
☐ School Website	☐ School Main Office
☐ School Cafeteria or Eating Areas	☐ To parent/teacher organization

	To foodservice staff	☐ To administrators
	To students	☐ This information is not available for distribution
<b>✓</b>	Upon request	☐ School does not have a Local Wellness Policy
	mation on where fruits and vegetables served in schoolinable agriculture^ practices	ol are grown and whether growers are engaged in
	School Website	☐ School Main Office
	School Cafeteria or Eating Areas	☐ To parent/teacher organization
	To foodservice staff	☐ To administrators
	To students	☐ This information is not available for distribution
<b>✓</b>	Upon request	☐ School does not have a Local Wellness Policy
41. Are s	tudents and parents informed about the availability of	f vegetarian food options at your school?*
<b>✓</b>	Yes	
	No	
	Vegetarian food options are not available	
41a. How	v are vegetarian food options made available to studen	ts at your school? Select all that apply
<b>V</b>	Veg food options are available at Breakfast	
<b>V</b>	Veg food options are available at Lunch	
<b>✓</b>	Veg food options are rotated daily to avoid repetition	
<b>√</b>	Veg food options are clearly labeled or identified	
<b>✓</b>	Veg accommodations available through formal process	or upon request
42. Are n	nilk alternatives, such as soy milk, rice milk, lactose fr	ree milk, etc., available at your school?*
<b>✓</b>	Yes	
	No	
42a. Are	students and parents informed about the availability	of milk alternatives?
<b>√</b>	Yes	
	No	

#### **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 <a href="https://bit.ly/3cM1utm">https://bit.ly/3cM1utm</a>.

<u>Environmental Literacy</u>: Environmental literacy is the development of knowledge, attitudes, and skills necessary to make informed decisions concerning the relationships among natural and urban systems. An environmentally literate person will ultimately understand how to take actions that respect, restore, protect, and sustain the health and well-being of human communities and environmental systems.

<u>Outdoor Learning</u>: Engaging in various activities outside during the school day and out of school time. Many school staff can visualize meals, recess, and physical activity taking place outdoors. Outdoor learning activities might include, but are not limited to, morning meetings, reading circles, lessons across all subject areas, and social-emotional learning.

Outdoor learning space: Any outside area where students and teachers can work together to learn, discuss, and explore. Outdoor learning spaces can be the temporary conversion of areas of school grounds, or it can be part of a larger initiative to create new outdoor teaching structures or enhance existing areas. The space can also be used for other school activities, such as meals, school-based behavioral health services, or student activity club meetings.

43. Does your school have an outdoor lea	rning space?
□ Yes	
✓ No	
43a. How many students are exposed to 10	0 or more hours of outdoor learning per school year?
43b. How is your outdoor learning space	used for outdoor learning?
Instruction	
☐ Yes	□ No
☐ English	☐ Art
☐ Math	☐ Music
☐ Science	☐ Physical Education
☐ Social Studies	☐ Health Education
Other:	

☐ Yes	□ No
☐ Breakfast	☐ Snack
Lunch	☐ Supper
Fresh Fruit and Vegetable Program (FFVP)	Other:
Social Development	
☐ Yes	□ No
☐ Morning Meetings	☐ Wellness Breaks
☐ After-School Activities	☐ Educator Wellness Programs
☐ Student Activity Club Meetings	Other:
43c. Name(s) of outdoor learning coordinator(s):	
43d. Email (s) of outdoor learning coordinator(s):	
44. Does your school currently have a School Garden?*	
✓ Yes	
$\square$ No	
44a. Name of Garden Contact* Aminah Johnson	
44b. Garden Contact E-mail* ajohnson@ceadrtree-dc.org	
45. Did any of your classes or student groups attend a farm fie	ld trip this year?*
□ Yes	
✓ <sub>No</sub>	
45a. How many students attended a farm field trip?	
Kindergarten:	
Grade 1:	
Grade 2:	
Grade 3:	
Grade 4:	
Grade 5:	
Grade 6:	
Grade 7:	

**School Meals** 

Grade 8:			
Grade 9:			
Grade 10:			
Grade 11:			
Grade 12:			
45b. What farm(s) did the students visit? Select all that apply	y.		
	☐ Common Good City Farm (DC	)	
Alice Ferguson Foundation's Hard Bargain Farm (MD)	☐ Pierce Mill (DC)		
☐ DC Urban Greens' Fort Stanton Farm (DC)	Arcadia Center for Sustainable Foo (VA)	od and A	Agriculture
☐ Red Wiggler Farm (MD)			
Calleva Farm (MD)	☐ Rocklands Farm (MD)		
☐ City Blossoms Community Green Spaces (DC)	☐ Washington Youth Garden (DC	<b>C)</b>	
Cox Farms (VA)	Other:		
46. Does your school offer an Environmental Science Class?*			
□ Yes			
☑ No			
46a. How many students are enrolled in this course in the 202	1-22 school year?		
47. Name of Lead Science Teacher/Environmental Literacy In	structor*		
47a. Lead Science Teacher/Environmental Literacy Instructor	r E-mail*		
48. Please select the environmental literacy topics currently accourse in which the topic is taught and the curriculum (or curinstruction:	•		
Note: Please state the curriculum's full name or note that the cur	ricula/lesson plan is teacher created.		
Grades: K – 5		Yes	No
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:		
Curriculum:		
Resource Conservation (e.g., energy, waste, recycling) Course: Curriculum:		
Health (e.g., nutrition, gardens, food) Course:	Ш	
Curriculum:		
Other		
Course:		
Curriculum:		
Grades: 6 – 8	Yes	No
Air (a.g. guality alimata abanga)		
Air (e.g., quality, climate change)  Course:		Ш
Curriculum:		
Water (e.g., stormwater, rivers, aquatic wildlife)	П	
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:		
Curreurum.		
Other		
Course: Curriculum:		
Curricular.		
Grades: 9 – 12	Yes	No
Air (e.g., quality, climate change)	П	
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:			
Curriculum:			
49. Which of the following groups in your school participated in environmental eprovided by outside organizations or agencies?	ducation (EE) lea	arning e	xperiences
49a. Teachers of Grades K – 5			
□ Yes			
✓ <sub>No</sub>			
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:			
49b. Teachers of Grades 6 – 8			
□ Yes			
$\square$ No			
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:
49c. Teachers of Grades 9 – 12
□ Yes
$\square$ No
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:
49d. Administrators  ☐ Yes  ☑ No
If yes, 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. 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,

	des	scription of unit, partnerships, etc.):	
	<b>✓</b>	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.	
	Gra	ndes: 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.	
<b>51</b>	D.		
51.		es your LEA implement any practices related to sustainable, green schools? Select all that apply	
	<b>√</b>	School-wide Recycling Program	
	<b>√</b>	Lead testing of water	
		On-site Composting	
		LEED Certification Type: Silver Gold Platinum	
		Project Learning Tree Green Schools	
		National Wildlife Federation Eco-Schools	
	<b>√</b>	Environmentally-friendly cleaning products	
		Landscaping with native plants	
		Stormwater reduction efforts (i.e., rain barrels, cisterns, rain gardens)	
		Other:	
		None of these	
52.	Wh	nat type of recycling hauling services does your school receive? Select all that apply	
	<b>✓</b>	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		
53.	. 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:		
	✓ No, we don't compost		
54. 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 publi schools?			
	✓ Yes		
	□ No		
55. Does your school purchase environmentally-friendly cleaning supplies?			
	✓ Yes		
	□ No		
56.	Does your school cleaning/maintenance staff follow green cleaning procedures?		
	✓ Yes		
	□ <sub>No</sub>		