# 2022-23 SCHOOL YEAR SCHOOL HEALTH PROFILES FORM

## **Healthy Schools Act of 2010**

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

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

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

## **Section 1: School Profile**

 $This \ section \ includes \ your \ school's \ profile \ information \ as \ pulled \ from \ OSSE's \ authoritative \ database.$ 

1.02 LEA ID \*

184

1.03 LEA Name \*

Monument Academy PCS

1.04 School Code \*

260

1.05 School Name \*

Monument Academy PCS

1.06 Ward \*

7

1.07 Grades Served \*

K-5; 6-8

Note: Responses are required for questions with an asterisk.

Office of the State Superintendent of Education 1050 First Street, NE, Sixth Floor Washington, DC 20002

## **Section 2: Health Services**

## Recommended point of contact for this section: School Health Professional and School Behavioral Health Professional .

The following section asks your school to provide information on the physical and behavioral health services provided to students, parents, and staff at your school.

2.01 Do you have nursing and/or allied health professional coverage in your school? *	
<b>O</b> Y	Yes
1 0	No
Please	e state the coverage of nursing and/or allied health professional coverage in your school.
Num	ber of full time nurses * 1
Fund	ing Source * Self Funded
Num	ber of part time nurses * 0
Fund	ing Source * NA
Num	ber of full time allied health professionals * 0
Funding Source * NA	
Num	ber of part time allied health professionals * 0
Fund	ing Source * NA
2.02 Wha	at type(s) of health services does your school offer to students? *
<b>/</b>	Access and/or referrals to medical providers through a systematic process
<b>√</b>	Prevention materials and resources for chronic diseases
<b>/</b>	Screening, testing, and/or treatment for chronic diseases (diabetes, obesity, asthma, etc.)
<b>/</b>	On-site COVID-19 testing
<b>V</b>	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 (dental screening, cleaning, counseling, etc.)
<b>✓</b>	Vision screenings
<b>✓</b>	Hearing screenings
<b>✓</b>	On-site COVID-19 vaccinations and routine pediatric immunizations
2.03 Doe	s your school partner with any outside programs or organizations to provide health services to students?
⊙ <u>`</u>	Yes
1 0	No
Plea	se identify their name below (including community-based organizations, DC Health, etc.). *
<b>/</b>	April May
<b>/</b>	Catholic Charities
<b>✓</b>	Department of Behavioral Health
	DC Health
	WISE Center - MedStar Georgetown University Hospital
	Hillcrest Children and Family Center
	Howard University Hospital
	MBI Health Services
	Paving the Way MSI
	SMILE Therapy Services
<b>√</b>	Other
Speci	ify* Life Enhancement Services; Family Solutions; District Urgent Care, Elaine Ellis
2.04 Does your school have at least two unexpired undesignated epinephrine auto-injectors? *	
<b>O</b> Y	Yes
0 1	No

2.05 Does your school have at least two employees or agents (outside of the school nurse) who are certified to

case of an anaphyla	actic emergency?
• Yes	
O No	
Please provide they were certified	the names of AOM (Administration of Medication) certified personnel at your school and when , if applicable
First Name * 1	Erica
Last Name * F	oe
Email * erica. <sub>I</sub>	poe@monumentacademydc.org
Date of Certific	cation * 7/13/2022
First Name * ]	Katrice
Last Name * F	₹uller
Email * katrice	e.fuller@monumentacademydc.org
Date of Certific	cation * 12/16/2016
2.06 Does your sch	ool have an Automated External Defibrillator (AED)?
• Yes	
O No	
2.07 Student Acces	ss to Period Products (Grades Pre-K3 - Pre-K4, K-5)
-	ool have a dispenser stocked with free period products in at least one student-accessible women's utral bathroom (or if your school does not have a gender-neutral bathroom, then at least one *
☐ At least o	ne Women's bathroom
☐ At least o	ne Gender-neutral bathroom
☐ At least o	ne Men's bathroom
✓ None	

administer both an undesignated and a designated epinephrine auto-injector during all hours of the school day in

products? *
O Yes
⊙ No
2.08 Student Access to Period Products (Grades 6-8, 9-12)
Does your school have a dispenser stocked with free period products in each student-accessible women's and gender-neutral bathroom (or if your school does not have a gender-neutral bathroom, then at least one men's bathroom)? Select all that apply. *
All Women's bathrooms
All Gender-neutral bathrooms
☐ At least one Men's bathroom
None
Does your school have a poster placed by each dispenser with information on the safe use and disposal of period products? $\ast$
O Yes
⊙ No
2.09 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) *
⊙ Yes
O No
# of Full Time * 1
Funding Source * Self Funded
# of Part Time * 0
Funding Source * NA
Licensed Graduate Social Worker (LGSW) *

⊙ Yes
O No
# of Full Time * 0
Funding Source * NA
# of Part Time * 1
Funding Source * Self Funded
Licensed Professional Counselor (LPC) *
⊙ Yes
O No
# of Full Time * 1
Funding Source * Self Funded
# of Part Time * 0
Funding Source * NA
Licensed Graduate Professional Counselor (LGPC) *
O Yes
⊙ No
Psychologist *
• Yes
O No
# of Full Time * 0
Funding Source * NA
# of Part Time * 1
Funding Source * Self Funded

Psychiatrist *	
O Yes	
⊙ No	
2.10 Please provide the contact information of your School Behavioral Health Coordinator.	
First Name * Danielle	
Last Name * Nelson	
Email * danielle.nelson@monumentacademydc.org	
2.11 Does your school provide access to behavioral health services to all enrolled students?	
⊙ Yes	
O No	
2.12 Does your school partner with any outside programs or organizations to provide behavioral/mental health services to students?	
⊙ Yes	
O No	
$\label{lem:please identify their name} Please identify their name (s) below (including Community Based Organizations, Department of Behavioral Health, etc.). *$	
☐ Children's National	
☐ DC Health	
☐ Department of Behavioral Health	
☐ Mary's Center	
☐ Shield T3	
☐ WISE Center - MedStar Georgetown University Hospital	
☐ Elaine Ellis Center of Health	
☐ Grassroots Project	
Hillcrest Children and Family Center	

Paving the Way MSI	
✓ Other	
Specify * Life Enhancement Services; April May	
2.13 Does your school facilitate parent engagement?	
• Yes	
O No	
2.14 Does your school offer any health and wellness education for par	rents? *
⊙ Yes	
O No	
Which of the following health and wellness education options do	es your school offer to parents? *
Health risks related education (e.g. managing student asthma, i routine pediatric immunizations, blood pressure screenings)	mportance of annual well-child visits and
Mental/behavioral health education (e.g. stress management, w	earning signs of youth suicide)
Physical health education (e.g. nutrition or cooking classes, obe	esity prevention)
Physical activity education (e.g. Zumba, yoga, parent-child exe	ercise classes)
Personal health education (e.g. how to talk to your child about relationships, sexual health resources)	appropriate touch, puberty, healthy
COVID-19 risks related education (e.g. mitigation strategies, v	accination, etc.)
Other	
2.15 Does your school offer any health and wellness initiatives to staff	f that contribute to a positive school climate?
Yes	
O No	
What type of staff wellness initiatives does your school offer that	contribute to a positive school climate? *
Organizational structures to support staff wellness (lactation ro days, opportunities to engage teacher voice and build trusting relations)	·
Staff wellness events (retreats, wellness days, workshops, camplike fitness, nutrition, stress management, etc.	paigns, etc.) to promote positive self-care skills

<b>√</b>	Professional development (Trauma informed care, self-care, grief and loss, etc.)
<b>✓</b>	Mental/Behavioral health services offered through an Employee Assistance Program or partnering

Note: Responses are required for questions with an asterisk.

community-based organization

### **Section 3: Health Education Instruction**

Recommended points of contact for this section: Health Education teacher and Physical Education teacher. .

<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).

- 3.01 How many teachers instruct only health education in your school? \*  $\,\,0\,$
- 3.02 How many teachers instruct only physical education in your school? \* 0
- 3.03 How many teachers instruct both health and physical education in your school? \* 1

**Dual Instructor 1** 

First Name \* Jamaur

Last Name \* Law

3.04 For each grade in your school, please indicate the average number of minutes per week during the regular instructional school week that students receive health education instruction.
Kindergarten * 0
Grade 1 (Minutes/Week) * 0
Grade 2 (Minutes/Week) * 0
Grade 3 (Minutes/Week) * 0
Grade 4 (Minutes/Week) * 0
Grade 5 (Minutes/Week) * 60
Grade 6 (Minutes/Week) * 60
Grade 7 (Minutes/Week) * 60
Grade 8 (Minutes/Week) * 60
3.05 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.)? *
O Yes
⊙ No
3.08 Does your school teach the following health education topics? Grades: K – 5
Alcohol, Tobacco, and Other Drugs Prevention Education
• Yes
O No
If Yes, what curriculum do you use? Five for Life
Disease Prevention Education

• Yes

O No

**Human Body and Personal Health Education**  Yes O No If Yes, what curriculum do you use? Five for Life **Nutrition Education** Yes O No If Yes, what curriculum do you use? Five for Life **Mental and Emotional Health Education** Yes O No If Yes, what curriculum do you use? DBT in Schools, Whole Person **Safety Skills Education** Yes O No If Yes, what curriculum do you use? Teacher Created **Suicide Prevention Education** O Yes O No If Yes, what curriculum do you use? DBT in Schools, Purpose Prep 3.08 Does your school teach the following health education topics? Grades: 6 - 8 Alcohol, Tobacco, and Other Drugs Prevention Education

If Yes, what curriculum do you use? Five for Life

O No
If Yes, what curriculum do you use? Five for Life
Disease Prevention Education
⊙ Yes
O No
If Yes, what curriculum do you use? Five for Life
Human Body and Personal Health Education
⊙ Yes
O No
If Yes, what curriculum do you use? Five for Life
HIV/STI Prevention Education
⊙ Yes
O No
If Yes, what curriculum do you use? Five for Life
Nutrition Education
⊙ Yes
O No
If Yes, what curriculum do you use? Five for Life
Mental and Emotional Health Education
⊙ Yes
O No
If Yes, what curriculum do you use? DBT in Schools, Whole Person
Safety Skills Education
• Yes
0

O No	
If Yes, what curriculum do you use?	Teacher Created
Suicide Prevention Education	
⊙ Yes	
O No	

If Yes, what curriculum do you use? DBT in Schools, Purpose Prep

Note: Responses are required for questions with an asterisk.

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

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

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, 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).

4.01 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 \* 60

Grades: 6 - 8 Minutes/Week \* 60

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

Grades: K - 5 \* Teacher Created

Grades: 6 - 8 \* Teacher Created

4.03 Within the physical education course during the regular instructional school week, how much time is devoted to actual moderate-to-vigorous physical activity?

Grades: K - 5 \*

O Less than 50%

<b>O</b> 5	50% or more
Grae	des: 6 - 8 *
O 1	Less than 50%
<b>o</b> 5	50% or more
.05 Hov	v many minutes per day do students get recess on average?
<b>Grades:</b> K – 5 * 30	
Grad	les: 6 - 8 * 30
.06 Wh	at strategies does your school use, during or outside of regular school hours, to promote physical activity? *
	Active Recess
<b>✓</b>	Movement in the Classroom
	Walk to School
<b>✓</b>	After-School Activities
	Athletic Programs
	Safe Routes to School
	Bike to School
<b>/</b>	Playground/field on school campus
<b>✓</b>	Before-School Activities
<b>✓</b>	Playground/field off of school campus
<b>✓</b>	Reward for student achievement or good behavior
<b>V</b>	Shared Use Agreement with organizations providing physical activity outside of normal school day
<b>V</b>	Gardening
<b>√</b>	Dancing or Dance Program
	Other

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Note: Responses are required for questions with an asterisk.

## Section 5: School Nutrition and Local Wellness Policy

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

<u>Good Food Purchasing Program (GFPP)</u>:Public schools, public charter schools, and participating private schools are strongly encouraged to procure food in a manner consistent with the GFPP's core values established by the Center for Good Food Purchasing. (DC Official Code § 38–822.01.c) They include:

(A) Local economics;
(B) Nutrition;
(C) Valued workforce;
(D) Environmental sustainability; and
(E) Animal welfare.
5.01 Does your school operate a share table? *
⊙ Yes
O No
Please indicate the type of share table *
O Refrigerated
O Unrefrigerated
<ul><li>5.02 Is cold, filtered water available to students during meal times? *</li><li>Yes</li></ul>
O No
5.03 How many vending machines are available to students? * 0
What items are sold from student vending machines?
☐ 100% fruit and/or vegetable juice
Regular chips, pretzels and snack mixes
☐ Baked chips, lower calorie and/or fat snacks
☐ Sodas and/or fruit drinks
Fresh fruits and/or non-fried vegetables

	Whole grain products
	Milk and dairy products
	Water
	Fruit snacks
5.04 Doe	s your school have a school store?
⊙ <u>'</u>	Yes
1 0	No
Wha	at are the hours of operation? *
	Before and/or after school
	During all school hours
<b>V</b>	During school hours, excluding meal times
	During school hours, only at meal times
Wha	t food and/or beverages are sold in the school store?
	100% fruit and/or vegetable juice
<b>/</b>	Regular chips, pretzels and snack mixes
	Baked chips, lower calorie and/or fat snacks
	Sodas and/or fruit drinks
	Fresh fruits and/or non-fried vegetables
	Whole grain products
	Milk and dairy products
	Water
	Fruit snacks

5.05 Does your school serve breakfast via an alternative serving model?  $\ensuremath{^*}$ 

O Yes
O No
Select all alternative serving models in operation. *
✓ Breakfast in the Classroom (BIC)
Grab n Go (in-school)
☐ Second Chance Breakfast
5.06 Does your school choose to procure foods in a manner consistent with the Good Food Purchasing Program' (GFPP) five core values (local economies, nutrition, valued workforce, environmental sustainability, and animal welfare)? *
⊙ Yes
O No
O I have never heard of GFPP
If yes, which of the recommended steps of the GFPP has your school completed? *
✓ Have not started
☐ Learning about GFPP
☐ Measuring school baseline through a baseline assessment
☐ Identifying goals and developing an action plan
☐ Improving impact and tracking progress
☐ Institutionalizing GFPP goals
☐ Celebrating success
School GFPP contact
First Name * Greg
Last Name * Gaskins
Email * greg.gaskins@monumentacademydc.org

First Name	NA
Last Name	NA
Email NA	
5.07 Does your	school have a local wellness committee or school health council/team? *
Yes	
O No	

Note: Responses are required for questions with an asterisk.

### **Section 6: Distributing Information**

Recommended points of contact for this section: Principal, Business Manager and Director of Operations.

<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).

6.01 How and to whom are the following items distributed at your school?

LEA	's Local Wellness Policy *
<b>✓</b>	School website
	School cafeteria or eating areas
	To foodservice staff
	To students
	Upon request
	School main office
	To parent/teacher organization
	To administrators
	This information is not available for distribution
	School does not have a Local Wellness Policy
Scho	ol Menu for Breakfast and Lunch *
<b>✓</b>	School website
<b>√</b>	School cafeteria or eating areas
<b>√</b>	To foodservice staff
	To students
	Upon request
	School main office

ш	To parent/teacher organization
<b>√</b>	To administrators
	This information is not available for distribution
	School does not have a school menu
Nutr	ritional Content of Each Menu Item *
	School website
	School cafeteria or eating areas
	To foodservice staff
	To students
<b>✓</b>	Upon request
	School main office
	To parent/teacher organization
	To administrators
	This information is not available for distribution
	School does not have nutritional content of menu items
<del>.</del>	P 4 CF 1 M T4 W
Ingr	edients of Each Menu Item *
	School website
	School cafeteria or eating areas
	To foodservice staff
	To students
<b>✓</b>	Upon request
	School main office
	To parent/teacher organization
	To administrators

	This information is not available for distribution
	School does not have ingredients of menu items
	rmation on where fruits and vegetables served in school are grown and whether growers are engaged in ble agriculture practices *
	School website
	School cafeteria or eating areas
	To foodservice staff
	To students
<b>✓</b>	Upon request
	School main office
	To parent/teacher organization
	To administrators
	This information is not available for distribution
	School does not have this information
6.02 Do y	you offer vegetarian options at your school? *
⊙ <u>y</u>	Yes
O N	No
Ares	students and parents informed about the availability of vegetarian food options at your school? $st$
⊙ <u>y</u>	Yes
0 1	No
How	are vegetarian food options made available to students at your school?
<b>/</b>	Veg food options are available at Breakfast
<b>√</b>	Veg food options are rotated daily to avoid repetition
<b>V</b>	Veg food options are available at Lunch

	Veg food options are clearly labeled or identified
<b>√</b> ,	Veg accommodations available through formal process or upon request
6.03 Are n	nilk alternatives, such as soy milk, rice milk, lactose free milk, etc., available at your school? *
⊙ Ye	es
O No	o O
Are st	cudents and parents informed about the availability of milk alternatives? *
O Ye	es
O No	0

## **Section 7: Environment**

#### Recommended points of contact for this section: Principal and 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.

7.01 Does your school have an outdoor learning space? *	
⊙ Y	es
O N	0
How many students are exposed to 10 or more hours of outdoor learning per school year? * 123	
How is	your outdoor learning space used?
Instru	action
<b>7</b>	English
<b>V</b>	Art
	Math
	Music
<b>V</b>	Science
	Physical Education
<b>V</b>	Social Studies
	Health Education
	Other
Schoo	l Meals
	Breakfast
<b>7</b>	Lunch
	Fresh Fruit and Vegetable Program (FFVP)
<b>V</b>	Snack

$\checkmark$	Supper
	Other
Socia	al Development
<b>/</b>	Morning Meetings
<b>✓</b>	After-School Activities
<b>V</b>	Student Activity Club Meetings
<b>/</b>	Wellness Breaks
<b>✓</b>	Educator Wellness Programs
	Other
Outdo	oor learning coordinator(s):
First	Name * Pushaen
Last	Name * Gunasinghe
Emai	l* pushaen.gunasinghe@monumentacademydc.org
First	Name NA
Last	Name NA
Emai	I NA
7.02 Doe	s your school currently have a School Garden? *
⊙ <u>v</u>	Yes
0 1	No
Gard	en Contact
First	Name * Pushaen
Last	Name * Gunasinghe

Email \* pushaen.gunasinghe@monumentacademydc.org

First Name NA	
Last Name NA	
Email NA	
7.03 Did any of your classes or student groups attend a farm field trip this year? *	
O Yes	
⊙ No	
7.04 Does your school offer an Environmental Science Class? *	
O Yes	
⊙ No	
7.05(a) Please select the environmental literacy topics currently addressed in your school. Grades: $K-5$	;
Air (e.g., quality, climate change)	
O Yes	
⊙ No	
Curriculum NA	
Course NA	
Water (e.g., stormwater, rivers, aquatic wildlife)	
⊙ Yes	
O No	
Curriculum IQWST	
Course Science	
Resource Conservation (e.g., energy, waste, recycling)	
O Yes	
⊙ No	

Curriculum NA
Course NA
Health (e.g., nutrition, gardens, food)
O Yes
⊙ No
Curriculum NA
Course NA
Land (e.g., plants, soil, urban planning, terrestrial wildlife)
⊙ Yes
O No
Curriculum IQWST
Course Science
7.05(b) Please select the environmental literacy topics currently addressed in your school. Grades: 6-8
Air (e.g., quality, climate change)
⊙ Yes
O No
Curriculum IQWST
Course Science
Water (e.g., stormwater, rivers, aquatic wildlife)
⊙ Yes
O No
Curriculum IQWST
Course Science

Resource Conservation (e.g., energy, waste, recycling)
⊙ Yes
O No
Curriculum IQWST
Course Science
Health (e.g., nutrition, gardens, food)
⊙ Yes
O No
Curriculum Teacher Created
Course Science
Land (e.g., plants, soil, urban planning, terrestrial wildlife)
⊙ Yes
O No
Curriculum IQWST
Course Science
7.06 Which of the following groups in your school participated in environmental education (EE) learning experiences provided by outside organizations or agencies?
Teachers of Grades K – 5 *
O Yes
⊙ No
Teachers of Grades 6 – 8 *
O Yes
⊙ No
Administrators *

⊙ No	
7.07 For eac Experiences	ch grade at your school, please indicate the level of participation in Meaningful Watershed Educationals (MWEE).
Grades	: K – 5 *
O A sy place.	ystem wide Meaningful Watershed Educational Experience is in
O Son Experi	ne classes participated in a Meaningful Watershed Educational lence.
O No Experi	evidence that students in this grade participated in a Meaningful Watershed Educational ence.
Grades	: 6 – 8 *
O A sy place.	ystem wide Meaningful Watershed Educational Experience is in
O Son Experi	ne classes participated in a Meaningful Watershed Educational ence.
O No Experi	evidence that students in this grade participated in a Meaningful Watershed Educational ence.
7.08 Does ye	our school implement any practices related to sustainable, green schools? *
$\square$ so	chool-wide Recycling Program
✓ Le	ead testing of water
□ Oı	n-site Composting
	EED Certification Type
□ Pr	oject Learning Tree Green Schools
□ <sub>Na</sub>	ational Wildlife Federation Eco-Schools
✓ Er	nvironmentally friendly cleaning products
□ La	andscaping with native plants
✓ St	ormwater reduction efforts (i.e., rain barrels, cisterns, rain gardens)
□ O <sub>1</sub>	ther

o Yes

☐ None of th	ese	
7.09 What type of recycling hauling services does your school receive? *		
☐ Cardboard	only	
☐ Paper and	cardboard only	
✓ Mixed recy	yclables (plastic, metals, glass) only	
☐ Co-mingle	ed paper, cardboard, and mixed recyclables together ("single-stream")	
☐ Organics		
Other		
☐ None of th	nese	
7.10 Does your scho	ool compost? *	
Yes, we pa	articipate in an organics recycling (off-site composting) program	
☐ Yes, on-sit	te outdoors (e.g. in garden)	
☐ Yes, on-sit	te indoors (e.g. worm bin in classroom)	
Other		
No, we do	n't compost	
7.11 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? *		
O Yes		
⊙ No		
7.12 Does your scho	ool purchase environmentally friendly cleaning supplies? *	
⊙ Yes		
O No		
7.13 Does your school cleaning/maintenance staff follow green cleaning procedures? *		
O Yes		