

# 2021-22 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. 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.

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## Section 1: School Profile

### 1. Type of School\*

- ☐ Public School
- ☒ Public Charter School
- ☐ Private School

2. LEA ID: 120

3. School Code: 186

4. Ward: 7

5. LEA Name\* Friendship PCS

5a. School Name\* Friendship PCS - Collegiate Academy

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

- ☐ Pre-K-3 and Pre-K4
- ☐ K
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☒ 9
- ☒ 10
- ☒ 11

☒ 12

☐ Adult

☐ Other:

**7. Contact Name of Person Completing and verifying the School Health Profile (SHP)\*** Tamika Maultsby

**7a. E-mail of person completing the SHP\*** tmaultsby@friendshipschools.org

**8. Job Title of person completing the SHP\*** Deputy Chief of Compliance

*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).

**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.

*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 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) 0 # part time (0 – 10) 3

Allied health professional # full time (0 – 10) 0 # part time (0 – 10) 0

### **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.)
- ☒ On-site COVID-19 testing
- ☒ 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

☐ On-site COVID-19 vaccinations and routine pediatric immunizations

**10a. Does your school partner with any 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: Prevention of blindness Society of DC, Children's School Health Services, Proctor & Gamble

**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:** Christina Carrillo

**11bwi. Date of Certification:** 11-06-2021

**11bx. Name:** Dr. Chakoria Wells

**11bxi. Date of Certification:** 11-06-2021

**11by. Name:** Dr. Calvin Green

**11byi. Date of Certification:** 04-02-2021

**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): 1      #part time (0 – 10): 0      Funding Source: Other

Licensed Graduate Social Worker (LGSW)      # full time (0 – 10):      #part time (0 – 10):      Funding Source:

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:

Psychologist # full time (0 – 10): 2 #part time (0 – 10): 0 Funding Source: Self-Funded

Psychiatrist # full time (0 – 10): #part time (0 – 10): Funding Source:

**14. Please provide the contact information of your school behavioral health point of contact:**

**14a. Contact Name\*** Dr. B. Millet

**14b. Contact E-mail\*** bmillet@friendshipschools.org

**15. Does your school provide access to behavioral health services to all enrolled students? (A ‘yes’ response indicates that behavioral health services are available to students in the general education setting as well as those who receive services through an IEP or 504 plan)**

☒ Yes

☐ No

**16. Does your school partner with any outside programs or organizations to provide behavioral/mental health services to students?**

☒ Yes

☐ No

**16a. Please specify their name(s) below (including Community Based Organizations, Department of Behavioral Health, etc.).**

Name of agency(ies) or organization(s): SMILE

**17. Does your school facilitate parent engagement? (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. For example, PTO, PTA, Wellness Committee)**

☒ Yes

☐ No

**18. Does your school offer any health and wellness education for parents?**

☒ Yes

☐ No

**18a. Which of the following health and wellness education options does your school offer to 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)
- ☒ 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:**

**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 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](mailto: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.*

**Health Education Requirement (Grades 9-12):** 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 your school? (0-10)\* 0**

*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**

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

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

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**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**

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

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

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**22. How many teachers instruct both health and physical education in your school? (0-10)\* 2**

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

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

**Carlita Martin**

**[cmartin@friendshipschools.org](mailto:cmartin@friendshipschools.org)**

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

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

**Randall White**

**[rwhite@friendshipschools.org](mailto:rwhite@friendshipschools.org)**

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**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:

Grade 1 Minutes/Week:

Grade 2 Minutes/Week:

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:

**24. Does your school partner with any outside programs or organizations to supplement the health education topical instruction (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 below.\***

Name of agency or organization: Glencoe Health/Arizona State University/L.S.S.N.C.A - Love Notes Curriculum

**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. Does your school teach the following health education topics?**

*Note: Please state the curriculum's full name or note the curricula/lesson plan is teacher created.*

**Grades: K – 5 (Some topics may only be taught in older elementary grades.)**

**Alcohol, Tobacco, and Other Drugs Prevention Education**

☐ Yes If Yes, what curriculum do you use?

☒ No

**Disease Prevention Education**

☐ Yes If Yes, what curriculum do you use?

☒ No

**Human Body and Personal Health Education**

☐ Yes If Yes, what curriculum do you use?

☒ No

**Nutrition Education**

☐ Yes If Yes, what curriculum do you use?

☒ No

**Mental and Emotional Health Education**

☐ Yes      If Yes, what curriculum do you use?

☒ No

**Safety Skills Education**

☐ Yes      If Yes, what curriculum do you use?

☒ No

**Suicide Prevention Education**

☐ Yes      If Yes, what curriculum do you use?

☒ No

**Grades: 6 - 8**

**Alcohol, Tobacco, and Other Drugs Prevention Education**

☐ Yes      If Yes, what curriculum do you use?

☐ No

**Disease Prevention Education**

☐ Yes      If Yes, what curriculum do you use?

☐ No

**Human Body and Personal 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 and Emotional Health Education**

☐ Yes      If Yes, what curriculum do you use?

☐ No

#### **Safety Skills Education**

☐ Yes      If Yes, what curriculum do you use?

☐ No

#### **Suicide Prevention Education**

☐ Yes      If Yes, what curriculum do you use?

☐ No

#### **Grades: 9- 12**

#### **Alcohol, Tobacco, and Other Drugs Prevention Education**

☒ Yes      If Yes, what curriculum do you use?

Glencoe Health/Arizona State University/L.S.S.N.C.A - Love Notes Curriculum

☐ No

#### **Disease Prevention Education**

☒ Yes      If Yes, what curriculum do you use?

Glencoe Health/Arizona State University/L.S.S.N.C.A - Love Notes Curriculum

☐ No

#### **Human Body and Personal Health Education**

☒ Yes      If Yes, what curriculum do you use?

Glencoe Health/Arizona State University/L.S.S.N.C.A - Love Notes Curriculum

☐ No

#### **HIV/STI Prevention Education**

☒ Yes      If Yes, what curriculum do you use?

Glencoe Health/Arizona State University/L.S.S.N.C.A - Love Notes Curriculum

☐ No

#### **Nutrition Education**

☒ Yes      If Yes, what curriculum do you use?

Glencoe Health/Arizona State University/L.S.S.N.C.A - Love Notes Curriculum

☐ No

**Mental and Emotional Health Education**

☒ Yes      If Yes, what curriculum do you use?

Glencoe Health/Arizona State University/L.S.S.N.C.A - Love Notes Curriculum

☐ No

**Safety Skills Education**

☒ Yes      If Yes, what curriculum do you use?

Glencoe Health/Arizona State University/L.S.S.N.C.A - Love Notes Curriculum

☐ No

**Suicide Prevention Education**

☒ Yes      If Yes, what curriculum do you use?

Glencoe Health/Arizona State University/L.S.S.N.C.A - Love Notes Curriculum

☐ No

## Section 4: Physical Education Instruction

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

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

**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.

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

**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.”

**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.

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

**Physical Activity :** 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.

**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).

*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.*

**Moderate-to-Vigorous Physical Activity Minutes:** 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:  
Grades: 6 – 8 Minutes/Week:  
Grades: 9 – 12 Minutes/Week: 90

**29. Which physical education curriculum (or curricula) is your school 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 Curriculum:  
Grades: 6 – 8 Curriculum:  
Grades: 9 – 12 Curriculum: GLENCOE HEALTH & Edgenuity Health

**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.\***

	Less than 50%	50% or more
Grades: K – 5	<input type="checkbox"/>	<input type="checkbox"/>
Grades: 6 – 8	<input type="checkbox"/>	<input type="checkbox"/>
Grades: 9 – 12	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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:

**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
- ☐ Playground/field on school campus
- ☒ Reward for student achievement or good behavior
- ☐ Gardening
- ☒ Walk to School
- ☒ Safe Routes to School
- ☐ 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.

**Local Wellness Committee:** 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.

**Share Table:** 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

☒ 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

☐ No

### **36. How many vending machines are available to students?(0-10)\* 3**

### **36a. What hours are student vending machines available? Select all that apply**

	Yes	No
Before and/or after school	<input checked="" type="checkbox"/>	<input 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

☐☒

**36b. What items are sold from student vending machines? Select all that apply**

- ☒ 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                | <input type="checkbox"/> | <input type="checkbox"/> |
| During school hours                       | <input type="checkbox"/> | <input type="checkbox"/> |
| During school hours, excluding meal times | <input type="checkbox"/> | <input type="checkbox"/> |
| During school hours, only at meal times   | <input type="checkbox"/> | <input type="checkbox"/> |

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

- ☐ 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
- ☐ No

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

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

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

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

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

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

- |   |   |
|---|---|
| <input type="checkbox"/> School Website                   | <input type="checkbox"/> School Main Office             |
| <input type="checkbox"/> School Cafeteria or Eating Areas | <input type="checkbox"/> To parent/teacher organization |

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> To foodservice staff | <input type="checkbox"/> To administrators                                  |
| <input type="checkbox"/> To students                     | <input type="checkbox"/> This information is not available for distribution |
| <input checked="" type="checkbox"/> Upon request         | <input type="checkbox"/> School does not have a Local Wellness Policy       |

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

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

**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 accommodations available through formal process or upon request

**42. Are milk alternatives, such as soy milk, rice milk, lactose free milk, etc., available at your school?\***

- ☒ Yes
- ☐ No

**42a. Are students and parents informed about the availability of milk alternatives?**

- ☒ 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](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 <https://bit.ly/3cM1utm>.

**Environmental Literacy:** 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.

**Outdoor Learning:** 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 learning space?**

☐ Yes

☒ No

### **43a. How many students are exposed to 10 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:

**School Meals**

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Yes                                      | <input type="checkbox"/> No     |
| <input type="checkbox"/> Breakfast                                | <input type="checkbox"/> Snack  |
| <input type="checkbox"/> Lunch                                    | <input type="checkbox"/> Supper |
| <input type="checkbox"/> Fresh Fruit and Vegetable Program (FFVP) | <input type="checkbox"/> Other: |

**Social Development**

- |   |   |
|---|---|
| <input type="checkbox"/> Yes                            | <input type="checkbox"/> No                         |
| <input type="checkbox"/> Morning Meetings               | <input type="checkbox"/> Wellness Breaks            |
| <input type="checkbox"/> After-School Activities        | <input type="checkbox"/> Educator Wellness Programs |
| <input type="checkbox"/> Student Activity Club Meetings | <input type="checkbox"/> 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
- ☐ No

**44a. Name of Garden Contact\*** Carmielle Darden

**44b. Garden Contact E-mail\*** cdarden@friendshipschools.org

**45. Did any of your classes or student groups attend a farm field trip this year?\***

- ☐ Yes
- ☒ No

**45a. How many students attended a farm field trip?**

Kindergarten:

Grade 1:

Grade 2:

Grade 3:

Grade 4:

Grade 5:

Grade 6:

Grade 7:

Grade 8:  
 Grade 9:  
 Grade 10:  
 Grade 11:  
 Grade 12:

**45b. What farm(s) did the students visit? Select all that apply.**

- ☐ Alice Ferguson Foundation’s Hard Bargain Farm (MD)
 ☐ Common Good City Farm (DC)
- ☐ DC Urban Greens’ Fort Stanton Farm (DC)
 ☐ Pierce Mill (DC)
- ☐ Red Wiggler Farm (MD)
 ☐ Arcadia Center for Sustainable Food and Agriculture (VA)
- ☐ Calleva Farm (MD)
 ☐ Rocklands Farm (MD)
- ☐ City Blossoms Community Green Spaces (DC)
 ☐ Washington Youth Garden (DC)
- ☐ 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 2021-22 school year? 78**

**47. Name of Lead Science Teacher/Environmental Literacy Instructor\***

Carmielle Darden Lead Teacher Latasha Butler Environmental Science Teacher

**47a. Lead Science Teacher/Environmental Literacy Instructor E-mail\*** cdarden@friendshipschools.org

**48. 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 or note that the curricula/lesson plan is teacher created.*

Grades: K – 5	Yes	No
Air (e.g., quality, climate change)	<input type="checkbox"/>	<input type="checkbox"/>
Course:		
Curriculum:		
Water (e.g., stormwater, rivers, aquatic wildlife)	<input type="checkbox"/>	<input type="checkbox"/>
Course:		



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

**Grades: 6 – 8**

Yes No

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

**Grades: 9 – 12**

Yes No

Air (e.g., quality, climate change)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Course: Environmental Science		
Curriculum: Teacher Created		
Water (e.g., stormwater, rivers, aquatic wildlife)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Course: Pre-AP Biology College Board		
Curriculum: Teacher Created		
Land (e.g., plants, soil, urban planning, terrestrial wildlife)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Course: Pre-AP Biology College Board

Curriculum: , Environmental Science Teacher created, Urban Gardening teacher created

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

☒☐

Course: Pre-AP Biology College Board

Curriculum: , Environmental Science Teacher created, Urban Gardening teacher created

Health (e.g., nutrition, gardens, food)

☒☐

Course: Health

Curriculum: Health and PE teacher created, Urban Garden teacher created, Human Body Systems

Project Lead The Way

Other

☐☐

Course:

Curriculum:

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

**49a. Teachers of Grades K – 5**

☐ Yes

☐ 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:

**49b. Teachers of Grades 6 – 8**

☐ Yes

☐ 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
- ☒ 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, 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.):  
environmental science classes and urban garden club
- ☐ No evidence that students in this grade participated in a Meaningful Watershed Educational Experience.

**51. Does your LEA implement any practices 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)
- ☐ Other:
- ☐ None of these

**52. 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

**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 public 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
- ☐ No