

# 2019-20 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**

O Private School

Public Charter School

<b>2. LEA ID:</b> 108			
3. School Code: 1207			
<b>4. Ward:</b> 4			
5. LEA Name* Capital City	PCS		
<b>5a. School Name*</b> Capital C	ity PCS - High School		
6. Grades Served. Select all t	hat apply*		
Pre-K-3 and Pre-K4		□ 1	
_ 2	<u> </u>	□ 4	
<u> </u>	☐ 6	□ 7	
□ 8	<b>√</b> 9	<b>✓</b> 10	
<b>✓</b> 11	<b>✓</b> 12	☐ Adult	
Other:			
7. Contact Name of Person C	Completing the School	Health Profile (SHP)* Jonathan Weinstein	
7a. Contact E-mail* jweinst	ein@ccpcs.org		
8. Contact Job Title* Chief	Operating Officer		
	SHP and will receive a	out the SHP. This person will automatically be added as a tape PDF copy of the completed HSA SHP via e-mail for posting	

Note: Responses are required for questions with an asterisk.

1. Type of School\*

O Public School

#### **Section 2: Health Services**

## Recommended point of contact for this section: School Health Professional or School Mental 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. <u>Undesignated Epinephrine Injector</u>: An epinephrine auto-injector that is not assigned to a specific student byprescription. 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:\* # full time (0 - 10) 0 # part time (0-10)<sup>2</sup> Nurse # full time  $(0 - 10)^{-0}$ # part time  $(0 - 10)^{-1}$ Allied health professional 9b. For the coverage you indicated in 9a, please state the funding source:\* No Nurse Yes No Allied health professional Yes  $\overline{\mathbf{V}}$  $\overline{}$ Self-funded Self-funded  $\overline{}$ П  $\overline{\mathbf{V}}$ Provided by the Department of Health Provided by the Department of Health  $\overline{ }$  $\overline{ }$ Other Other 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.) 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 Other 10a. If your school partners with any outside programs or organizations to provide health services to students, please specify their name below (including Community Based Organizations, DC Health, etc.). Name of agency or organization:

✓ No current partnership(s)

11. Does your school have at least two	unexpired undesignat	ted epinephrine auto-in	jectors? *
✓ Yes	No		
11a. Does your school have at least tw administer both an undesignated and a case of an anaphylactic emergency?  Yes			
11b. Please provide the names of AOM they were certified, if applicable:	M (Administration of N	Medication) certified pe	rsonnel at your school and when
11bw. Name: Jonathan Weinstein	11	bwi. Date of Certificat	tion: 2019-09-03
11bx. Name: Todd Kutyla	11	bxi. Date of Certificat	ion: 2017-10-06
11by. Name: Steve Leboo	11	byi. Date of Certificat	ion: 2017-06-23
11bz. Name: Aisha Hassan	11	bzi. Date of Certificati	ion: 2019-08-26
12. Does your school have an Automa	ted External Defibrilla	ntor (AED)?	
✓ Yes	No		
13. How many of the following clinica school?*	l staff are currently en	nployed, work as a cont	ractor, or volunteer at your
Licensed Independent Clinical Social Worker (LICSW)	# full time (0 – 10): 0	#part time (0 – 10): 0	Funding Source:
Licensed Graduate Social Worker (LGSW)	# full time (0 – 10): 1	#part time (0 – 10): 0	Funding Source: Self-Funded
Licensed Professional Counselor (LPC) Funding Source: Provided by the Departr	· · · · · ·	#part time (0 – 10): 0	
Licensed Graduate Professional Counselor (LGPC)	# full time (0 – 10): 0	#part time (0 – 10): 0	Funding Source:
Psychologist	# full time $(0 - 10)$ : 0	#part time $(0 - 10)$ : 0	Funding Source:
Psychiatrist	# full time (0 – 10): 0	#part time (0 – 10): 0	Funding Source:
14. Please provide the contact informa	ation of your school m	ental health point of co	ntact:
<b>14a.</b> Contact Name* Wanda Gregory			
14b. Contact E-mail* wgregory@ccp	cs.org		
15. Does your school offer mental hear receive services through a 504 Plan or		s in the general education	on setting (students that don't
✓ Yes	No		

stuc	dents, please specify their name below (including Community Based Organizations, Department of Behavioral alth, etc.).
	✓ Name of agency or organization:DWW Psychological Services, Mary's Center
	☐ No current partnership(s)
the	Parent engagement in schools is defined as parents and school staff working together to support and improve learning, development, and health of children and adolescents. How is your school facilitating parent agement?
	□ PTO
	□ PTA
	☐ Wellness Committee
	✓ Other:
	Parent School Association
18.	Does your school offer any health and wellness education for 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)
	Other:
19.	What type of staff wellness initiatives does your school offer that contribute to a positive school climate?
	Opportunities for self-care during the school day (wellness rooms, lactation rooms, welcoming break rooms, etc.)
	✓ Staff wellness retreats for positive self-care skills like (yoga, meditation, stress management, etc.)
	☐ Trauma informed self-care training (e.g. Vicarious trauma training)
	✓ Other:healthy meals, exercise classes, sports, mindfulness

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

Recommended point of contact for this section: Health Education Teacher, Physical Education teacher

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

<u>Health Education</u>: Formal, structured health education as defined by the Centers for Disease Control and Prevention consists of any combination of planned learning experiences that provide the opportunity to acquire information and the skills students need to make quality decisions. Health education instruction of the District of Columbia Health Education Standards (DC Official Code § 38–821.01).

Health Education Minutes: This number should represent the average number of minutes per week over the course of the school year. 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 **NOT** include physical education instruction time in this figure. This average should only include time devoted exclusively to health education instruction that utilizes a health-specific curriculum. For this question, please indicate an average between 0 and 125 minutes of health education that your school provides per grade for every week of the school year. 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).

<u>Cardiopulmonary Resuscitation Training:</u> 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 evidencebased 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).

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

20b. Name of Health Education Instructor 1

20bi. Health Education Instructor 1 E-mail

21. How many teachers instruct only physical education in you school? (0-10)\* 2

21a. Name of Physical Education Instructor 1

21ai. Physical Education Instructor 1 E-mail

Reggie Glass

rglass@ccpcs.org

21bi. Physical Education Instructor 2 E-mail

tyrajackson@ccpcs.org

Tyra Jackson

22a. Name of Dual Instructor 1	22ai. Dual Instructor 1 E-mail
Adrian Degraffinreadt	adegraffinreadt@ccpcs.org
22b. Name of Dual Instructor 2	22bi. Dual Instructor 2 E-mail
_	outside programs or organizations to satisfy the health education requirements and other drugs, sexual health, oral health, etc.), please specify their name(s)
☐ Name of agency or organiza	on:
✓ No current partnership(s)	
	ool, please indicate the average number of minutes per week during the regular tts receive health education instruction:*^
Grades: Pre-K3 and Pre-K4 Minutes/	eek:
Grades: K – 5 Minutes/Week:	
Grades: 6 – 8 Minutes/Week:	
Grades: 9 – 12 Minutes/Week: 90	
25. Does your school include CPR	nstruction to students in grades 9 through 12 prior to graduation?
Yes	No
26. Do you require high school stu	ents to take 0.5 units in Health Education prior to graduation?
✓ Yes	No
27. For the health topics listed, plea instruction: Select all that apply	e specify which health education curriculum (or curricula) your school uses for
_	name. If teachers in your school create their own curricula/lesson plans, please r websites used to create the curriculum.
Grades: K – 5	
Mental and Emotional Health Curr	culum:
O 3Rs (Rights, Respect, and	Responsibility)
Other:	
O None	

22. How many teachers instruct both health and physical education in your school? (0-10)\*1

Sexual and Personal Health Curriculum:
O 3Rs (Rights, Respect, and Responsibility)
O BART
O FLASH
O Making Proud Choices
O Be Proud! Be Responsible!
O None
Other:
Nutrition Curriculum:
O CATCH
O Healthy Kids
O Eat Well and Keep Moving
O Life Series
O None
Other:
Alcohol, Tobacco and Other Drugs Curriculum:
O Across Ages
O Keepin' It Real
O PALS
O Too Good for Drugs
Other:
O None:
Grades: 6 - 8
Mental and Emotional Health Curriculum:
O 3Rs (Rights, Respect, and Responsibility)
Other:
O None
Sexual and Personal Health Curriculum:
O 3Rs (Rights, Respect, and Responsibility)
O BART
O Making Proud Choices
O FLASH
O Be Proud! Be Responsible!

0

None
Other:
Nutrition Curriculum:
○ CATCH
O Healthy Kids
Eat Well and Keep Moving
O Life Series
O None
Other:
Alcohol, Tobacco and Other Drugs Curriculum:
O Across Ages
O Keepin' It Real
O PALS
O Too Good for Drugs
Other:
O None:
Grades: 9- 12
Mental and Emotional Health Curriculum:
O 3Rs (Rights, Respect, and Responsibility)
Other: Self-created
O None
Sexual and Personal Health Curriculum:
O 3Rs (Rights, Respect, and Responsibility)
O BART
O Making Proud Choices
O FLASH
O Be Proud! Be Responsible!
O None
Other: Self-created
Nutrition Curriculum:
○ CATCH
O Healthy Kids
O Eat Well and Keep Moving

0	Life Series
0	None
•	Other: Self-created
Alcohol	, Tobacco and Other Drugs Curriculum:
0	Across Ages
0	Keepin' It Real
0	PALS
0	Too Good for Drugs
0	Other: Self-created

O None:

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

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

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

<u>Physical Education:</u> Physical education (PE) is instruction based on the District of Columbia Physical Education Standards, of which at least 50% of the time is spent in moderate to vigorous physical activity (DC Official Code § 38–821.01). As SHAPE America explains, "physical education provides students with a planned, sequential, K through 12 standards-based program of curricula and instruction designed to develop motor skills, knowledge and behaviors for active living, physical fitness, sportsmanship, selfefficacy and emotional intelligence."

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).

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. For students in grades K-8, it shall be the goal to provide 60 minutes of physical activity per day (DC Official Code § 38–824.01). For students in grades Pre-K3 and Pre-K4, schools shall provide an average of 60 minutes of physical activity per day, with a goal to provide 90 minutes of physical activity per day. (DC Official Code § 38–824.02). For this question, please indicate a daily average between 0 and 135 for grades Pre-K3 and Pre-K4.

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

Moderate-to-Vigorous Physical Activity Minutes: 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. The number reported in question 30 cannot exceed the number in question 28. 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: 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. 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: 220

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.

29. Which physical education curriculum (or curricula) is your school currently using for instruction?
Grades: K – 5 Curriculum:
Grades: 6 – 8 Curriculum:
Grades: 9 – 12 Curriculum: DC Standards - Self-created
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.*^
Grades: K – 5 Minutes/Week:
Grades: 6 – 8 Minutes/Week:
Grade: 9 – 12 Minutes/Week: 220
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
✓ 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.

34. Is cold, filtered water available to students during meal times?*			
✓ Yes			
35. How many vending machines are available to students?(0-10)* 1			
35a. What hours are student vending machines available? Select all that app	ply		
	Yes	No	
Before and/or after school	$\checkmark$		
During school hours		$\checkmark$	
During school hours, excluding meal times	<b>V</b>		
During school hours, only at meal times		$\checkmark$	
35b. What items are sold from student vending machines? Select all that ap	ply		
✓ 100% fruit and/or vegetable juice ✓ Baked chips, lower calor	ie and/or fat si	nacks	
✓ Fresh fruits and/or non-fried vegetables  ✓ Milk and dairy process	ducts		
☐ Regular chips, pretzels and snack mixes ☐ Sodas and/or fruit	drinks		
✓ Whole grain products ✓ Water ☐ Other	:		
36. If you have a school store, what are the hours of operation? Select all that	at apply*		
	Yes	No	N/A
Before and/or after school			<b>√</b>
During school hours			<b>√</b>
During school hours, excluding meal times			<b>V</b>
During school hours, only at meal times			<b>√</b>

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

		100% fruit and/or vegeta	able juice	☐ Baked chips, lower calorie and/or fat snacks	
		Fresh fruits and/or non-f	ried vegetables	☐ Milk and dairy products	
		Regular chips, pretzels a	nd snack mixes	☐ Sodas and/or fruit flavored drinks	
		Whole grain products	☐ Water	Other:	
38.	Doe	es your school serve brea	akfast via an alte	ernative serving model?	
	<b>✓</b>	Yes	□ No		
38a	. If	yes, select all alternative	e serving models	in operation:	
		Breakfast in the Classroo	om (BIC)		
	<b>✓</b>	Grab n Go			
		Second Chance Breakfas	t		
		Other			
39.	Doe	es your school have a we	llness committee	e, school health council, or team?*	
	<b>√</b>	Yes	□ No		
39a. tear		ase provide the contact i	nformation of tw	wo members of the wellness committee, school health council,	or
39b	. Coi	ntact Name*		39bi. Contact E-mail*	
San	nantl	ha Gaffney		sgaffney@ccpcs.org	
39c.	. Cor	ntact Name*		39ci. Contact E-mail*	
Emi	ily R	lodegast		erodegast@ccpcs.org	

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## **Section 6: Distributing Information**

#### Recommended point of contact for this section: Principal, Business Manager, Director of Operations

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

LEA's Local Wellness Policy

<u>Sustainable Agriculture:</u> An integrated system of plant and animal production practices having a sitespecific application that will, over the long-term: (a) Satisfy human food and fiber needs; (b) Enhance environmental quality and the natural resources base upon which the agriculture economy depends; (c) Make the most efficient use of nonrenewable resources and on-farm resources and integrate, where appropriate, natural biological cycles and controls; (d) Sustain the economic viability of farm operations and (e) Enhance the quality of life for farmers and society as a whole.

<u>Vegetarian Food Option:</u> Food or beverages that are: (a) free of meat, poultry, and seafood; and/or (b) utilize a meat alternative recognized by the United States Department of Agriculture as a meat alternate free of meat, poultry, and seafood for the purposes of the National School Lunch Program. Schools shall have a vegetarian food optional available for students as a main course for breakfasts and lunches. Schools shall clearly label vegetarian food options and rotate the main course vegetarian food option to avoid repetition (DC Official Code § 38–822.01).

#### 40. How and to whom are following items distributed at your school? Select all that apply

Elli 5 Botti Weiness I oney	
☐ School Website	☐ School Cafeteria or Eating Areas
☐ To foodservice staff	☐ To students
✓ School Main Office	☐ To parent/teacher organization
☐ To administrators	☐ This information is not available for distribution
☐ School does not have a Local Wellness Policy	Other:
School Menu for Breakfast and Lunch	
✓ School Website	✓ School Cafeteria or Eating Areas
✓ To foodservice staff	✓ To students
✓ School Main Office	✓ To parent/teacher organization
✓ To administrators	☐ This information is not available for distribution
☐ School does not have a Local Wellness Policy	Other:
Nutritional Content of Each Menu Item	
☐ School Website	✓ School Cafeteria or Eating Areas
▼ To foodservice staff	☐ To students
☐ School Main Office	☐ To parent/teacher organization
✓ To administrators	☐ This information is not available for distribution
☐ School does not have a Local Wellness Policy	Other:
Ingredients of Each Menu Item	
☐ School Website	✓ School Cafeteria or Eating Areas
✓ To foodservice staff	☐ To students

	School Main Office	☐ To parent/teacher organization
	To administrators	☐ This information is not available for distribution
	School does not have a Local Wellness Policy	Other:
	mation on where fruits and vegetables served in school nable agriculture^ practices	ol are grown and whether growers are engaged in
	School Website	☐ School Cafeteria or Eating Areas
	To foodservice staff	☐ To students
	School Main Office	☐ To parent/teacher organization
	To administrators	☐ This information is not available for distribution
<b>✓</b>	School does not have a Local Wellness Policy	Other:
41. Are s	students and parents informed about the availability o	of vegetarian food options at your school?*
<b>V</b>	Yes	☐ Vegetarian food options are not available
	Yes No v are vegetarian food options made available to stude	☐ Vegetarian food options are not available
		☐ Vegetarian food options are not available
41a. Hov	v are vegetarian food options made available to stude	☐ Vegetarian food options are not available  nts at your school? Select all that apply  Veg Food Options are available at Lunch
41a. Hov	v are vegetarian food options made available to stude  Veg Food Options are available at Breakfast	☐ Vegetarian food options are not available  nts at your school? Select all that apply  Veg Food Options are available at Lunch
41a. Hov	v are vegetarian food options made available to stude  Veg Food Options are available at Breakfast  Veg Food Options Are Rotated Daily to Avoid Repetition	☐ Vegetarian food options are not available  nts at your school? Select all that apply  Veg Food Options are available at Lunch n
41a. Hov  V V V V V 42. Are s	v are vegetarian food options made available to stude  Veg Food Options are available at Breakfast  Veg Food Options Are Rotated Daily to Avoid Repetition  Veg Food Options Are Clearly Labeled or Identified	<ul> <li>□ Vegetarian food options are not available</li> <li>nts at your school? Select all that apply</li> <li>Veg Food Options are available at Lunch</li> <li>□ Veg Food Options Are Not Available</li> </ul>

#### **Section 7: Environment**

#### Recommended point of contact for this section: Principal, Lead Science Teacher

Data from the School Health Profile will be used to complete the Environmental Literacy Indicator Tool, a biennial survey used to determine progress on environmental literacy goals in the Chesapeake Bay Watershed Agreement. In the future, compiled results will be available on the chesapeakebayprogress.com website.

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

School Gardens: outdoor spaces that engage students through hands-on lessons that enhance learning.

Meaningful Watershed Educational Experience (MWEE's): Provide students with a better understanding of the natural environment by connecting classroom learning with outdoor field investigations. MWEE's encourage students to define an environmental issue, investigate the issue by collecting data through outdoor field experiences, take action to address the environmental issue at the personal or societal level, and then analyze and evaluate the results of the investigation to communicate findings to an audience. More information about MWEE's can be found at <a href="http://www.chesapeakebay.net/publications/title/meaningful">http://www.chesapeakebay.net/publications/title/meaningful</a> watershed educational experience.

43. Does your school currently have a School Garden?*^					
✓ Yes					
43a. Name of Garden Contact* Ryoko	43a. Name of Garden Contact* Ryoko Yamamoto				
43b. Garden Contact E-mail* ryamame	oto@ccpcs.org				
44. Did any of your classes or student g	roups attend a farm field trip this year?*				
✓ Yes	)				
44a. How many students attended a farm field trip? 87					
44b. What farm(s) did the students visit	? Select all that apply.				
☐ Alice Ferguson Foundation's Har	d Bargain Farm (MD) Pierce Mill (DC)				
Arcadia Center for Sustainable Fo	ood and Agriculture (VA)   Calleva Farm (MD)				
☐ City Blossoms Community Green	n Spaces (DC)   Common Good City Farm (DC)				
DC Urban Greens' Fort Stanton I	Farm (DC) Red Wiggler Farm (MD)				
Rocklands Farm (MD)	Washington Youth Garden (DC)				
45. Does your school offer an Environmental Science Class?*					
✓ Yes					
45a. How many students are enrolled in this course in the 2019-20 school year? 87					
46. Name of Lead Science Teacher/Env	ironmental Literacy Instructor* Ellen Royse				

#### 46a. Lead Science Teacher/Environmental Literacy Instructor E-mail\* eroyse@ccpcs.org

47. 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. 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	No curriculum is used
Air (e.g., quality, climate change) Course:	
Curriculum:	
Water (e.g., stormwater, rivers, aquatic wildlife) Course:	
Curriculum:	
Land (e.g., plants, soil, urban planning, terrestrial wildlife) Course: Curriculum:	
Resource Conservation (e.g., energy, waste, recycling) Course: Curriculum:	
Health (e.g., nutrition, gardens, food)	
Course: Curriculum:	
Other	
Course: Curriculum:	
Grades: 6 – 8	No curriculum is used
Air (e.g., quality, climate change) Course:	
Curriculum:	
Water (e.g., stormwater, rivers, aquatic wildlife) Course:	
Curriculum:	
Land (e.g., plants, soil, urban planning, terrestrial wildlife) Course:	
Curriculum:	
Resource Conservation (e.g., energy, waste, recycling) Course: Curriculum:	

Health (e.g., nutrition, gardens, food)  Course:	
Curriculum:	
Other Course: Curriculum:	
Grades: 9 – 12	No curriculum is used
Air (e.g., quality, climate change) Course: Environmental Science Curriculum: Self-created	
Water (e.g., stormwater, rivers, aquatic wildlife) Course: Environmental Science and Chemistry Curriculum: Self-created	
Land (e.g., plants, soil, urban planning, terrestrial wildlife) Course: Environmental Science Curriculum: Self-created	
Resource Conservation (e.g., energy, waste, recycling) Course: Environmental Science and Urban Ecology Curriculum: Self-created	
Health (e.g., nutrition, gardens, food) Course: Urban Ecology Curriculum: Self-created	
Other Course: Curriculum:	<b>V</b>
. Which of the following groups in your school participated in environmental education provided by outside organizations or agencies?	(EE) learning experiences
48. Teachers of Grades K – 5	
☐ Yes ☐ No	
48a. 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:	

Tea	nchers of Grades 6 – 8				
	Yes	□ No			
49a. Who was the provider?					
	Informal EE organization (	(e.g., Anacostia Watershed Society)			
	Higher Education (e.g., Un	niversity 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:				
Tea	nchers of Grades 9 – 12				
<b>✓</b>	Yes	☐ No			
. w	ho was the provider?				
	Informal EE organization (	(e.g., Anacostia Watershed Society)			
	Higher Education (e.g., Un	niversity of the District of Columbia)			
	Local Education Agency (e.g., DC Public Schools)				
	State Education Agency (C	OSSE)			
☐ Other District Agency (e.g., DC Department of Energy & Environment)					
Federal Program (e.g., Smithsonian Institution)					
	Other, please list:				
Adı	ministrators				
	Yes	✓ No			
w	ho was the provider?				
	_	(e.g. Anacostia Watershed Society)			
<ul><li>☐ Higher Education (e.g., University of the District of Columbia)</li><li>☐ Local Education Agency (e.g., DC Public Schools)</li></ul>					
		., DC Department of Energy & Environment)			
	Other, please list:	· · · · · · · · · · · · · · · · · · ·			
	W	Who was the provider?   Informal EE organization (e.g., Ur   Local Education Agency (e.g.   State Education Agency (e.g.   Federal Program (e.g., Sm.   Other, please list:    Teachers of Grades 9 − 12   Yes   Who was the provider?   Informal EE organization (e.g., Ur   Local Education Agency (e.g.   Federal Program (e.g., Sm.   Other, please list:    Administrators   Yes   Who was the provider?   Informal EE organization (e.g., Ur   Local Education Agency (e.g.   Federal Program (e.g., Sm.   Other, please list:    Administrators   Yes   Who was the provider?   Informal EE organization (e.g., Ur   Local Education Agency (e.g.   Federal Program (e.g., Sm.   Other, please list:    Administrators   Yes   State Education Agency (e.g., Ur   Local Education Agency (e.g., Ur   Federal Program (e.g., Sm.   Other District Agency (e.g., Federal Program (e.g., Sm.   Federal Program			

# 52. For each grade at your school, please indicate the level of participation in Meaningful Watershed Educational Experiences (MWEE) $^{\wedge}$ .

Gra	ndes: 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.
Gra	ndes: 6 – 8
	A system wide Meaningful Watershed Educational Experience is in place. Please describe (i.e., grade, description of unit, partnerships, etc.):
	Some classes participated in a Meaningful Watershed Educational Experience. Please describe (i.e., grade, description of unit, partnerships, etc.):
	No evidence that students in this grade participated in a Meaningful Watershed Educational Experience.
Gra	ndes: 9 – 12
	A system wide Meaningful Watershed Educational Experience is in place. Please describe (i.e., grade, description of unit, partnerships, etc.):
<b>✓</b>	Some classes participated in a Meaningful Watershed Educational Experience. Please describe (i.e., grade, description of unit, partnerships, etc.): Biology, chemistry and electives in environmental science, urban ecology
	No evidence that students in this grade participated in a Meaningful Watershed Educational Experience.
Wł	nat practices is your LEA implementing related to sustainable, green schools? Select all that apply
<b>✓</b>	School-wide Recycling Program
<b>✓</b>	Lead testing of water
	On-site Composting
<b>✓</b>	LEED Certification Type: Silver Gold Platinum
	Project Learning Tree Green Schools
	National Wildlife Federation Eco-Schools
<b>✓</b>	Environmentally-friendly cleaning products
<b>✓</b>	Landscaping with native plants
<b>✓</b>	Stormwater reduction efforts (i.e., rain barrels, cisterns, rain gardens)
	Sprint to Savings/Green Schools Energy Challenge
	Other

54. What type of recycling hauling services does your school receive? Select all that apply

**53.** 

		Cardboard only					
		Paper and cardboard only					
		Mixed recyclables (plastic	, me	als, glass) only			
	<b>✓</b>	Co-mingled paper, cardbo	ard, a	and mixed recyclables toge	ether	("single-stream")	
		Organics					
		Other					
		None of these					
55.	Doe	es your school compost? S	Selec	all that apply			
		Yes, we participate in an o	organ	ics recycling (off-site com	posti	ing) program	
		Yes, on-site outdoors (e.g.	in g	arden)			
		Yes, on-site indoors (e.g. worm bin in classroom)					
		Other method					
	<b>✓</b>	Don't Compost					
56. 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?							
	<b>✓</b>	Yes		No		Don't know	
57.	Doe	es your school purchase e	nviro	onmentally-friendly clear	ning	supplies?	
	<b>✓</b>	Yes		No		Don't know	
58.	Doe	es your school cleaning/m	ainte	enance staff follow green	clea	ning procedures?	
	<b>✓</b>	Yes		No		Don't know	