

# 2023-24 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. 16** 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 \***

156

**1.03 LEA Name \***

Center City PCS

**1.04 School Code \***

1104

**1.05 School Name \***

Center City PCS - Capitol Hill

**1.06 Ward \***

7

**1.07 Grades Served \***

PreK; K-5; 6-8

*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 .*

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? \*

- Yes  
 No

**Please state the coverage of nursing and/or allied health professional coverage in your school.**

**Number of full time nurses \* 0**

**Funding Source \* NA**

**Number of part time nurses \* 0**

**Funding Source \* NA**

**Number of full time allied health professionals \* 1**

**Funding Source \* Other**

**Specify \* ESSR**

**Number of part time allied health professionals \* 0**

**Funding Source \* NA**

**Specify \* ESSR**

### 2.02 What type(s) of health services does your school offer to students? \*

- Access and/or referrals to medical providers through a systematic process
- Prevention materials and resources for chronic diseases
- 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 (dental screening, cleaning, counseling, etc.)
- Vision screenings
- Hearing screenings
- On-site COVID-19 vaccinations and routine pediatric immunizations

**2.03 Does your school partner with any outside programs or organizations to provide health services to students?**

- Yes
- No

**Please identify their name below (including community-based organizations, DC Health, etc.). \***

- April May
- Catholic Charities
- 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
- Other

**Specify \*** Grassroots

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

-

Yes

No

**2.05 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

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

**First Name \*** Lynette

**Last Name \*** Riley

**Email \*** lriley@centercitypcs.org

**Date of Certification \*** 7/14/2022

**First Name \*** Janita

**Last Name \*** Wilkins

**Email \*** jwilkins@centercitypcs.org

**Date of Certification \*** 2/9/2024

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

Yes

No

**2.07 Student Access to Period Products (Grades Pre-K3 - Pre-K4, K-5)**

**Does your school have a dispenser stocked with free period products in at least one student-accessible women's and one gender-neutral bathroom (or if your school does not have a gender-neutral bathroom, then at least one men's bathroom)? \***

At least one Women's bathroom

At least one Gender-neutral bathroom

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? \***

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? \***

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

No

**Licensed Graduate Social Worker (LGSW) \***

Yes

No

**Licensed Professional Counselor (LPC) \***

Yes

No

**Licensed Graduate Professional Counselor (LGPC) \***

Yes

No

**Psychologist \***

Yes

No

**# of Full Time \* 1**

**Funding Source \* Self Funded**

**# of Part Time \* 1**

**Funding Source \* Self Funded**

**Psychiatrist \***

Yes

No

**# of Full Time \* 1**

**Funding Source \* Self Funded**

**# of Part Time \* 1**

**Funding Source \* Self Funded**

**2.10 Please provide the contact information of your School Behavioral Health Coordinator.**

**First Name \* Eric**

**Last Name \* Simpson**

Email \* esimpson@centercitypcs.org

**2.11 Does your school provide access to behavioral health services to all enrolled students?**

- Yes
- No

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

- Yes
- No

**2.13 Does your school facilitate parent engagement?**

- Yes
- No

**2.14 Does your school offer any health and wellness education for parents? \***

- Yes
- No

**2.15 Does your school offer any health and wellness initiatives to staff that contribute to a positive school climate? \***

- Yes
- 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 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

*Note: Responses are required for questions with an asterisk.*



## Section 3: Health Education Instruction

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

**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).

### 3.01 How many teachers instruct only health education in your school? \* 1

#### Health Education Instructor 1

**First Name \*** Daryl

**Last Name \*** Prue

**Email \*** [dprue@centercitypcs.org](mailto:dprue@centercitypcs.org)

### 3.02 How many teachers instruct only physical education in your school? \* 1

**Physical Education Instructor 1**

**First Name \*** Daryl

**Last Name \*** Prue

**Email \*** dprue@centercitypcs.org

**3.03 How many teachers instruct both health and physical education in your school? \* 1**

**Dual Instructor 1**

**First Name \*** Daryl

**Last Name \*** Prue

**Email \*** dprue@centercitypcs.org

**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 \*** 30

**Grade 1 (Minutes/Week) \*** 30

**Grade 2 (Minutes/Week) \*** 30

**Grade 3 (Minutes/Week) \*** 45

**Grade 4 (Minutes/Week) \*** 45

**Grade 5 (Minutes/Week) \*** 45

**Grade 6 (Minutes/Week) \*** 45

**Grade 7 (Minutes/Week) \*** 45

**Grade 8 (Minutes/Week) \*** 45

**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.)? \***

Yes

No

**Name of agency or organization**

**If yes, please specify the name(s) of the partner program or organization below. \***

- Department of Behavioral Health
- DC Health
- Food Corps
- FRESHFARM Food Prints
- Teen Promise Project
- Grass Roots Project
- Hillcrest Children and Family Center
  
- Howard University Hospital
- Martha's Table
- Mary's Center
- Other

**3.08 Does your school teach the following health education topics? Grades: K – 5**

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

- Yes
- No

**If Yes, what curriculum do you use?** Teacher Created

**Disease Prevention Education**

- Yes
- No

**If Yes, what curriculum do you use?** NA

**Human Body and Personal Health Education**

- Yes
- No

**If Yes, what curriculum do you use?** Teacher Created

**Nutrition Education**

- Yes
- No

**If Yes, what curriculum do you use?** Teacher Created

**Mental and Emotional Health Education**

- Yes
- No

**If Yes, what curriculum do you use?** Teacher Created

**Safety Skills Education**

- Yes
- No

**If Yes, what curriculum do you use?** NA

**Suicide Prevention Education**

- Yes
- No

**If Yes, what curriculum do you use?** Teacher Created

**3.08 Does your school teach the following health education topics? Grades: 6 - 8**

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

- Yes
- No

**If Yes, what curriculum do you use?** Teacher Created

**Disease Prevention Education**

Yes

No

**If Yes, what curriculum do you use?** Teacher Created

**Human Body and Personal Health Education**

Yes

No

**If Yes, what curriculum do you use?** Teacher Created

**HIV/STI Prevention Education**

Yes

No

**If Yes, what curriculum do you use?** Teacher Created

**Nutrition Education**

Yes

No

**If Yes, what curriculum do you use?** Teacher Created

**Mental and Emotional Health Education**

Yes

No

**If Yes, what curriculum do you use?** Teacher Created

**Safety Skills Education**

Yes

No

**If Yes, what curriculum do you use?** NA

**Suicide Prevention Education**

Yes

No

**If Yes, what curriculum do you use?** Teacher Created

*Note: Responses are required for questions with an asterisk.*

## 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 \* 45**

**Grades: 6 - 8 Minutes/Week \* 45**

**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 \***

Less than 50%

50% or more

**Grades: 6 - 8 \***

Less than 50%

50% or more

**4.04 Please indicate the average number of minutes per day of physical activity offered for pre-K3 and pre-K4 students: \* 45**

**Please indicate the number of sessions of outdoor physical activity per day 1**

**Please indicate the average minutes per session of outdoor physical activity per day 1**

**4.05 How many minutes per day do students get recess on average?**

**Grades: K – 5 \* 30**

**Grades: 6 - 8 \* 0**

**4.06 What strategies does your school use, during or outside of regular school hours, to promote physical activity? \***

- Active Recess
- Movement in the Classroom
- Walk to School
- After-School Activities
- Athletic Programs
- Safe Routes to School
- Bike to School
- Playground/field on school campus
- Before-School Activities
- Playground/field off of school campus
- Reward for student achievement or good behavior
- Shared Use Agreement with organizations providing physical activity outside of normal school day
- Gardening



Dancing or Dance Program

Other

*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.*

Good Food Purchasing Program (GFPP): 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
- No

### 5.02 Is cold, filtered water available to students during meal times? \*

- Yes
- 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 Does your school have a school store?**

Yes

No

**5.05 Does your school serve breakfast via an alternative serving model? \***

Yes

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's (GFPP) five core values (local economies, nutrition, valued workforce, environmental sustainability, and animal welfare)? \***

Yes

No

I have never heard of  
GFPP

**5.07 Does your school have a local wellness committee or school health council/team? \***

Yes

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.*

**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).

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

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

- 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

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

- 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 school menu

**Nutritional Content of Each Menu Item \***

- 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 nutritional content of menu items

**Ingredients of Each Menu Item \***

- 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 ingredients of menu items

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

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 this information

**6.02 Do you offer vegetarian options at your school? \***

Yes

No

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

Yes

No

**How are vegetarian food options made available to students at your school?**

Veg food options are available at Breakfast

Veg food options are rotated daily to avoid repetition

Veg food options are available at Lunch

- Veg food options are clearly labeled or identified
- Veg accommodations available through formal process or upon request

**6.03 Are milk alternatives, such as soy milk or lactose free milk, available at your school? \***

- Yes
- No

**Are students and parents informed about the availability of milk alternatives? \***

- Yes
- No

## 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](http://chesapeakebayprogress.com) website.

**7.01 Does your school have an outdoor learning space? \***

- Yes  
 No

**Outdoor learning coordinator(s):**

**First Name** NA

**Last Name** NA

**Email** NA

**7.02 Does your school currently have a School Garden? \***

- Yes  
 No

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

- Yes  
 No

**7.04 Does your school offer an Environmental Science Class? \***

- 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) \***

- Yes  
 No



**Curriculum** \* Teacher Created

**Course** \* Science

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

Yes

No

**Curriculum** \* Teacher Created

**Course** \* Science

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

Yes

No

**Curriculum** \* Teacher Created

**Course** \* Science

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

Yes

No

**Curriculum** \* Teacher Created

**Course** \* PE

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

Yes

No

**Curriculum** \* Teacher Created

**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

No

**Curriculum \*** Teacher Created

**Course \*** Science

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

Yes

No

**Curriculum \*** Teacher Created

**Course \*** Science

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

Yes

No

**Curriculum \*** Teacher Created

**Course \*** Science

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

Yes

No

**Curriculum \*** Teacher Created

**Course \*** PE

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

Yes

No

**Curriculum \*** teacher Created

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 \***

- Yes
- No

**Teachers of Grades 6 – 8 \***

- Yes
- No

**Administrators \***

- Yes
- No

**7.07 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.
- Some classes participated in a Meaningful Watershed Educational Experience.
- 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.
- Some classes participated in a Meaningful Watershed Educational Experience.
- No evidence that students in this grade participated in a Meaningful Watershed Educational Experience.

**7.08 Does your school implement any practices related to sustainable, green schools? \***

- School-wide Recycling Program
- Lead testing of water
- On-site Composting
- LEED Certification
- 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

**7.09 What type of recycling hauling services does your school receive? \***

- 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

**7.10 Does your school compost? \***

- 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

No, we don'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? \***

Yes

No

**7.12 Does your school purchase environmentally friendly cleaning supplies? \***

Yes

No

**7.13 Does your school cleaning/maintenance staff follow green cleaning procedures? \***

Yes

No