



**Annual Report to the Mayor and the Council**

**November 30, 2014**

## **Introduction**

Pursuant to the D.C. Healthy Schools Act (the Act), the Healthy Youth and Schools Commission (the Commission) is charged with advising the Mayor and the Council on health, wellness and nutrition issues concerning youth and schools in DC. As required by the Act, the Commission is pleased to submit to the Mayor and the Council its Annual Report on the health, wellness and nutrition of youth and schools in DC.

In last year's report, the Commission identified five priority areas:

1. Ensuring schools are able to meet the physical and health education components of the Act;
2. Assessing opportunities to better evaluate the health, nutrition, wellness and academic impact of this legislation;
3. Promoting the Act to students, school principals, teachers, administrators, staff and families;
4. Addressing the Abysmal Collection Rates for Universal Student Health Certificates; and
5. Improving Capacity to Identify Children and Youth with Mental Health Needs.

While DC has made good progress in promotion of the Act and improving capacity to identify children and youth with mental health needs, the other three areas need focused attention and are discussed in greater detail below.

This report highlights DC's work to improve the health, wellness and nutrition of students by examining achievements and areas to prioritize for the primary subchapters of the Act:

- A. School Nutrition (Subchapter II)
- B. Farm to School Programs (Subchapter III)
- C. Physical and Health Education (Subchapter IV)
- D. Environment (Subchapter V)
- E. Health and Wellness (Subchapter VI)

Where applicable, for each of these topic areas, the Commission report also references mandatory reports required pursuant to the Act, helpful research or information, and best practices in the field. Appendix A provides an overview chart of the main reports required by the Act and their status as of November 30, 2014.

### ***Other Observations of the Commission:***

#### ***OSSE Restructuring***

The Commission would like to express its concern about recent organizational changes that occurred in the Office of the State Superintendent of Education (OSSE) As the evidence for the connection between health and academic outcomes is stronger than ever, it is important that OSSE ensure that the more than 30 member staff working on the USDA's food assistance programs, as well as the Healthy Schools and Healthy Tots Acts, have a Director to whom to

report. It is essential that the division have a central figure that can guide the administration of federal and local programs and interface with other Divisions within OSSE.

*Healthy Schools Act Evaluation*

Additionally, the Commission has been supporting OSSE's efforts to conduct an evaluation of the Act and its impact on the health, nutrition and wellness of children. OSSE secured funding for such an evaluation and in the fall of 2014 issued a Request for Applications (RFA) for the Healthy Schools Act Evaluation and Research Grant and received seven applications. However, upon further consideration, OSSE decided to rescind the RFA and plan how to better conduct a comprehensive policy and program evaluation of the Act. The Commission seeks more information on OSSE plans for the re-tooled evaluation.

## A. School Nutrition, Subchapter II. §§ 38–822.01 - 38–822.07

### Highlights

#### 1) **Adherence to High Nutrition Standards (Sec 202):**

Essentially all District of Columbia Public Schools (DCPS) and DC Public Charter Schools (DCPCS) met or exceeded all of the nutritional requirements of the Act in SY 2013-14.<sup>1</sup> Of note, DCPS has added several dozen new menu items based on the taste testes that have been conducted with DCPS students.

#### 2) **Increased School Breakfast Participation (Sec 203):** DC had the highest breakfast participation in the U.S. among low-income students for SY 2012-13 with 70 low-income students eating breakfast for every 100 who ate lunch.<sup>2</sup> DCPS serves 70.4 low-income students for every 100 who eat lunch, ranking 11<sup>th</sup> among large urban school districts.<sup>3</sup> Breakfast participation means that our students have access to healthy breakfast foods and are starting the day ready to learn. While national rankings are not yet available for SY 2013-14, DC schools served 6,068,412 breakfasts in SY 2013-14, a nearly 10 percent increase over SY 2012-13 (5,825,421).

#### 3) **Increased School Lunch Participation (Sec. 701):** School lunch participation among DC schools increased. There were 8,600,452 lunches served in SY 2013-14, compared to 8,423,509 in SY 2012-2013, an increase of two percent.<sup>4</sup>

### Areas to Prioritize

#### 1) **Competitive Foods (Sec 206):** More assistance is needed to support schools in meeting the requirements of the Act and the federal Healthy Hunger Free Kids Act for fundraisers. While the competitive food served in the cafeteria complies with the standards, schools are struggling to consistently ensure that students are not selling unhealthy foods (e.g., donuts) to raise private funds. Addressing this issue will require a culture shift and a citywide promotion of the benefits of healthy eating. OSSE could provide support in a number of ways, such as creating and sharing consistent nutrition messages for all schools, designing incentives for schools to meet the requirements, as well as executing a comprehensive communications strategy to promote the importance of these requirements among school staff in keeping students healthy, increasing opportunities for students to try nutritious foods, promoting healthy eating behaviors, and eliminating the use of food as a reward or a punishment.

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<sup>1</sup> OSSE Physical and Health Education Report, 2014. Available at <http://osse.dc.gov/service/healthy-schools-act-yearly-reports>.

<sup>2</sup> Food Research and Action Center [School Breakfast Scorecard](http://frac.org/pdf/School_Breakfast_Scorecard_SY_2012_2013.pdf): School Year 2012-2013, at [http://frac.org/pdf/School\\_Breakfast\\_Scorecard\\_SY\\_2012\\_2013.pdf](http://frac.org/pdf/School_Breakfast_Scorecard_SY_2012_2013.pdf)

<sup>3</sup> Food Research and Action Center School Breakfast: Making It Work In Large Urban School Districts, School Year, January 2014 at [http://frac.org/pdf/School\\_Breakfast\\_Large\\_School\\_Districts\\_SY2012\\_2013.pdf](http://frac.org/pdf/School_Breakfast_Large_School_Districts_SY2012_2013.pdf)

<sup>4</sup> Data received November 2014 from OSSE Wellness and Nutrition Services.

- 2) **Funding for Breakfast in the Classroom and Alternative Breakfast Models (Sec. 102):** Additional funding for Breakfast in the Classroom and alternative service models is needed according to DCPS Office of Food and Nutrition Services and DCPCS food service directors. The HSA provided one-time funding of \$7 per student to school to assist with the implementation of Breakfast in the Classroom programs. This funding was essential to purchasing operating supplies, including hot/cold bags, extra trash bags, desk wipes and hand sanitizer, but does not sustain the ongoing costs of maintaining the program in schools. Funds should be appropriated each year to support the ongoing operational costs of offering Breakfast in the Classroom and alternative breakfast models.
  
- 3) **Maximization of federal funding for meals served afterschool, on weekends and during school breaks and summer vacation (Sec. 701):** DCPS and DCPCS schools run the gamut in terms of utilizing at-Risk Meal and Summer Food Service Program federal funding, which is available to feed children at schools outside of the official school day. Schools in which 50 percent or more of their students are eligible for free- or reduced- priced meals can readily serve a snack and/or a supper during afterschool enrichment programs. Federal funds are also available to serve meals at these schools during weekends and winter and spring break. In partnership with anti-hunger and out-of-school time organizations, OSSE should track which schools host enrichment programs during the school year and ensure that children in these programs are accessing nutritious meals through the federal nutrition programs. Additionally, schools need support (e.g., stipends for staff/security officers) to participate in the summer food service program, which can serve the broader community, not just the students enrolled in school-based summer programs.

## **B. Farm-To-School Program, Subchapter III §§ 38–823.01 - 38–823.03**

### **Highlights**

- 1) **Funding for Farm Field Trips (Sec. 301):** OSSE created a Farm Field Trip grant for SY 2014-15 to address the transportation barrier many schools face in getting their students to farms and will continue to offer these grants yearly. Grants were awarded to 24 teachers at 23 schools to take a class of students on a farm field trip and conduct follow-up activities in the classroom.
  
- 2) **Improved Data Collection for Locally Grown and Unprocessed Foods (Sec 303):** In order to better collect data on the use of locally grown and unprocessed foods by schools, OSSE developed a more robust data collection system to track local procurement (amount, types, and variation in local products served). This process was piloted towards the end of SY 2013-14 and is in full effect for the current school year.
  
- 3) **Connecting School Celebrations to Food in the Cafeteria (Sec. 302):** The annual Strawberries and Salad Greens Day celebration featured an increase in school and food service vendor participation, helping more students access and celebrate healthy foods.

## Areas to Prioritize

- 1) **Central Facility (Sec. 204):** A Comprehensive School Foodservice Report was released in March 2013. According to this report, to date, no forward movement has been made on building a central facility that would be a hub for meal production, food storage, and food service in the city. The report concluded that the project would carry a price tag of more than \$20 million and there was no consensus among agencies on moving forward with building the facility. While there does not appear to be political will nor funding capacity for a comprehensive facility at this point, the City should look at opportunities to support school food services by identifying a facility that could be used to store USDA commodities, flash freeze and store locally grown and unprocessed foods, and perhaps, serve other common functions for DCPS and PCS.
- 2) **Continued Tracking of Local Foods (sec. 303):** Continue to work on a comprehensive tracking system for collecting data on local foods served in schools, so DC has a full school year (SY 2014-15) of data from which to evaluate citywide local procurement. This will require the attention of OSSE, DCPS, and the food service vendors that provide meals to DCPS and PCS schools.

## **C. Physical and Health Education, Subchapter IV §§ 38-824.01 - 38-824.05**

### Highlights

- 1) **Adherence to Curricular Standards (Sec. 405):** SY 2013-14 marked the highest adherence to curricular standards since the collection of School Health Profiles (SHP) began in SY 2010-11. Ninety-seven percent of schools reported using OSSE's Physical Education Standards as the foundation of physical education (PE), and 92% of schools reported using OSSE's Health Education Standards as the foundation for health education (HE).<sup>5</sup>
- 2) **Improved DC Comprehensive Assessment System (DC CAS) Health Scores (Sec. 405):** The third year results of the DC CAS Health showed an increase in the overall score for the first time. Eighth graders showed the greatest gain with a four percentage point increase over 2013 from 64% to 68% overall correct answers.<sup>6</sup>
- 3) **Promotion of Physical Activity (PA) (Sec. 401):** Based upon data reported in the 2014 SHP, schools continue to use a variety of strategies to promote PA, including active recess, movement in the classroom, and athletic programs. From SY 2012-13 to SY 2013-14, there was an increase in the number of PA strategies that schools reported using, with the largest gains in active recess (five percentage point increase) and walk or bike to school (four percentage point increase).

## Areas to Prioritize

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<sup>5</sup> Healthy Schools Act of 2010 Report, Reporting Period October 1, 2013-September 30, 2014, at p. 9.

<sup>6</sup> Healthy Schools Act of 2010 Report, Reporting Period October 1, 2013-September 30, 2014, at pp. 12-13.

- 1) **Citywide Non-Compliance with the Required Physical Education Minutes (Sec. 402) and Health Education Minutes (Sec. 402) for SY 2014-15:** Based on the 2014 SHP data, only two schools (both PCS) reported meeting or being close to meeting the SY 14-2015 HE and PE requirements. In SY 2014-15, grades K-5 must average at least 150 minutes per week and grades 6-8 must average 225 minutes per week. In SY 2013-14, schools reported providing an average of 59 minutes per week, a decrease of seven minutes per week in grades K-5, and 89 minutes per week, a decrease of 11 minutes per week in grades 6-8 since SY 2012-13.<sup>7</sup> The picture is equally discouraging in terms of schools' ability to offer the required HE minutes of 75 minutes per week for all elementary and middle school students in SY 2014-15. Based on the 2014 SHP data, the 31 minutes per week reported in grades K-5 and the 48 minutes of health education minutes reported in grades 6-8 fall short of the 75 minutes per week now required in SY 2014-15.<sup>8</sup> DCPS took an exciting step forward with proposing an increase of PE and HE in middle school from two to three quarters each year, it is uncertain whether DCPS will be able to implement this increase.

In an effort to better understand the barriers and challenges that schools face in the implementation of effective HE and PE including the SY 2014-15 PE and HE minutes, OSSE's Healthy Schools Act Initiatives Team and Health Education Team conducted informal needs assessment interviews at 38 schools during SY 2013-14. The barriers identified include limited scheduling, staffing, funding, and facilities and equipment.

Despite the Commission's attempts to alert city leaders to this issue in the 2012 and 2013 Annual Reports to Council and the Mayor, there has been insufficient attention and a lack of funding for the PE and HE requirements at the highest levels. Therefore, we recommend the Mayor, Council, and the State Board of Education work together to support schools in improving efforts to increase opportunities for students to engage in PE and HE through:

- a. Convening a group of experts in physical education, physical activity, and health education to advise the city how to meet the goals of fostering student health and wellness,
- b. Engaging school families to offer opinions on whether they support increased PE and HE,
- c. Looking at ways to fund the implementation of the Healthy Schools Act provisions relating the PE and HE which will not only require the hiring of additional staff and in some cases, the securing of space for PE and HE activities, but also a possible extension of the school day, and
- d. Considering amending the Act to develop a reasonable timeline to better incorporate more PE and HE minutes and also look at opportunities to promote additional physical activity minutes that may occur outside of PE such as active recess and activity breaks, or through the establishment of local school wellness councils if those activities reached all students on a consistent basis.

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<sup>7</sup> Healthy Schools Act of 2010 Report, Reporting Period October 1, 2013-September 30, 2014, at pp. 4-5.

<sup>8</sup> Healthy Schools Act of 2010 Report, Reporting Period October 1, 2013-September 30, 2014, at pp. 6-7.

Without citywide attention to this lack of compliance to the PE and HE provisions Act, the goals of the Healthy Schools Act will be undermined as stakeholders will be able to ignore the PE and HE provisions of the Act with impunity.

- 2) **Adapted Physical Education (Sec. 403):** To date, OSSE has not collected any data on the ability of DCPS and DCPCS to provide adapted physical education to students with disabilities. Collecting this data and addressing the needs of Local Education Agencies (LEA) in this area should be a priority for OSSE in the coming year to ensure that PE is available to all students in DC.
- 3) **Requiring or Withholding Physical Activity (Sec. 403):** Informal school needs assessments conducted by OSSE indicate that recess is being withheld as a punishment at a number of DCPS and DCPCS Schools. It is necessary to educate teachers and administrators on Section 403 of the Act, which prohibits the act of requiring or withholding physical activity as a punishment. The Healthy Schools Act Initiatives team at OSSE will lead this education initiative in SY 2014-15.

#### **D. Environment, Subchapter V. §§ 38–825.01 - 38–825.03**

##### **Highlights**

- 1) **Environmental Literacy Plan (Sec. 502):** Due to Sustainable DC and the Sustainable DC Omnibus Act of 2013, there has been strong movement towards implementation of the Environmental Literacy Plan, with development of the Environmental Literacy Framework, the designation of a Model School in each Ward, and the creation of an Environmental Literacy Specialist position within OSSE funded with funds from the Act.
- 2) **Master Recycling Plan (Sec. 501):** The DCPS Recycles! Program for all DCPS schools was expanded to include increased hauling services, standardized supplies, and on-site support, as well as an 11 school organics recycling pilot. Based on the pilot, organics recycling is being phased in to all schools, starting with 54 scheduled to start in SY2014-2015. Up-to-date information is available at: <http://dgs.dc.gov/page/healthy-schools>.
- 3) **School Garden Impacts (Sec. 503):** There has been an increase in the number of school gardens over the past year, with 107 schools currently having active gardens (up from 91 in SY 2012-13.) In addition, 86% of school garden grantees report that their garden program had an overall positive impact on teachers and students.<sup>9</sup>

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<sup>9</sup> OSSE Farm to School and School Gardens Report, 2014. Available at <http://osse.dc.gov/service/healthy-schools-act-yearly-reports>.



## **Areas to Prioritize**

- 1) **Data Collection and Reporting (Sec. 501):** There is a gap in baseline information connected to environmental issues at schools.
  - a. The Commission recommends closer attention to the DCPCS landscape in relation to lead in the water, lead in the building, and indoor air quality (IAQ) (Sections 501(a)(5), 501(a)(6), and 501(a)(8), respectively). We suggest further fact-finding around current practices by adding questions related to these areas to OSSE’s SHP (e.g., Do you test annually for lead in the drinking water, and have you remediated? How frequently do you change the air filters? Have lead risk assessments been performed in your building?).
  - b. Since the Act was written, DCPS has changed its procurement policies for cleaning supplies, and there is no longer a centralized process, putting the onus on schools to purchase cleaning supplies. This makes it difficult to assess compliance with 501(b)(1), the use of environmentally-friendly cleaning supplies. We suggest adding a fact-finding question to the SHP.
  - c. According to DGS, all schools, regardless of age or LEED certification, have some Indoor Air Quality (IAQ) issues. More work needs to be done, especially at PCS schools where DGS has not been conducting testing or remediation, to get baseline information on specific contributors to poor IAQ in each building, maintenance practices, and remediation efforts, all of which should have been assessed within the 2012 Comprehensive Report per 501(c).
  - d. Several reports required under this section of the Act cannot be located. For instance, there is no record of a comprehensive report describing the implementation of recycling, composting, energy-reduction, pest management, air quality, and environmentally friendly cleaning supplies programs in public schools due December 31, 2012.
  
- 2) **Charter School Support to Meet Environmental Goals of the Act (Title V):** Overall, more support needs to be given to DCPCS to ensure that they are able to meet the goals of the Healthy Schools Act.
  - a. DGS currently supports water testing and remediation for all DCPS schools, and speculates that they could provide water testing and remediation to all DCPCS for \$150,000 annually. Considering that lead in the water poses serious health hazards, and that maintenance is required on the school-level to protect students, we consider this to be central concern.
  - b. Section 501(a)(1) calls on DGS to offer “technical assistance” to DCPCS in relation to recycling. This technical assistance is currently in the form of advice, but DCPCS have indicated that they need materials and particular support around collection contracts. We suggest that technical assistance be expanded to provide more resources to DCPCS, including recycling bins, and some support in contracts for hauling to help reduce the costs to individual DCPCS.

- 3) **Sustainability of Successful School Garden Programs:** Approximately 25 schools per year are awarded OSSE School Garden Grants (SGG) in the amount of \$15,000 (\$10,000 in prior years). However, schools may only receive a SGG for three out of any five years. Therefore, we must assist School Garden Coordinators in developing sustainability plans for their school gardens and developing the long-term sustainability of programs beyond OSSE grant funding. This will require the attention of OSSE, DCPS, the Public Charter School Board, and individual school administrators.

## **E. Health and Wellness, Subchapter VI. §§ 38–826.01 - 38–826.05**

### **Highlights**

- 1) **Emotional, Social and Mental Health Services (Sec. 701):** Progress has been made in the following areas:
  - a. The *South Capitol Street Tragedy Memorial Act of 2011* required training for teachers and principals in DCPS and DCPCS and staff in child development facilities in identifying children and youth with unmet mental and behavioral health needs. The DC Department of Behavioral Health developed an interactive learning module to train all K-12 school personnel in how to identify, approach and refer students showing signs of psychological distress to appropriate support services. While the elementary version is still in development, the middle and high school module has been rolled out to all DCPCS personnel at 61 schools on 112 campuses. DCPS also rolled the training out to its middle and high schools. DCPCS leaders were notified in the weekly Tuesday Bulletin and provided the online link to the training. DCPS principals were notified via email by the Chief of Schools.
  - b. Improved Mental Health Screening Tools for Pediatric Primary Care Providers: The DC Collaborative for Mental Health in Pediatric Primary Care developed a comprehensive pediatric mental health resource guide and completed a nine month, web-enabled quality improvement learning collaborative with pediatric practices to improve screening for mental and behavioral health issues. As a result, practices around the city are now using standardized screening tools to identify mental health issues during routine well child visits.
- 2) **More Schools Nurses in DCPS and DCPCS (Sec. 604):** Not long ago, no school nurse was the rule, not the exception, for students in DCPCS. The DC Council designated \$3 million in FY2014 to increase the number of nurses in DCPCS. This year, 70 of 112 DCPCS campuses have a full- or part-time nurse, and every school has staff trained to administer medication to students. For DCPCS campuses without a nurse, the reason is often that schools may not have the required facilities for a nurse's suite. The percentage of DCPS schools with nursing coverage continues to be higher than DCPCS; however coverage has reduced in recent years. Currently three DCPS schools have no school nurse, and the percentage of DCPS schools with full-time coverage has decreased each year in recent years, including in SY 2014-15.

## **Areas to Prioritize**

- 1) **The Passage and Funding for the Mental Health - Behavioral Health System of Care Act of 2014 (B20-676) (Sec. 701):** This legislation, introduced by Councilmember Alexander and endorsed by the DC Collaborative for Mental Health in Pediatric Primary Care, would require the Department of Behavioral Health to establish a behavioral health access project. This Act would fund a behavioral health access line to allow primary care providers to obtain real-time consultation from a mental health professional when seeing a patient with mental health concerns that the primary care provider is not comfortable managing independently.
- 2) **Funding for More Schools Nurses in DC Public Schools:** Additional funding is needed to move toward, and ultimately reach, the goal of full-time nursing coverage at all DCPS and DCPCS locations. Recruitment and retention of school nurses is apparently a significant issue; the Mayor and Council should provide adequate funding to support full-time nursing coverage in all schools and encourage schools to focus on recruitment and retention of school nurses as a priority.
- 3) **Electronic Submission of Universal Health Certificates (Sec. 605):** The Commission continues to stress the need for the City to develop improved systems and to press for compliance with the law requiring submission of universal health certificates for all students in DCPS and DCPCS. Councilmembers Alexander and Barry have submitted legislation related to health certificates. To address the low collection of these certificates by DC schools, OSSE is in the process of working with DOH and the primary care practices to develop a system by which UHC data can be shared electronically with schools through OSSE's Statewide Longitudinal Education Data System (SLED) This will also make essential health data available to OSSE and DOH, including BMI data that the Commission has long been seeking. The BMI data will be a critical component of the Healthy Schools Act evaluation.
- 4) **Comprehensive Strategy to Address Needs of Homeless Children:** There were 1,326 homeless students in DCPCS and 2,816 in DCPS in SY 2013-2014. The Mayor's office has articulated the goal of closing DC General Family Shelter through the "500 Families. 100 Days. Quality DC Housing Now" campaign<sup>10</sup> in conjunction with the Departments of Human Services and General Services. The plan relies on moving families from DC General to permanent housing or smaller, scattered sites in the community for emergency shelter. As of November 2014, the Virginia Williams Family Resource Center is not placing any new families who are homeless in emergency shelter. While housing during the winter hypothermia season is crucial, housing year-round is also critical for the health and well-being of DC's children. The Mayor's office in the new administration must ensure a

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<sup>10</sup> Oct 2014: <http://dc.gov/release/deputy-mayor-health-and-human-services-releases-plan-close-dc-general-family-shelter> in

comprehensive strategy is in place to provide safe emergency shelter and long-term permanent housing for homeless children and families year-round.

## ACKNOWLEDGEMENTS

**The Commission extends its gratitude to the following members of the Commission and Commission sub-committees who contributed to this report:**

**Nutrition Sub-Committee:** Alex Ashbrook (Commissioner, DC Hunger Solutions), Diana Bruce (Commissioner, DCPS), Elizabeth Leach (DCPS), Melissa Roark (DC Hunger Solutions)

**Farm to School Sub-Committee:** Lauren Shweder Biel (Commissioner, DC Greens), Karissa McCarthy (DC Greens)

**Environmental Sub-Committee:** Lauren Shweder Biel (Commissioner, DC Greens), Audrey Williams (Commissioner, PCSB), Judy Berman (DC Appleseed), Cody Gillians (Mayer Brown) Beth Gingold (DGS), Brian Killian (DGS), Grace Manubay (DDOE), Kathleen Walsh (DGS)

**Physical and Health Education Sub-Committee:** Alex Ashbrook (Commissioner, DC Hunger Solutions), Kellye McKenzie (Commissioner, Peer Health Exchange), Joni Eisenberg (DOH), Heather Holaday (DCPS), Nancy Brenowitz Katz (OSSE), Katie Lantuh (OSSE)

**Health and Wellness Sub-Committee:** Cara Biddle (Commissioner, Children's National Medical Center), Charneta Scott (Commissioner, DBH), Audrey Williams (Commissioner, PCSB), Valentine Breitbarth (DCPS), Tanisha Douglas (DCPS), Michele Mietus-Snyder (Children's National Medical Center)

**APPENDIX A**  
**Compliance with the Healthy Schools Act Reporting and**  
**Public Discourse Requirements, SY 2013-2014**

<b>Report Title</b>	<b>Agency Responsible</b>	<b>Yearly Due Date (unless otherwise noted)</b>	<b>Section of the Act</b>	<b>Current Status</b>
School Health Profiles	Submitted by each DCPS and DCPCS & posted on OSSE website	Schools must submit profile by Feb. 15 <sup>th</sup> of each year and post on their website or in the office, OSSE shall post on its website within 14 days of receipt	Title VI: Health and Wellness (Sec.602)	98 percent completion rate
Environmental Literacy Plan	DDOE	June 30 <sup>th</sup> , 2012	Title V: School Environment (Sec. 502)	Submitted June 30 <sup>th</sup> , 2012
Farm to School and School Gardens Report	OSSE	June 30 <sup>th</sup>	Title V: School Environment (Sec. 503)	Submitted September 26 <sup>th</sup> , 2014
Physical Education and Health Education Report	OSSE	September 30 <sup>th</sup>	Title IV: Physical Education/ Health Education (Sec. 405)	Pending
Health, Wellness, and Nutrition Report	Healthy Youth and Schools Commission	November 30 <sup>th</sup>	Title VI: Health and Wellness (Sec. 701)	Pending
Comprehensive Food Service Report	DCPS and Department of General Services	December 31 <sup>st</sup> (every year until completion)	Title II: School Nutrition (sec. 204)	March 15 <sup>th</sup> , 2013
School Health Center Plan	DOH, Office of Healthcare Finance, DCPS, OPEFM and the Public Charter School Board	December 31 <sup>st</sup> , 2011	Title VI: Health and Wellness (Sec.603)	Not submitted
Sustainable Meal Serving Products Plan	DCPS	December 31 <sup>st</sup> , 2011	Title V: School Environment (Sec. 501)	Submitted but cannot confirm date

<b>Report Title</b>	<b>Agency Responsible</b>	<b>Yearly Due Date (unless otherwise noted)</b>	<b>Section of the Act</b>	<b>Current Status</b>
Environmental Programs Report	Mayor	December 31 <sup>st</sup> , 2011	Title V: School Environment (Sec. 501)	DGS has developed a recycling plan for DCPS ( <a href="http://dgs.dc.gov/page/healthy-schools">http://dgs.dc.gov/page/healthy-schools</a> )
Wellness Policy	Submitted by DCPS and each DCPCS	Each local educational agency develop, adopt, and update a comprehensive local wellness policy at least every 3 years, OSSE shall review each policy	Title VI: Health and Wellness (Sec.601)	OSSE has received a local wellness policy from each LEA
Daily Menu, Nutritional Content and Ingredients of Each Menu Item, and Origin of Produce	Posted by DCPS and each DCPCS in each school office and online if schools have websites	Daily	Title II: School Nutrition (Sec. 205)	100% of schools report posting menus on their school website. DCPS posts menu on the central DCPS website. Ingredients and origin are required to be available upon request.

## APPENDIX B

### Current Healthy Youth and Schools Commissioners

<b>Name</b>	<b>Appointment</b>	<b>Affiliation</b>
Alexandra Ashbrook	Chairperson	DC Hunger Solutions
Cara Larson Biddle	Member Appointed by the Chairman of the Council	Children's National Medical Center
Lauren Biel (in process of renewal)	General member	DC Greens
Diana Bruce	Designee Representative of DCPS	DCPS
Shannon Foster	General Member	Payne Elementary School
Rebecca Levin	Member appointed by the Chairperson of the Council Committee with oversight over education	
Kellye McKenzie	General Member	Peer Health Exchange
Charneta Scott	Designee Representative of DBH	DBH
Jeff Travers	General Member	Fight for Children
Audrey Williams	Member appointed by DCPCSB	DCPCSB
<b>Open</b> (Nomination of Robin Diggs in process at DOH)	Designee representative of DOH	DOH
<b>Open</b> (Nomination of Nancy Katz Submitted to OBC on 12/5)	Designee representative of OSSE	OSSE
<b>Open</b>	Student Member	