

**Draft Wellness Policy  
May 2, 2013**

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## Background

Understanding that physical and mental health, emotional well-being, and positive development are inextricably linked with academic success, Boston Public Schools (BPS) Superintendent Dr. Carol R. Johnson has worked to transform the district's capacity to meet the health needs of Boston children. Improving overall student health is a key factor in reaching the ambitious academic targets set forth in the Superintendent's Acceleration Agenda. Beyond the academic imperative however, school, civic and community leaders have a responsibility to help Boston's children overcome health barriers that may prevent them from successfully meeting the challenges of reaching adulthood and assuming their roles as the eventual leaders and stewards of our community. Our vision for the BPS graduate in the five-year "Acceleration Agenda" challenges us to develop young men and women who are more than scholars. It calls for graduates who are healthy in both mind and body, prepared to make wise choices to ensure their own physical, mental, and emotional well-being.

To create a healthy school environment where the healthy choice is the easy choice, the Boston School Committee has approved the following revised policy regarding wellness initiatives in both the Boston Public School District Departments and in Boston Public Schools. This policy will take effect September 1, 2013.

First passed on June 30, 2006, the District Wellness Policy was implemented on September 2006. It was updated during the 2012-2013 school year, taking into consideration the needs and perspectives expressed by members of the Boston School community,<sup>1</sup> and responding to both the Healthy, Hunger-Free Kids Act<sup>2</sup> and Massachusetts Standards for School Wellness Advisory Committees.<sup>3</sup> This document is intended to assist Administrators and Wellness Council Members in implementing these guidelines in their schools.

This District Wellness Policy reflects the comprehensive approach stated in the District's Strategic Plan for Health and Wellness, *Healthy Connections: Strengthening Coordination and Capacity in the Boston Public Schools to Advance Student Health and Wellness*, and brings together content areas recommended in the Centers for Disease Control and Prevention's Coordinated School Health Model. A subcommittee of the District Wellness Council formed into seven work groups, representing these topic areas:

- Cultural Proficiency
- School Food and Nutrition Promotion
- Comprehensive Physical Activity
- Comprehensive Health Education
- Healthy School Environment
- Health Services
- Safe and Supportive Schools
- Staff Wellness

These work groups consulted the perspectives of the Boston School community as well as evidence-based national recommendations, and wrote specific policy language and implementation guidelines that reference other relevant District policies and further develop

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<sup>1</sup> Please see <http://www.bpshealthandwellness.org/healthy-school-environment/policies-to-support-a-healthy-school-environment/draft-wellness-policy/> for the *BPS Wellness Policy Revision Process Community Discussions Summary Report*

<sup>2</sup> PUBLIC LAW 111-296—DEC. 13, 2010

<sup>3</sup> MGL 105 CMR 215

policy language regarding wellness for all students. This comprehensive approach seeks to advance Boston Public School's strategic aims to: improve coordination across programs and departments; improve and integrate data collection; establish guidelines for accountability appropriate to the group's location within the organization; support building noncompeting partnerships internally and externally; and build sustainability.

## **Policy**

The Boston Public Schools (BPS) aims to actively promote the health and wellness of **all students** to advance both their healthy development and readiness to learn. Student wellness is a core value of the Boston Public School District.

This policy is inclusive of all students, staff and families. This includes but is not limited to individuals' identities that are related to culture, race, ethnicity, sexual orientation, gender, and ability.

A Wellness Council shall be established and/or maintained both for the district and for each school. The Wellness Council shall consist of members that are representative and inclusive of the Boston school community. This entity shall recommend, review, and implement school district policies addressing wellness-related issues that affect student health.

All Boston Public Schools shall establish and/or maintain a school-based Wellness Council. School-based Wellness Councils shall act as a shared leadership team to implement wellness-related, district policies; assess the wellness of the school environment; and create and implement an annual Action Plan as a part of the Whole School Improvement Plan. School-based Wellness Councils shall annually communicate wellness-related policies so that all staff, parents and students are aware of and follow policy guidelines.

The Boston Public School District shall maintain a Superintendent-Appointed Wellness Council. This advisory group shall recommend, review and advise on implementation of school district policies that address student wellness. The Boston Public Schools shall take a comprehensive approach to reviewing and incorporating changes in policy, curriculum, and operating procedures to promote healthy lifestyles and sustainable wellness practices for all students and staff. The District Wellness Council shall seek ongoing feedback from the Boston school community. This Boston Public Schools Wellness Policy shall be reviewed once yearly the Boston Public Schools (BPS) District Wellness Council.

Wellness-related policies and topic areas include:

### Cultural Proficiency

School Wellness Councils shall examine their school's learning environment and organizational traditions to identify inclusive practices and opportunities to celebrate diverse cultures and identities. This includes the physical environment, the academic environment, classroom curriculum, and promotional materials.

Cultural Proficiency-related policies include those regarding racial, ethnic, sexual orientation, gender identity, disabilities, and policies that promote family and student engagement. Relevant and existing cultural proficiency policies, for which school-based

Wellness Councils and school staff must comply, are referenced in the Federal, State, and Boston Public School Policies section of this policy.

### School Food and Nutrition Promotion

The Boston Public Schools supports lifelong healthy eating habits for all students and staff, and is committed to addressing the increasing rates of diet-related health consequences among these groups. BPS shall promote healthy lifestyles and appropriate nutritional practices for all students. Components of this approach include:

- Constantly reviewing and assessing the food available in school meals to ensure safety, quality, visual appeal, cultural proficiency and accessibility, and that it is consistent with recommendations from the Dietary Guidelines for Americans and USDA School Meals Initiative for Healthy Children in nutritional content
- Identifying opportunities to teach healthy eating habits in health education, physical education, integrated into the Common Core, and through cafeteria, and other school-wide promotions;
- Identifying opportunities to provide support to all students around appropriate nutritional practices for meals and snacks;
- Identifying opportunities to support teachers, school staff, and parents around modeling healthy eating habits and the appropriate nutritional standards and encouraging non-food alternatives, for school fundraisers, student rewards and reinforcement, school parties, and classroom celebrations;
- Promoting health and nutrition messages that encourage the consumption of fruits and vegetables, whole grains, healthy fats, low-fat dairy products, and water and other messages consistent with research-based findings that indicate a positive impact on health;
- Reducing material used for packaging, sourcing recyclable or compostable materials when possible and working to promote best practices around recycling and composting;
- Establishing policy guidelines for food and beverage sales within school environments that meet or exceed those required by federal, state, and local laws and regulations.

Boston Public schools shall undertake a constant review of school food and the food environment to ensure safety, quality, visual appeal, and cultural accessibility. School Food and Nutrition Promotion-related policies shall be followed by all Boston Public Schools. For school meals, competitive foods & beverages, and all foods sold or provided outside of the school meals program, schools shall follow standards outlined in federal, state, and local policies; and at a minimum follow Bronze status standards for the Alliance for a Healthier Generation, and work toward Bronze status standards for the Healthier US School Challenge.<sup>4</sup> Relevant and existing School Food and Nutrition Promotion policies, for which school-based Wellness Councils and school staff must comply, are referenced in the Federal, State, and Boston Public School Policies section of this policy. See Appendix A .

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<sup>4</sup> Alliance for a Healthier Generation Standards: [https://schools.healthiergeneration.org/\\_asset/1062yk/Healthy-Schools-Program-Framework.pdf](https://schools.healthiergeneration.org/_asset/1062yk/Healthy-Schools-Program-Framework.pdf)

Healthier US School Challenge Standards: <http://www.fns.usda.gov/hussc>

### Comprehensive Physical Activity and Physical Education

The Boston Public Schools is committed to a district-wide, strategic effort to increase all students' physical activity and fitness by bringing *more* physical education and physical activity to schools; improving the *quality* of physical education and recess and increasing the *equity of* physical activity programs and resources across our schools.

Numerous studies indicate that regularly engaging in moderate-to-vigorous exercise contributes to overall physical and mental health and nurturing an exercise habit among children lays the foundation for lifelong fitness. Research also shows that increased physical activity increases children's cognitive function, ability to concentrate in class, and academic performance. Thus, as a part of a strategic effort to improve academic performance, BPS recognizes and promotes the benefits of a Comprehensive Physical Activity Program, where quality physical education is the cornerstone and additional physical activity is integrated throughout the school day and into before and after school programs.

All schools must provide all students in all grades with at least 150 weekly minutes of physical activity; including at least 80 minutes per week of standards-based physical education in grades K-10 and one semester per grade for all students in grades 11-12. In addition, all schools must provide all students in all grades with daily opportunities for planned physical activity opportunities during the school day, such as movement breaks, recess or lessons involving movement to total at least 70 minutes per week. In grades K-8, daily recess must be provided.

Activities will be inclusive of meeting the needs, interest, abilities and cultural diversity of all students, including students of all gender identities, students with disabilities and students with special healthcare needs.

Extended day programs and out of school time which includes before and after school programs must offer physical activity opportunities.

### Comprehensive Health Education

The Boston Public Schools requires Comprehensive pre-K through grade 12 Health Education that is medically-accurate, age and developmentally appropriate, culturally inclusive, and implemented in safe and supportive learning environments where **ALL** students feel valued. All Boston Public Schools shall take a skills-based approach to teach comprehensive health education that addresses a variety of topics, such as tobacco, alcohol, and drug abuse, healthy eating/nutrition, mental and emotional health, personal health and wellness, physical activity, safety and injury prevention, violence prevention, and comprehensive sexual health education that is GLBTQ inclusive. It shall promote healthy lifestyles, healthy relationships and health literacy for all students. Health education curricula will align with the BPS Health Education Frameworks, which integrate the Massachusetts Comprehensive Health Curriculum Framework and National Health Education Standards, as well as the National Sexuality Education Standards. It will be implemented by qualified and trained teachers.

All schools shall follow relevant promotion and graduation requirements that include: Health/HIV education in grade 4; two semesters of health education in grades 6 to 8

taught by a certified health teacher; one semester course of health education in grades 9 to 12 taught by a certified health teacher. These are the minimum requirements for health education programming. In addition, health education will be integrated into the Common Core curricula where possible.

The Health Education policy circular provides a clear definition of health education, information about what comprehensive health education includes, the reasons why health education is an integral component of quality school programming, and guidelines for effective implementation. See Appendix C for details.

### Healthy School Environment

The Boston Public Schools is committed to providing high-performing school buildings that are in good repair, have superior indoor air quality, are clean, use resources efficiently, and provide accessible and culturally inclusive learning environments that positively impact the productivity, health, and wellness of all students and staff. To meet these standards, the Boston Public Schools shall maintain a Healthy Schools Taskforce (HST) to promote and raise awareness of the health of the built environment and ensure continuous improvement of BPS healthy school environment policies and programs.

District departments and all schools, through an Environmental Committee or school-based Wellness Council, shall comply with existing city ordinances and District policies related to promoting and managing healthy school environments, including but not limited to, Green Cleaners, Integrated Pest Management, Recycling, Infection Prevention & Control, Tobacco Free Environmental Policy, Environmental Inspection/Audit, Student Safety/Health in School Shops, Laboratories and Chemical Inventory "Right to Know" Law.

Relevant and existing healthy school environment policies, for which school-based Wellness Councils and school staff must comply, are referenced in the Federal, State, and Boston Public School Policies section of this policy. See Appendix D for details.

### Safe and Supportive Schools

The Boston Public Schools shall create a safe and supportive school environment for **all students** that is culturally proficient, engaging, and inclusive, provides skills-based education to promote healthy relationships, and provides access to support services. All Boston Public School students will value healthy relationships and environments, and possess the necessary knowledge and skills to use safe health practices, and access resources and services to support their health. Prevention and intervention-based work, will address and integrate social health, emotional health, mental health, behavioral health, physical health, suicide prevention, safe and inclusive climates for GLBTQ youth, violence prevention, including intimate partner violence, sexual harassment & assault prevention, bullying & cyber bullying prevention, emergency preparedness, school safety, and substance use supports and prevention. These efforts will create a safe and supportive learning environment that optimizes academic outcomes for all students. Boston Public Schools shall put in place systems that aligned to the district-accepted framework to ensure that all students have access to key resources and services that support health in a safe and supportive environment.

Schools shall implement the Comprehensive Behavioral Health Model (CBHM) to equip all students with the skills, and provide supports and services needed to address the multitude of challenges they face in our schools and communities. It provides a system-

wide approach to promote positive behavioral health and reduce barriers to learning for optimal academic success for all students, based on tiered interventions and data to determine effectiveness. CBHM incorporates the six elements of the Safe and Supportive Schools Framework, created through M.G.L.321 An Act Regarding Children's Mental Health and is outlined in the report from the Behavioral Health and Public Schools Task Force of the Massachusetts Department of Elementary and Secondary Education. The Framework elements include:

- Leadership
- Professional development
- Academic and non-academic strategies
- Access to resources and services
- Policies and protocols
- Collaborations with families.

In addition, schools shall follow the code of conduct, and related policies. Schools shall also promote healthy relationships and follow policies related to sexual harassment, discrimination, and assault. Relevant and existing safe and supportive school policies, for which school-based Wellness Councils and school staff must comply, are referenced in the Federal, State, and Boston Public School Policies section of this policy.

#### Health Services

School-based health care removes the health obstacles to learning by ensuring access and/or referral to primary health care services, managing chronic disease conditions during school hours, providing emergency care for illness or injury, identifying communicable diseases, and enacting practices and systems to ensure that all students have access to key resources and services that are developmentally appropriate and support sexual and reproductive health in a safe and supportive environment. Schools shall provide access to condoms, with appropriate health education and counseling services, for all students attending BPS High Schools. Condoms shall be offered by appropriate school staff, and where possible community health services partners. Massachusetts state law will be adhered to with regard to confidentiality.

Relevant and existing health services policies, for which school-based Wellness Councils and school staff must comply, are referenced in the Federal, State, and Boston Public School Policies section of this policy.

#### Staff Wellness

The Boston Public Schools care about the well-being of staff members, and understand the influence that staff actions have on all student health behaviors. All staff shall promote a school environment supportive of healthy behaviors. Adults are encouraged to model healthy behaviors, especially on school property and at school-sponsored meetings and events. Schools are encouraged to support staff wellness initiatives.

### **Implementation Guidelines**

The following guidelines will ensure the implementation of the Boston Public Schools Wellness Policy:

## District Wellness Council

This superintendent-appointed council will:

- Follow bylaws that are aligned with Massachusetts Standards for School Wellness Advisory Committees.<sup>5</sup>
- Annually review, and if needed recommend, district-wide policies to promote student wellness
- Annually set Council goals and objectives
- Annually report progress on Council goals, objectives, policies, and monitoring & evaluation of school-level Wellness Policy implementation

## School-based Wellness Councils

Schools will establish and maintain a school-based wellness council. School-based Wellness Councils on an annual basis shall:

- *Convene at least 4 times per school year.*
- School-based wellness councils shall, where possible, consist of:
  - Cafeteria staff
  - Community partners
  - Custodians
  - Family and Community Outreach Coordinator
  - Guidance Counselor
  - Integrated Pest Management Coordinator
  - Parents
  - Recycling Coordinator
  - School Administration
  - School Nurse and other School-based Health Care Professionals
  - Students
  - Teachers, including Physical Education and Health Education
- *Implement district-level policies related to wellness.* School Wellness Councils will annually review District policies related to wellness. If applicable, the school wellness council will apply strategies to implement these policies.
- *Assess the school's wellness status.* Schools will complete the Healthy Schools Program Inventory using the survey tools identified by the Alliance for a Healthier Generation. The survey can be found online at [www.healthiergeneration.org](http://www.healthiergeneration.org). In addition, schools will compile their schools Environmental Health Inspection Audit, and determine annual District priorities. This must be completed by the end of March of each year. The Health and Wellness Department will determine on an annual basis the exact timeline and process.
- *Create and Implement a Wellness Action Plan.* Schools will complete a Wellness Action Plan template and provide this Plan to the District by the end of June of each year. Principals are ultimately responsible for the implementation of the Wellness Action Plan. The Health and Wellness Department will determine on an annual basis the exact timeline and process. The school will complete this Plan as a part of the Whole School Improvement Plan or other academic improvement plans. Wellness Action Plans must

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<sup>5</sup> M.G.L. 105 CMR 215

include goals and school-based activities designed to promote student wellness based on the results of the school's Healthy Schools Program Inventory, Environmental Health Inspection/Audit, annual District priorities, and other appropriate assessment tools. A Roster of each school's Wellness Council will be submitted as a part of the Wellness Action Plan template. Instructions and a template for the Wellness Action Plan can be found online at: <http://www.bpshealthandwellness.org/healthy-school-environment/wellness-councils/>

Associated Boston Public Schools District departments will provide professional development, toolkits, resources, and technical assistance to assist in the implementation of district-level policies related to wellness. Schools will be able to access professional development using the district-supported My Learning Plan. Wellness related trainings will be culturally proficient by addressing race, ethnicity, and nationality; sexual orientation and gender identity; special needs; language and dialect; and practical skills in mediating intercultural conflict.

### **Monitoring and Evaluation**

The Boston Public Schools Health and Wellness Department, in collaboration with appropriate District Departments, will be designated to ensure that each school, including out of school time programs, complies with this policy. Other wellness-related policies will be monitored, evaluated, and supported by the District departments that currently oversee these policies.

The District Wellness Council on an annual basis shall provide to the superintendent, school committee, and the public a copy of an annual report that includes the extent to which schools are in compliance with the local school wellness policy, an assessment of the accomplishments of the previous year, and identification of work still needed to be done, the extent to which the Boston Public School wellness policy compares to model local school wellness policies, and goals & objectives for the coming year.

The District will annually track school-based implementation of the District Wellness Policy regarding the annual assessment and Wellness Action Plans. Principals are ultimately responsible for the implementation of the Wellness Action Plan. The District will also provide annual feedback on and suggest resources related to school-based Wellness Action Plans as a part of the Whole School Improvement Plan. Wellness Action plans, and the associated assessment, will be made public.

Wellness-related Monitoring and Evaluation include:

#### School Food and Nutrition Promotion

##### **BPS Food and Nutrition Services and BPS Health and Wellness Department**

1. The Food and Nutrition Services Department will annually complete a menu analysis using the School Meals and Competitive Foods sections of the Healthy Schools Program Inventory, and will meet at least Bronze level status.
2. The District will track schools out of compliance and School Principals and relevant academic Superintendent will be notified if a school is found out of compliance with School Food and Nutrition Promotion policies. School administration, families, students, and wellness council will be provided information about the policy to engage and support monitoring, enforcement, and compliance.

#### Comprehensive Physical Activity and Physical Education

##### **BPS Health and Wellness Department with Human Resources**

1. Staffing Reports: Human Resources will annually conduct PE staffing reports for each school. The PE staffing reports will be monitored to determine compliance with the PE Staffing Policy for BPS.
2. Schools Non-Compliant with PE & PA Policy: The Principal and relevant Academic Superintendent will be notified by the Health and Wellness Department if a school is found to not be compliant. The Health and Wellness Department will work directly with the school to support the development of a CSPAP Improvement Plan that puts the school on track for compliance with the PE & PA Policy.

#### **School leadership and school-based Wellness Councils**

3. Wellness Actions Plans: School Wellness Councils' CSPAP will include their school-based CSPAP plan that outlines how all students in all grades will receive weekly physical activity and physical education

#### Comprehensive Health Education

##### **School leadership and school-based Wellness Councils**

1. An identified school point person will review relevant student and community information that can assist in identifying priority areas for health education to be included in the Wellness Action Plan.
2. Schools will assess their health education curriculum/programming in order to identify areas that need further support. Schools will use the BPS Health and Wellness Department's Community Partner approved list to identify the most appropriate community partners to meet their needs.

#### Healthy School Environment

##### **BPS Facilities Department & Boston Public Health Commission**

The Boston Healthy Schools Taskforce, in collaboration with appropriate District departments, will be designated to ensure all schools comply with healthy school environment policies (see Appendix D).

1. The Facilities Management Department and Boston Public Health Commission will comply with City Ordinance (7.12.1-4) by conducting annual Environmental Inspection/Audits of each school. They will present summary results of the Audits to the Healthy Schools Taskforce and City Council as well as to school leaders on an annual basis.
2. Upon completion of the Audit, Facilities Management will immediately address critical health and safety deficiencies by filing a work order with the appropriate division and they will incorporate other needed work at the school sites into the annual budgeting process. On an ongoing basis, Facilities Management will provide technical assistance to Principals/Headmasters on environmental problems and other building-related issues.

##### **School leadership and school-based Wellness Councils**

School administration and staff must actively participate in ensuring the school is in compliance with District policies and proactively manage environmental health issues for the sake of their students and staff.

1. School Principals/Headmasters will be responsible for reviewing their school's annual Environmental Audit/Inspection results and other related building condition resources to develop environmental health priorities for the school.

2. Administrators will engage in a collaborative planning effort with their school-based Environmental Committee or Wellness Council to finalize annual environmental health priorities, goals, action steps and evaluation efforts.
3. The Health and Wellness Department, in partnership with Facilities Management Department, will annually assess all schools' Wellness Action Plans to ensure school leaders and school-based Wellness Councils are taking action steps to improve the health and cleanliness of their school building environment.
4. Wellness Councils shall track progress of improved school conditions and evaluate annually what efforts worked best.

Wellness Councils shall track progress of improved school conditions and evaluate

### Safe and Supportive Schools

#### **BPS District Departments**

1. The District will annually assess the school climate using the School Climate Survey.
2. Measurements will be developed to assess the school climate regarding inclusivity, including inclusivity of GLBTQ youth.
3. District office of partnerships will create a list of preferred partners that comply with district requests such as: effectiveness of program, description of goals and data collection. School-based partnership meetings will occur monthly; District-based partnership meetings will occur quarterly; Annual partner trainings will occur to review goals, rules and procedures and data; Yearly partner program evaluation will be conducted to determine if desired goals and outcomes have been met.

#### **School leadership and school-based Wellness Councils**

4. Wellness Action Plan will include action steps to create a safe and supportive school environment. Action steps might include: student, staff and family trainings, a school wide social-emotional learning curriculum, or a collaborative relationship with a community mental health partner.

### Health Services

#### **BPS Health Services Department with other BPS Departments**

Implementation will require strategies that cut across community and internal school silos to:

1. Address continued policy development as new data driven needs arise with committed meeting times with appropriate representation to improve communication
2. Provide internal, cross discipline -guidance, technical assistance, and professional development;
3. Encourage shared accountability supported by data and software systems;
4. Link to a national agendas such as Medicaid reimbursement (relevant to health services)
5. Provide clear guidelines for community groups to interface with the school community

### **Definitions**

*All students* attend a Boston Public School, and include but are not limited to students with identities that are related to culture, race, ethnicity, sexual orientation, gender, and ability.

*Bullying* is a form of emotional or physical abuse that has three defining characteristics\*:

- Deliberate: A bully's intention is to hurt someone.
- Repeated: A bully often targets the same victim again and again.

- Power imbalanced: A bully chooses victims he or she perceives as vulnerable.
- \*Bullying is different from conflict, fights, or disagreements. It must meet the above criteria.

*Boston Public Schools Property* includes all properties where student and Boston Public School staff work or attend class.

*Comprehensive Health Education* is medically-accurate, age and developmentally appropriate, culturally inclusive, implemented in safe and supportive learning environments where all students feel valued, and includes nutrition education.

*Comprehensive School Physical Activity Program (CSPAP)* is an approach by which school districts and schools utilize all opportunities for school-based physical activity to develop physically educated students who participate in physical activity each day and develop the knowledge, skills, and confidence to be physically active for a lifetime. Quality physical education is the cornerstone of a CSPAP. CSPAP also includes school-based physical activity opportunities; school employee wellness and involvement; and family and community involvement.

*Comprehensive Sexual Health Education* is a planned, sequential, Pre-K – 12 curriculum that is part of a comprehensive school health approach which addresses age-appropriate physical, mental, emotional and social dimensions of human sexuality. It should allow students to develop and demonstrate developmentally appropriate sexual health-related knowledge, attitudes, skills and practices. The curriculum should be designed to motivate and assist students to maintain and improve their sexual health by delaying sexual initiation, preventing disease and too-early pregnancy and reducing sexual health-related risk behaviors. It should be medically accurate, developmentally appropriate, culturally, including LGBTQ inclusive, and be provided by qualified, trained teachers (*Future of Sex Education*).

*Cultural Proficiency*: esteeming culture, interacting effectively in a variety of cultural groups, committing to continuous learning.

*Cyber bullying* is bullying that takes place using electronic technology. Examples of cyber bullying include mean text messages or emails, rumors sent by email or posted on social networking sites, and embarrassing pictures, videos, websites, or fake profiles.

*Federally –Funded Child Nutrition Programs* include the National School Lunch Program, National School Breakfast Program, After School Snack Program, and the Child & Adult Care Food Program.

*GLBTQ* is an acronym for individuals who identify as Gay, Lesbian, Bisexual, Transgender or Questioning.

*Health Literacy* is the capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways that are health enhancing (*National Health Education Standards*).

*Health Services* represents the component of a comprehensive school health program that directly services the individual child and monitors health trends within the district. It includes both the school nurse programs and the school-based health center programs. The goal of

health services is to remove the educationally relevant health obstacles to learning by ensuring access and/or referral to primary health care services, managing chronic disease conditions during school hours, preventing and controlling communicable disease and other health problems, providing emergency care for illness or injury, promoting and providing optimum sanitary conditions for a safe school facility and school environment and providing educational and counseling opportunities for promoting and maintaining individual family and community health.

*Nutrition Promotions* are strategies, social marketing, materials, and oral & written communications that provide methods to shift cultural norms toward healthier foods and beverages.

*Parent engagement* occurs when schools are actively involving parents in an authentic partnerships with aims of improving individual student's outcomes and school wide initiatives.  
Emergency management

*Physical Education (PE)* is a planned, sequential program of curricula and instruction that helps students develop the knowledge, attitudes, motor skills, self-management skills and confidence needed to adopt and maintain physically active lifestyles. PE curricula must align with the BPS PE frameworks. PE activities that focus on a single activity, such as swimming and dance, count as PE *only* if it is part of a CSPAP and aligned with BPS PE Frameworks.

*Physical Activity (PA)* is a behavior consisting of bodily movement that requires energy expenditure above the normal physiological (muscular, cardio respiratory) requirements of a typical school day. Recess, movement breaks, promotional activities, and cross-curricular incorporation are some examples of PA that should NOT be counted as PE; PA is not PE and it cannot be allocated as PE.

*Safe and Supportive Schools* create a positive school climate that actively teaches positive behavior and engaging in prevention activities to promote feelings of security and connectedness for students and adults.

*Wellness* is a process by which individuals move toward optimal physical and mental health, regardless of current health status or disability, by practicing healthy choices within an enabling environment which encourages healthy decision making.

## **Federal, State, and Boston Public School Policies**

Relevant and existing school policies, for which school-based Wellness Councils and school staff must comply, are referenced below.

School Food and Nutrition Promotion-related policies shall be followed by all Boston Public Schools:

- Meals served in Boston Public Schools are in accordance with the National School Meals Programs. Federally-funded child nutrition programs must comply with the nutrition standards for school meals, outlined in the [Healthy Hunger-Free Kids Act of 2010](#).
- 105 CMR 225: [Nutrition Standards for Competitive Foods and Beverages in Public Schools](#)

- [Mayor Menino's Executive Order for Healthy Beverages](#)
- FNS-3: [Food and Beverage Guidelines – Vending Machines, A LA CARTE and Competitive Foods](#). See Appendix A for details.

Comprehensive Physical Activity and Physical Education

- MA General Laws Chapter 71, Section 3

Healthy School Environment-related policies shall be followed by all Boston Public Schools:

- FMT-10: [Integrated Pest Management \(IPM\)](#)
- FMT-11: [Green Cleaners Policy](#)
- FMT-08: [Mandatory System wide Recycling Program](#)
- SHS-20: [Asthma in Schools](#)
- SHS-04: [Infection Prevention and Control in School Settings](#)
- SHS-18: [Tobacco Free Environment Policy](#)
- FMT-15: [BPS/Boston Public Health Commission Environmental Inspection/Audit Program](#) (City Ordinance 7.12.1-4)
- FSE-06: [Student Safety / Health in School Shops, Laboratories and Classrooms 2012-2013](#)
- FMT-07: [Chemical Inventory "Right to Know" Law](#)

Safe and Supportive Schools-related policies shall be followed by all Boston Public Schools:

Federal Legislation

- [Elementary and Secondary Education Act of 1965, as amended, Title IV, Part A, Subpart 2, Section 4121 - FEDERAL ACTIVITIES](#); 20 U.S.C. 7131

Federal; Regulations

- [Education Department General Administrative Regulations \(EDGAR\)](#) - 34 CFR Parts 75, 77, 79, 80, 81, 82, 84, 85, 86, 97, 98, 99 (b) The regulation in 34 CFR part 299.
- Title IX, Education Amendments of 1972  
**Title 20 U.S.C. Sections 1681-1688)**

Massachusetts Legislation

- [St.2010, c.92](#) Bullying in Schools
- [MGL c.12, s.11H](#): Violation of Constitutional Rights
- [MGL c.265 s.43](#): Stalking
- [MGL c.265, s.43A](#): Criminal Harassment
- [MGL c.266, s.37E](#): Identity Fraud
- [MGL c.269, s.17](#): Hazing
- [MGL c.269, s.18](#): Failure to Report Hazing
- [MGL c.269, s.19](#): Schools to provide copy of hazing law to students
- [MGL c.119, s.21](#): Mandated Reporters defined.
- [MGL c.119, s.51A](#): Mandated Reporting explained
- [MGL c.76, s. 5](#) An Act Relative to Gender Identity
- [CHAPTER 188](#) AN ACT IMPROVING THE PUBLIC SCHOOLS OF THE COMMONWEALTH.
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- Massachusetts Regulations
- [610 CMR 5](#) Hazing Reporting- Secondary Schools
- [603 CMR 33](#) Hazing Reporting- Higher Educations
- [603 CMR 49](#) Notification of Bullying or Retaliation

#### District Circulars

- EQT-01 Employees with Disabilities - Rights and Responsibilities 2012-2013
- EQT-02 Employee Grievances of Discrimination or Harassment - Uniform Procedures 2012-2013
- EQT-03 Student, Families and Other Third Party Grievances of Discrimination or Harassment - Uniform Procedures 2012-2013
- EQT-05 Non-Discrimination Policy Statement 2012-2013
- EQT-06 Sexual Harassment Policy 2012-2013
- EQT-08 Racial or Ethnic Discrimination / Harassment of Students 2012-2013
- EQT-09 Sexual Orientation - Protection of Students Against Discrimination 2012-2013
- FAM-01 School Parent Councils and School Site Councils: Elections and Procedures 2012-2013
- FAM-02 High School Student Government: Selections, Functions and Responsibilities 2012-2013
- FAM-03 School-Parent Compacts 2012-2013
- FSE-01 School Safety Contingency Plans 2012-2013
- FSE-02 Fire Safety Practices 2012-2013
- FSE-04 Bomb Threat Procedures 2012-2013
- FSE-05 Medical Emergency Management 2012-2013
- FSE-06 Student Safety / Health in School Shops, Laboratories and Classrooms 2012-2013
- FSE-07 Public Health and Workplace Safety 2012-2013
- FSE-08 Teaching Students the Containment Protocol Mini-Session 2012-2013
- Hazing Law 2011-2012
- LGL-04 School Visitors Guidelines 2011-2012
- LGL-06 Religious Holy Days 2011-2012
- LGL-13 Sexual Assault Policy 2011-2012
- LGL-15 Student Surveys 2011-2012
- LGL-17 Religious Expression in Public Schools 2011-2012
- LGL-20 Corporal Punishment 2011-2012
- SAF-01 Student Search Procedures 2012-2013
- SAF-02 Weapons and Objects of No Reasonable Use 2012-2013
- SAF-04 Incident Data Reporting and Release 2012-2013
- SAF-07 Metal Detectors 2012-2013
- SAF-09 Lost Children Procedures 2012-2013
- SAF-11 Sexual Offender Registry Information (SORI) 2012-2013
- SAF-12 School Access Control 2012-2013
- SHS-01 Drug and Alcohol Abuse - Update on Procedures 2012-2013
- SHS-16 Suicide Prevention and Intervention 2012-2013
- SPE-03 Physical Restraint Policy 2010-2011
- SPE-14 Counseling Guidelines 2012-2013
- SPE-15 Discipline of Students with Disabilities 2012-2013
- SSS-02 Homeless Students - Guidelines and Procedures 2012-2013

- SSS-07 Persistently Dangerous Schools 2010-2011
- SSS-17 Child Abuse and Neglect 2011-2012
- SUP-05 Code of Discipline

Health Services-related policies shall be followed by all Boston Public Schools

- LGL-16: [Student Health Information 2011-2012](#)
- SHS-04: [Infection Prevention and Control in School Settings 2012-2013](#)
- SHS-05: [Tuberculosis Program 2012-2013](#)
- SHS-06: [Immunization Law 2012-2013](#)
- SHS-08: [Medication Dispensation 2012-2013](#)
- SHS-11: [Life Threatening Allergies \(LTA or Anaphylaxis\) Policy and Implementation 2012-2013](#)
- SHS-12: [HIV/AIDS Policy and Guidelines 2012-2013](#)
- SHS-13: [Medical Transportation 2012-2013](#)
- SHS-20: [Asthma in Schools 2012-2013](#)
- SHS-21: [Diabetes Policy 2012-2013](#)
- SHS-22: [Automatic External Defibrillator \(AED\) Use and Access Policy 2012-2013](#)

Cultural Proficiency-related policies shall be followed by all Boston Public Schools

- EQT-01: Employees with Disabilities - Rights and Responsibilities 2012-2013
- EQT-02: Employee Grievances of Discrimination or Harassment - Uniform Procedures 2012-2013
- EQT-03: Student, Families and Other Third Party Grievances of Discrimination or Harassment - Uniform Procedures 2012-2013
- EQT-04: Non-Discrimination and Zero Tolerance Policy - Please see EQT-05
- EQT-05: Non-Discrimination Policy Statement 2012-2013
- EQT-06: Sexual Harassment Policy 2012-2013
- EQT-08: Racial or Ethnic Discrimination / Harassment of Students 2012-2013
- EQT-09: Sexual Orientation - Protection of Students Against Discrimination 2012-2013
- FAM-0: School Parent Councils and School Site Councils: Elections and Procedures 2012-2013
- FAM-02: High School Student Government: Selections, Functions and Responsibilities 2012-2013
- FAM-03: School-Parent Compacts 2012-2013

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## **APPENDIX A**

### **Food and Beverage Guidelines**

These guidelines apply to all foods, outside the Federally Funded Meal Program that are sold or served on all Boston Public School property.

In response to continuing concerns regarding childhood overweight and obesity as well as other diet-related diseases in our city's school-aged children, the Boston School Committee has approved the following guidelines regarding the sale of beverages and foods in schools. These guidelines will cover items that are sold, provided, or served to students within school buildings or on school grounds, in the student stores, cafeterias, classrooms, hallways, and vending machines, all of which are sold in competition with the school meal programs.

In accordance with Mayor Menino's Executive Order Relative to Healthy Beverage Options, all beverages sold on school grounds shall meet the City's Healthy Options Beverage Standards. Principals and staff will promote a school environment supportive of healthy eating. Adults are encouraged to model healthy eating by serving nutritious food and beverages at school meetings and events for adults and staff, and by prohibiting the use of food as reward or punishment, from providing candy and snacks of minimal nutritional value as rewards for students, and instead integrating practices of non-food rewards.

To promote a healthier school environment, these guidelines also apply to fundraisers, school-sponsored transportation, classroom activities, and school events. See the Implementation Guidelines section for details.

Taking effect first in July 1, 2004, these guidelines were implemented with the start of school on September 2004. They were updated in April 2011, to take into consideration new Nutrition Guidelines that impact the overall health and wellness of our students and staff. This document is intended to assist Principals, Headmasters and other Administrative Heads in implementing these guidelines in their schools.

These guidelines apply to snacks, side items, treats, and desserts offered for sale as Competitive Foods in schools. All such Competitive Foods shall meet the criteria outlined in the implementation guidelines that follow. This includes food and beverages sold, provided, or served to students in:

- School cafeterias, specifically "a la carte" entrees and snacks
- Vending machines
- School stores
- School snack bars
- Concession stands
- Classrooms and hallways
- Booster sales
- Fundraising activities
- School-sponsored or school-related events, including those with school-sponsored transportation occurring off school grounds, such as sporting events and field days
- Food trucks on school grounds

Foods in these guidelines include but are not limited to fruits, vegetables, yogurts (including drinkable yogurt and yogurt smoothies), puddings, soups, cheeses, salty snacks, nuts, seeds, dried meat snacks, packaged or snack bars, baked goods and other pastries, candy, frozen

desserts, and other similar foods.

Items that would be considered to be entrées if sold in the reimbursable meal program, but are sold a la carte as Competitive Foods, are not subject to these Guidelines. This policy will be reviewed once yearly by a sub-committee of the Boston Public Schools (BPS) District Wellness Council.

## BACKGROUND

Schools across the city, state and nation have been grappling with developing meaningful and applicable guidelines on this issue of obesity for the past decade. Earlier “Competitive Food Guidelines,” set forth by USDA and individual State Departments of Education, prohibited only the sale of foods of minimal nutritional value: (Federal Register: 7 CFR Part 210.11). These standards attempted to address types of foods and beverages sold, provided, or served to students within school buildings. While some state standards may have been useful thirty years ago, most are outdated as they do not address the growing availability of vending machines, foods, candy and soda sold inside and outside of the cafeteria at fundraisers or in student stores. Competitive foods are relatively low in nutrient density and high in fat, added sugar and calories. Neither a la carte nor competitive foods are bound by dietary guidelines that the National School Lunch (NSLP), National School Breakfast, and After School Snack Programs must adhere to.

National and State Departments of Education, School Boards, Food Policy Advocacy Organizations, the American Academy of Pediatrics, the Center for Science in the Public Interest, State Dietetic and School Food Service Associations and other representative groups have met over the past several years to establish or recommend nutrition standards to promote healthy eating habits among children. *Massachusetts A La Carte Food Standards to Promote a Healthier School Environment* is a guideline that has been established by the Massachusetts Action for Healthy Kids, first adopted in January 2004 and updated December 2009. These guidelines, along with the Institute of Medicine, the Alliance for a Healthier Generation Competitive Foods and School Beverage Guidelines, nutrition standards from School Nutrition Bill (H4459, S2322), and the *HealthierUS* School Challenge informed the latest revision to our policy.

## POLICY

The Boston School Committee supports lifelong healthy eating habits for all students and staff in the Boston Public Schools. The School Committee is committed to addressing the increasing rates of diet-related health consequences among these groups by means of the following:

The Boston Public Schools takes a comprehensive approach to reviewing, implementing, and incorporating changes in policy, curricula and operating procedures to promote healthy lifestyles and appropriate nutritional practices for all students. Components of this approach include:

- reviewing and assessing the food available in school lunches to ensure that it is consistent with recommendations from the Dietary Guidelines for Americans and USDA School Meals Initiative for Healthy Children in nutritional content, portion size and quality;
- reviewing the BPS curriculum and identifying opportunities to teach healthy eating habits;
- identifying opportunities to provide support to students around appropriate nutritional practices for meals and snacks;

- identifying opportunities to support teachers, school staff, and parents around modeling healthy eating habits and the appropriate nutritional standards and encouraging non-food alternatives, for school fundraisers, student rewards and reinforcement, school parties, and classroom celebrations;
- promoting health and nutrition messages consistent with those taught by qualified health educators;
- establishing policy guidelines for food and beverage sales within school environments.

The Superintendent reports back to the School Committee with an update and recommendations on the Student Health and Nutrition Initiatives

In addition, the Superintendent and appropriate BPS staff have developed guidelines, which are implemented on July 1, 2004 and updated March, 2011 for the sale of competitive foods and beverages in school buildings or on school grounds. These guidelines are in accordance with the *Massachusetts A La Carte Food Standards to Promote a Healthier School Environment*, Institute of Medicine, the Alliance for a Healthier Generation Competitive Foods and School Beverage Guidelines, and the *HealthierUS* School Challenge.

## IMPLEMENTATION GUIDELINES

Preparation of all competitive foods and beverages must meet state and federal food safety guidelines.

In accordance with 105 CMR 225.100, nutrition information must be made available to students for non-prepackaged competitive foods and beverages, by August 1, 2013. This requirement shall not apply to the sale or provision of fresh fruits or fresh vegetables, and foods or beverages sold during the school day at booster sales, concession stands and other school-sponsored or school-related fundraisers and events.

Implementation guidelines must comply with or exceed nutrition standards delineated by 105 CMR 225.000:

[http://www.mass.gov/?pageID=eohhs2terminal&L=5&L0=Home&L1=Government&L2=Laws%2C+Regulations+and+Policies&L3=Department+of+Public+Health+Regulations+%26+Policies&L4=Proposed+Amendments+to+Regulations&sid=Eeohhs2&b=terminalcontent&f=dph\\_legal\\_nutrition\\_standards&csid=Eeohhs2](http://www.mass.gov/?pageID=eohhs2terminal&L=5&L0=Home&L1=Government&L2=Laws%2C+Regulations+and+Policies&L3=Department+of+Public+Health+Regulations+%26+Policies&L4=Proposed+Amendments+to+Regulations&sid=Eeohhs2&b=terminalcontent&f=dph_legal_nutrition_standards&csid=Eeohhs2)

Beverages and foods sold, provided, or served to students in Boston Public Schools or on school grounds outside the school meal program must adhere to the following standards.

### **Beverages:**

The total beverage product line must meet the following criteria:

1. Schools may sell, provide, or serve only plain water, juice, and milk to students. Beverages such as soft drinks, fruit drinks with minimal nutritional value, and sports drinks **cannot** be sold, provided, or served to students anywhere in school buildings or on the school campus.
2. Plain drinking water must be readily available during the school day at no cost
3. Drinking water must be unflavored, has 0mg of sodium, has no nutritive or non-nutritive sweeteners, noncarbonated, caffeine-free, and has no additives except those minerals normally added to tap water.
4. Beverages, except for flavored milk or flavored milk substitutes shall not contain added sugars including high fructose corn syrup and non-nutritive sweeteners.
5. No beverages shall contain artificial sweeteners.

6. Fruit and/or vegetable based drinks must be composed of no less than 100% fruit/vegetable juices with no added sweeteners, not to exceed 4 ounces in elementary, middle, and K-8 schools, and not to exceed 8 ounces in high school, with 120 calories/8 oz. plus 10% Daily Value of 3 vitamins and nutrients, such as Vitamin A, C, D and calcium
7. All milk and milk substitute products shall be pasteurized fluid types of low fat (1%) or skim (fat-free) milk, which meet USDA, state and local standards for milk. All milk shall contain Vitamins A and D at levels specified by the Food and Drug Administration and shall be consistent with the state and local standards for such milk. All milk, flavored milk and milk substitute container sizes shall not exceed 8 ounces.
8. Flavored milk and milk substitutes shall be fat-free and contain no more than 22 grams total sugars per 8 ounces.
9. Soy and rice milk-substitute drinks shall be calcium and vitamin-fortified and shall contain no more than 22 grams total sugars per 8 ounces.
10. No beverages shall contain more than trace amounts of caffeine.
11. Competitive juice and milk beverages will not be offered in elementary schools.
12. City of Boston agencies in BPS buildings may offer 8 oz. of 100% juice or low-fat and nonfat milk products in vending machines available only outside of the school day.

### **Foods:**

Fresh fruits and/or non-fried vegetables must be offered wherever competitive foods are sold, provided, or served to students except in non-refrigerated vending machines and vending machines offering only beverages.

Use of fryolators in preparing competitive foods is prohibited.

In addition, competitive foods must meet the following nutritional criteria **per item**:

1. Any other food that meets **all** of the following criteria:
  - **≤ 35% of total calories from fat.**
    - Nuts, nut butters, and seeds are exempt from above limitation and are permitted if served in 1 oz portions
    - Fruit and nut combination products are exempt from the above limitation.
  - **≤ 10% of calories from saturated fat – OR - ≤1g saturated fat**
    - Nuts, nut butters, and seeds are exempt from above limitation and are permitted if served in 1 oz portions
  - **0g trans fat**
  - **≤ 35% of total calories from sugar**
    - Non-fat or low-fat yogurt with a maximum of 30g sugar per 8 ounces.
  - **≤ 200 mg sodium**
    - A la carte entrees like cheese sandwiches, vegetable with sauce, and soups must be less than 480 mg sodium if they contain one or more of the following:
      - ≥2g fiber
      - ≥5g protein
      - ≥10% DV of Vitamin A, C, E, folate, calcium, magnesium, potassium, or iron
      - ≥½ serving (¼ cup) of fruit or vegetables.
    - If products are dairy, they must be non-fat or low fat dairy.

- **Bread and other whole-grain based products shall have a whole grain (such as whole wheat) listed as the first ingredient or contain grains that are at least 51% whole grains.**
  - **Meet 1 of the following calorie requirements:**
    - ≤100 calories
    - Vegetables with sauce and soups can have 150 calories if they contain two or more of the following: ≥2g fiber; or ≥5g protein; or ≥10% DV of Vitamin A, C, E, folate, calcium, magnesium, potassium, or iron; or ≥½ serving (¼ cup) of fruit or vegetables.
    - Other foods can have calorie limits per below if they contain one or more of the following:
      - ≥ 2g fiber
      - ≥ 5g protein
      - ≥ 10% DV of Vitamin A, C, E, folate, calcium, magnesium, potassium, or iron
      - ≥ ½ serving (1/4 cup) of fruit or vegetables:
        - ≤ 150 calories for elementary schools
        - ≤ 180 calories for middle and
        - < 200 calories for high schools
        -
2. No more than trace amounts of caffeine are allowed in foods.
  3. Foods must contain no artificial sweeteners.
  4. Foods must have limited added sweeteners as much as possible.
  5. Fruits shall have no added sweeteners and have 0g total fat. Since fresh fruits and vegetables vary in size and calories naturally, they have no calorie limit.
  6. Fruits packaged in their own juices or dried will not exceed the following calorie limits: 150 calories for elementary schools, 180 calories for middle schools and 200 calories for high schools.
  7. Dried fruit and nut combination products (commonly known as trail mix) can be included within these guidelines if they meet the following standards:
    - a. The items found in the combination product include only unsweetened dried fruit, nuts and/or seeds.
    - b. The product contains no added sweeteners.
    - c. The combination product is exempt from the ≤ 35% of total calories from fat requirement, but must meet all requirements around calories, saturated fat, trans fat, sodium, sugar, and positive nutrients
  8. Any one egg or equal amount of egg equivalent is allowable, if it contains no added fat.
  9. Any reduced-fat or part-skim cheese ≤1 oz.

## TIME OF DAY

The Guidelines apply to all food and beverages (outside the USDA School Meals and After School Snack Program) provided to students on school grounds during the regular and extended school day when events are primarily under the control of the school or third parties on behalf of the school.

The **extended school day** is the time before or after the official school day that includes activities such as clubs, yearbook, band and choir practice, student government, drama, sports practices, intramural sports, and childcare/latchkey programs. These Guidelines shall also apply to food and beverages supplied by schools during official transportation to and from

school and sponsored activities, including but not limited to field trips and interscholastic sporting events where the school is the visiting team except as specified herein.

Vending machines, including those controlled by other entities in BPS buildings and grounds, shall comply with these Guidelines at all times.

## **FUNDRAISERS, FOOD REWARDS AND MEETINGS**

The building administrator or his/her designee is responsible for approving all fund raisers. Principals and staff will promote a school environment supportive of healthy eating. Adults are encouraged to model healthy eating by serving nutritious food and beverages at school meetings and events, and by refraining from providing candy and snacks of minimal nutritional value as rewards for students and instead integrating practices of non-food rewards.

Food and beverage cannot be used as a reward means of discipline.

If schools participate in fundraising involving food and beverages, the fundraiser should support a healthy school environment and be free from solicitation of foods that do not meet the specifications of the Dietary Guidelines for Americans. Fundraisers should not include the sale of candy, beverages, and snacks of minimal nutritional value

Automatic timers will be used to limit access to competitive foods and beverages during the school day.

Schools should develop communication and tools to provide to PTA/ other groups who are conducting fundraising, celebrations, meetings and rewards for the school so that non-food activities are used.

## **SUPPORT FOR IMPLEMENTATION**

This is a citywide initiative, with the Boston Public Schools taking the lead to implement healthy snack and beverage guidelines. The Mayor's Office, the Boston Public Health Commission (BPHC), the Boston Centers for Youth and Families (BCYF) are all in full support of these policies.

To assist with this transition, Food and Nutrition Services will continue meeting with vendors and manufacturers to discuss product specifications that meet these guidelines. Language referencing new policies is included in the Request for Bids for beverages, dairy and ice cream, and snack food products. Vendors who are awarded single-year or multiple-year contracts must comply with the stated guidelines

With assistance from the School Wellness Council, students, teachers, parents and administrators will be informed and educated about the new guidelines. Technical support will be provided to help schools and agency partners adjust to the revised standards, including providing resources on healthful forms of fundraising and meeting guidelines. The Commonwealth of Massachusetts passed a School Nutrition Bill (H4459, S2322). The BPS implementation guideline have been revised to include state nutritional standards.

## **MONITORING AND COMPLIANCE**

Schools will be monitored by:

- Schools will include a goal for implementing this policy in the Wellness Action Plan of their Whole School Improvement Plan
- All schools will annually complete the Alliance for a Healthier Generation Healthy School Program Inventory that includes questions on competitive foods and beverages.
- All schools will annually complete the Alliance for a Healthier Generation Healthy Schools inventories specific to competitive foods and beverages

The Principal and relevant academic Superintendent will be notified if a school is found to not be compliant.

School administration, families, students, and wellness council will be provided information about the policy to engage and support monitoring, enforcement, and compliance.

**DEFINITIONS**

**Food of Minimal Nutritional Value:** Food that provides less than five percent of the Reference Daily Intakes (RDI) for each of eight specified nutrients per serving.

**A La Carte Foods:** Sold typically in the cafeteria by the school food service department. They are separately and individually priced and are not usually part of the NSLP.

**Competitive Foods:** *Competitive foods or beverages* means all foods or beverages sold or provided in public schools, other than non-sweetened carbonated water and those items sold or provided as part of federal nutrition programs such as the School Breakfast Program, School Lunch Program, and the Child and Adult Care including those offered in: School cafeterias; school stores; school snack bars; concession stands, booster sales, vending machines; fundraising activities; school-sponsored or school-related events; food trucks, and any other location in public schools.

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**Carol R. Johnson, Superintendent**

**APPENDIX B**  
**Physical Education and Physical Activity Policy**

	<p><b>Physical Education &amp; Physical Activity Policy</b></p> <p>School Year 2013-2014</p>	<p><b>NUMBER:</b></p> <p><b>DATE:</b> draft May 2, 2013</p> <p><b>Draft for approval</b></p>
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**BACKGROUND:**

Regular physical activity is one of the most important factors affecting health. It helps control weight, reduce the risk of developing cardiovascular disease and diabetes, improve mental health and mood and increase longevity. Most Boston Public School (BPS) students are not physically active for the 60 minutes per day recommended by the Center for Disease Control. On the 2009 Boston Youth Risk Behavior Survey, only 27% of BPS high school students reported being physically active for the recommended time and only 38% reported having physical education. This lack of physical activity is contributing to an epidemic of overweight and obesity in BPS students. Measurement of students' Body Mass Index in 1st, 4th, 7th and 10<sup>th</sup> grades revealed that 43.6% of BPS students are at an unhealthy weight (2009).

Recent national, cumulative evidence shows clear links between school-based physical activity, including physical education, and academic success. The majority of the studies report that physical activity was positively related to academic performance, including academic achievement (grades, standardized test scores); academic behavior (on-task behavior, attendance); and factors that can positively influence academic achievement (concentration, attention, improved classroom behavior). Most importantly, adding time during the school day for physical activity does not appear to take away from academic performance. Given these findings, the BPS recommends that schools increase the amount of time spent in physical education and/or increase the quality of their physical education program, provide recess and physical activity breaks in the classroom, promote walk/ bike to school programs, and offer non-competitive intramural and interscholastic sports.

In an effort to improve health and academic outcomes, BPS is implementing strategies to increase the frequency and quality of physical education (PE) and physical activity (PA) for BPS students. A PE & PA Task Force was formed in November 2010 to align the district's PE-related policies and bring the district into compliance with MA General Laws Chapter 71, Section 3 that states:

“PE shall be taught as a required subject in all grades for all students in the public schools for the purpose of promoting the physical well-being of students.”

With input from BPS principals, physical education teachers, BPS Wellness Council members, BPS department heads, Academic Superintendents, Labor Relations, and other district-leaders, the PE & PA Task force created the PE & PA Policy to align the former BPS policies described below:

<b>Former Policy Title</b>	<b>Former Policy:</b>
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BPS Wellness Policy for Physical Education/Physical Activity	90 hours of PE per year should be incorporated into the school day and into after-school programming to the extent possible.
BPS Physical Education Policy	All students in all grades shall participate in 90 hours of PE per school year in grades 1st-10th and there is no specified required time for 11th and 12th grade students.
BPS High School Graduation Requirement	High School students must take and pass two semesters of PE.

**DEFINITIONS:**

*Comprehensive School Physical Activity Program (CSPAP):* An approach by which school districts and schools utilize all opportunities for school-based physical activity to develop physically educated students who participate in physical activity each day and develop the knowledge, skills, and confidence to be physically active for a lifetime. Quality physical education is the cornerstone of a CSPAP. CSPAP also includes school-based physical activity opportunities; school employee wellness and involvement; and family and community involvement.

*Physical Education (PE)* is a planned, sequential program of curricula and instruction that helps students develop the knowledge, attitudes, motor skills, self-management skills and confidence needed to adopt and maintain physically active lifestyles. PE curricula must align with the BPS PE frameworks. PE activities that focus on a single activity, such as swimming and dance, count as PE *only* if it is part of a CSPA and aligned with BPS PE Frameworks.

*Physical Activity (PA)* is a behavior consisting of bodily movement that requires energy expenditure above the normal physiological (muscular, cardio respiratory) requirements of a typical school day. Recess, movement breaks, promotional activities, and cross-curricular incorporation are some examples of PA that should NOT be counted as PE; PA is not PE and it cannot be allocated as PE.

**PHYSICAL EDUCATION & PHYSICAL ACTIVITY POLICY:**

All schools must provide all students in all grades with at least 150 weekly minutes of physical activity; including at least 80 minutes per week of standards-based physical education in grades K-10 and one semester per grade for all students in grades 11-12. In addition, all schools must provide all students in all grades with daily opportunities for planned physical activity opportunities during the school day such as movement breaks, recess or lessons involving movement to total at least 70 minutes per week. In grades K- 8, daily recess must be provided.

Activities will be inclusive of meeting the needs, interest, abilities and cultural diversity of all students, including boys, girls, students with disabilities and students with special health-care needs.

Extended day programs and out of school time which includes before and after school programs must offer physical activity opportunities.

### **IMPLEMENTATION GUIDELINES:**

The BPS PE Curriculum must meet the following criteria:

- Curriculum is standards-based and it aligns with BPS PE Curriculum Frameworks.
- Curriculum provides moderate-to-vigorous physical activity (MVPA) during at least 50% of PE class time.
- The PE scope and sequence for each grade level must include district-sponsored PE curriculum, such as SPARK in K-12<sup>th</sup> grades and Project Adventure in K-12<sup>th</sup> grades.

Student assessments in PE must include the following:

- Graded competency (i.e. knowledge, skills, practice) and participation (i.e. effort, proper attire, teamwork) assessments that are reflected on all students' report cards.
- All students in grades 4<sup>th</sup>-12<sup>th</sup> must annually complete all components of the FITNESSGRAM health-related physical fitness assessment.
- FITNESSGRAM Rollout Guidelines:
  - All students in 4<sup>th</sup>-9<sup>th</sup> grades must complete all components of the FITNESSGRAM assessment by June 2014.
  - All students in 4<sup>th</sup>-12<sup>th</sup> grades must complete all components of the FITNESSGRAM assessment by June 2015.

BPS PE classes have the following requirements for scheduling:

- Reflected on all schools' master schedules and on all students' report cards.

Staffing requirements include:

- BPS supports a learning environment in which all teachers are highly qualified in the subject areas they teach. Therefore, PE class must be taught by a teacher that holds an active and valid PE teaching license from the MA Department of Elementary and Secondary Education.
- If a school is unable to provide all students in all grades with PE instruction from licensed PE teachers, the Health and Wellness Department will support schools' implementation of district-approved staffing alternatives. All PE staffing alternatives must be approved by the Health and Wellness Department and the school's respective Academic Superintendent.

School Wellness Councils are required to develop a school-based Comprehensive School Physical Activity Plan (CSPAP) that includes:

- A school-based CSPAP Policy that documents the CSPAP Implementation Guidelines.
- The CSPAP Implementation Guidelines must outline how all students in all grades are to receive at least 80 minutes of PE per week.

- The CSPAP Implementation Guidelines also include a plan that outlines how all students in all grades will receive the additional 70 or more minutes of physical activity; the 70 or more weekly minutes may include additional minutes of weekly PE. If the additional 70 weekly minutes are not all PE, the remaining minutes must include a school-based policy for planned PA, such as 20 minutes of structured recess or movement breaks for all students.
- School staff shall be provided resources to integrate physical activity into their academic lessons.
- School wellness councils will work with building principals and Facilities Management/ Planning to identify safe and appropriate indoor and outdoor space for group physical activity and physical education. The lack of identified single use physical activity spaces (i.e., gymnasiums) will not hinder schools from offering an environment conducive to physical activity and implementation of a CSPAP plan. Examples include:
  - Shared classroom space (mobile physical education classes conducted in classrooms)
  - Outdoor classroom
  - Creative use of hallway space or other shared spaces in buildings
  - Repurposing classroom or other building spaces for physical activity
  - Co-teaching with other content areas

Schools shall offer daily physical activity opportunities during the school day. To that end principals/headmasters can:

- Integrate daily physical activity into the classroom setting with kinesthetic learning, cross curricular lessons and team teaching.
- Encourage short physical activity breaks between lessons or classes, as appropriate.
- Encourage school wide physical activity promotions like pedometer challenges, field day, dance-a-thon, walk-a-thon, active transport, etc.
- Provide opportunities for daily recess with at least 20 minutes a day of supervised recess, preferably outdoors, during which time staff encourage moderate to vigorous activity and provide appropriate space and equipment. In grades K-8 daily recess is required.
- Schedule recess before lunch so that students will come to lunch less distracted and ready to eat.

Schools shall offer daily physical activity opportunities during **extended day programs and out of school time which includes before and after school programs.** To that end principals/headmasters can:

- Allow school spaces and facilities to be available for school-sponsored activities that promote fitness for its students during extended and non-school hours. As circumstances permit,
- Remain in alignment with best practices and requirements for licensed school age, care programs partnering with schools (MA General Laws 606 CMR 7). Specifically
  - Providing daily indoor and outdoor time periods, weather permitting, which include both small and large muscle activities;
  - Each school shall dedicate at least 30-60 minutes of morning or afterschool program time to physical activity for all students;
- Partner with local government and community-based agencies to support active transport to school by reducing/eliminating hazards and increasing accessibility (i.e., bicycle parking).

Community Partnerships: Providing students and families with access to safe, affordable and convenient places to be physically active is an important strategy for promoting health and reducing risk for obesity, Community partners are an vital, valuable aspect of quality physical activity program and can meaningfully support PE and PA in BPS. School officials encouraged to work with partners to develop a written joint use agreement that delineates the terms and conditions for joint use and the responsibilities of all parties. Community partners must follow the BPS Community Partner Policy. To that end principals/headmasters can work with community partners to:

- Secure mini-grant funding
- Use of facilities on and off campus
- Training/professional development
- Assist with program implementation

Physical Activity and Punishment Teachers and other school and community personnel shall not:

- Use physical activity (e.g., running laps, pushups) as punishment.
  - Withhold opportunities for physical activity (e.g., recess, physical education) as punishment.
  - Deny a student physical activity time in order to make up work unless under unusual circumstances.

## **MONITORING, COMPLIANCE AND SUPPORT**

### Monitoring Curriculum

- **Scope and Sequence:** Each school must annually submit a PE scope and sequence for each grade level to the School Wellness Councils; the scope and sequences must align with BPS PE Curriculum Frameworks. The Health and Wellness Department can support schools in aligning their PE scope and sequence with the BPS PE Curriculum Frameworks. If necessary, the School Wellness Councils may be asked to submit the school's PE scope and sequence.

### Monitoring Assessments

- **Report Cards:** All students' report cards must include a grade for taking PE class.

- **FITNESSGRAM:** All schools will enter their FITNESSGRAM assessment into a FITNESSGRAM database. The FITNESSGRAM database will be centrally monitored to ensure that all students in grades 4<sup>th</sup>-12<sup>th</sup> annually complete all components of the health-related physical fitness assessment. This information is for educational purposes.

Monitoring school-based Comprehensive School Physical Activity Plan (CSPAP):

- **Wellness Actions Plans:** School Wellness Councils' CSPAP will include their school-based CAPAP Policy that outlines how all students in all grades will receive weekly physical activity
- The Health and Wellness Department will monitor School Wellness Councils' CSPAP
- The Health and Wellness Department will monitor community partner's compliance with BPS Community Partner Policy.

Monitoring Scheduling and Graduation Requirements

- **Master Schedules:** All schools must reflect adequate PE on their master schedule.
- **Student Report Cards:** All students' report cards must include PE to determine compliance with the PE & PA Policy and to determine students' graduation eligibility.

Monitoring Staffing:

- **Staffing Reports:** Human Resources will annually conduct PE staffing reports for each school. The PE staffing reports will be monitored to determine compliance with the PE Staffing Policy for BPS.

The Health and Wellness Department will support schools in their efforts by providing:

- Yearly professional development opportunities for both physical education teachers and school base personnel
- School's shall be provided resources to integrate physical activity into their academic lessons
- Resources available for school staff include:
  - Field-day guides
  - Physical Activity Curriculum
  - Physical Activity Breaks
  - Recess temperature recommendations
  - Active Recess materials
  - Guide to Before and After School Activities

**Schools Non-Compliant with PE & PA Policy:** The Principal and relevant Academic Superintendent will be notified by the Health and Wellness Department if a school is found to not be compliant. The Health and Wellness Department will work directly with the school to support the development of a CSPAP Improvement Plan that puts the school on track for compliance with the PE & PA Policy.

School administration, teachers, families, students, community-based organizations and wellness councils will be provided information about the policy to engage and support implementation, monitoring and compliance. The BPS Health and Wellness Department will provide an implementation guide that will include strategies and support for professional development,

curriculum, FITNESSGRAM, partnership development, instructional materials, school-based PA strategies and other resources.

#### ADDITIONAL DEFINITIONS

*Moderate-to-Vigorous Physical Activity (MVPA)* is measured by an increase in heart rate, breathing and body temperature. Moderate physical activity refers to activities equivalent in intensity to brisk walking or bicycling. Vigorous physical activity produces large increases in breathing or heart rate, such as jogging, aerobic dance or bicycling uphill.

*FITNESSGRAM* is a health related physical fitness assessment. The FITNESSGRAM assessment includes items in following five areas of fitness: Aerobic Capacity, Body Composition, Muscle Strength, Endurance, and Flexibility. Each of the test items was selected to assess important aspects of a student's health related fitness, not skill or agility. Students are compared not to each other, but to health fitness standards, established for age and gender, that indicate good health.

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## **Appendix C: Health Education Guidelines**

### **Background**

Health education is defined by the CDC as: “providing students with opportunities to acquire the knowledge, attitudes, and skills necessary for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. Comprehensive school health education includes courses of study (curricula) for students in pre-K through grade 12 that address a variety of topics such as alcohol and other drug use and abuse, healthy eating/nutrition, mental and emotional health, personal health and wellness, physical activity, safety and injury prevention, sexual health, tobacco use, and violence prevention”. Health education curricula should address the [National Health Education Standards \(NHES\)](#), incorporate the [characteristics of an effective health education curriculum and be taught by qualified, trained teachers](#). In addition, the American Cancer Society, the American Diabetes Association, and the American Heart Association believe that school health education programs can reduce health risk behaviors such as tobacco use, poor nutrition, lack of physical activity, drug and alcohol use, as well as actions that increase stress and risk of injury and violence. Because these behaviors are amenable to change, quality school health education taught by trained and certified health educators provides the best opportunity to promote positive health behavior among children and adolescents. (Facts: Learning for Life Health Education in School, 2008)

Health education is an integral component of quality school programming. Schools have direct contact with a significant number of Boston’s youth for about 6 hours a day and for the critical years of students’ social, psychological, physical and intellectual development. As a result, schools play an important role in improving students’ health and social outcomes as well as promoting academic success. Healthy students are more ready and able to learn and are less likely to experience negative academic impact than students who engage in risky health behaviors (academic failure, lower test scores, truancy, absenteeism, etc.) ([www.cdc.gov/healthyouth/cshp/case.htm](http://www.cdc.gov/healthyouth/cshp/case.htm)). According to the CDC schools cannot achieve their primary mission of education if students are not healthy, but schools can address the health needs of students through effective health education. Research supports that school health programs and policies may be one of the most efficient ways to reduce risky behaviors in students, prevent health problems and address the achievement gap ([www.cdc.gov/healthyouth/schp/case.htm](http://www.cdc.gov/healthyouth/schp/case.htm)).

We, at Boston Public Schools, believe that in accordance with the National Health Education Standards, “health education should contribute directly to a student’s ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks”. We also recognize that skills are the foundation of effective health education instruction and that comprehensive school health education assists students in living healthier lives ([www.cdc.gov/healthyouth/cshp/components.htm](http://www.cdc.gov/healthyouth/cshp/components.htm)). The policy and implementation guidelines presented here, explain how we, at Boston Public Schools, will create effective health education programming.

### **Policy**

Boston Public Schools are committed to addressing the health and wellness of all students, in part, through effective health education programming. Therefore, BPS will require

comprehensive pre-K-12 health education be taught to all students throughout the district. The Boston Public Schools take a comprehensive approach to reviewing and incorporating changes in policy, curricula and implementation. This effort will result in a skills-based approach to teach health education that promotes healthy lifestyles, healthy relationships and health-literacy for all students. Specifically, health education programming in Boston Public Schools will:

- Align with the BPS Health Education Frameworks which integrate the Massachusetts Comprehensive Health Curriculum Framework and National Health Education Standards as well as the National Sexuality Education Standards. This document also provides guidance for understanding and implementing a skills-based approach to health education which is supported by the NHES and characteristics of effective health education (from the CDC).
- Stay current in the fields of health and health education through the review, analysis, and implementation (when appropriate) of: national health policies and procedures, research in best practice, guidelines from international, national and state organizations, etc.
- Collect, analyze and utilize health data of BPS students. This should include, but not be limited to, the Youth Risk Behavior Survey. Data should be used to review and modify the health education programming in order to ensure that it is meeting the needs of the students.
- Involve families and the community in the planning, evaluation and promotion of the health education programming.
- Utilize community partners and city wide resources to supplement (where appropriate) the health education programming. Community partners are an important, valuable aspect of quality health education and can meaningfully support health education in BPS. Community partners must follow the BPS Community Partner Policy.
- Include opportunities for professional development to support implementation and student assessment.
- Include cross-curricular, interdepartmental collaborations to enhance the value and meaning of the health education programming.
- In addition, all health education programming in BPS will be:
  - In line with and follow promotion and graduation requirements that include: Health/HIV education in grade 4; two semesters of health education in grades 6 to 8; one semester course of health education in grades 9 to 12. These are the minimum requirements for health education programming.  
We acknowledge the adequate instructional time recommendations made by the National Health Education Standards: pre-K to grade 2 receive a minimum of 40 hours and grades 3 to 12 receive a minimum of 80 hours of health education instruction per academic year and suggest Boston Public Schools work toward these recommendations.
  - Sequential and comprehensive in nature (teaching a variety of skills and topics in such a way that student learning and skill development is built upon with each unit and each year).
  - Inclusive of a variety of topics, such as tobacco, alcohol, and drug abuse, healthy eating/nutrition, mental and emotional health, personal health and wellness,

physical activity, safety and injury prevention, violence prevention, and comprehensive sexual health education that is LGBTQ inclusive.

- Medically-accurate, age and developmentally appropriate.
- Culturally inclusive, including but not limited to: race, gender, sexual identity and cultural identity.
- Implemented in supportive, safe learning environments in which all students feel valued, acknowledged and safe.
- Implemented by qualified, trained health teachers who have knowledge in the curricular content and are skilled in achieving expected instructional outcomes.

### **Implementation Guidelines:**

1. Identify school-based point person(s) for implementing and enforcing this policy.
2. The identified school point person will contact Boston Public School's Health Education Program Director to determine the appropriateness of the curriculum chosen for their school.
3. Identified school point person will determine, in collaboration with the principal, how their school will meet the policy requirements relating to time, staffing and implementation.
4. Identified school point person will collect/monitor (or assign another individual to collect/monitor) relevant student and community information that can assist in identifying priority areas for health education. For example, you become aware of high rates of a specific Sexually Transmitted Infection (STI) in your community. You share this information with your health teacher, who in turn raises awareness of this issue with students, and educates them on how to find school and community resources related to this issue.
5. Schools will engage families in their child's health education by providing access to curricula materials and health-related information. In addition, schools will encourage students to actively engage parents/guardians and other family members in promoting healthy behaviors.
6. Schools will evaluate their health education curriculum/programming in order to identify areas that need further support. Schools will use the BPS Health and Wellness Department's Community Partner approved list to identify the most appropriate community partners to meet their needs.
7. School personnel will attend relevant professional development opportunities.
8. Identified school point person should actively seek out opportunities within the school, both at the cross-curricular and the larger school community level, to promote health and health education programming. For example, the school recognizes World Aids Day and creates a school-wide initiative to host a fundraiser for a specific AIDS charity. In health education, students examine HIV transmission and ways to prevent it. In science, students learn how HIV attacks the immune system. In language arts, students read a piece of literature pertaining to HIV/AIDS. In math, students calculate incidence rates of HIV in their community and state. While in social studies, students examine the history of the AIDS Memorial Quilt.

## **Appendix D: Whole School Health & Wellness: Healthy School Environments Policy**

### **Background Language**

Approximately 20% of American's go to school every day, many of those students, teachers, staff, faculty and administrators in aging facilities with deteriorating conditions. Meanwhile, studies have shown that the condition and health of the school building directly impacts the productivity and health of its occupants. High-performance, green schools with good indoor air quality, acoustical controls and daylight produce healthier, higher-performing students. A robust amount of literature is available identifying best practices, guidelines and recommendations for achieving healthy school environments - from the Lawrence Berkeley National Laboratory, to the Environmental Protection Agency, to the American Federation of Teachers Union. In addition, the Center for Disease Controls' (CDC) Coordinated School Health model<sup>2</sup> references the built environment as a key factor around whole-school health and wellness efforts.

Asthma is one of the leading causes of school absenteeism and children with asthma are especially vulnerable in buildings that have evidence of environmental hazards that effect indoor air quality. The Federal National Heart, Lung and Blood Institutes evidence-based guidelines for effective asthma management recommends reducing exposure to indoor environmental asthma triggers such as mold, dust mites, pests, pesticides, hazardous cleaners and disinfectants, and exposure to environmental tobacco smoke in indoor environments.<sup>1</sup>

In partnership with the Boston Healthy Homes and Schools Collaborative (BHHSC) and the Healthy Schools Taskforce (HST), Boston Public Schools has implemented many of these evidence based guidelines through District policies and programs (see below). As a result of the revised Health & Wellness Policy, school-based Wellness Councils, which are focused on improving health and wellness of students and staff, will be more closely involved in maintaining the highest level of indoor air quality and environmental health of their school by working with Facilities Management, outside partners and the school community.

Considering that Boston Public Schools is the oldest school district in the country and home to existing buildings of all ages, it is critical that sustained resources, innovative programs and an ongoing focus be dedicated to designing, upgrading and maintaining our school buildings to fulfill whole-school health and wellness goals.

### **Policy Language**

The Boston Public Schools is committed to providing high-performing school buildings that are in good repair, have superior indoor air quality, are clean, use resources efficiently, and provide accessible and culturally inclusive learning environments that positively impact the productivity, health, and wellness of all students and staff. To meet these standards, the Boston Public Schools shall maintain a Healthy Schools Taskforce (HST) to promote and raise awareness of the health of the built environment and ensure continuous improvement of BPS healthy school environment policies and programs.

The Boston Public Schools and the Boston Public Health Commission must conduct annual Environmental Inspection/Audits (Audit) to evaluate health and safety conditions of each school building. The Facilities Management Department will take immediate action to mitigate critical issues such as poor indoor air quality, signs of pests, leaks, clutter, mold, poor chemical management and critical health and safety repairs. In addition, the Audit results, along with best practices in the *Healthy Environment Resource Toolkit*, shall be used by School

Principals/Headmasters and school-based Wellness Councils to develop annual environmental health priorities and goals as part of the school's Wellness Action Plan.

District departments and all schools, through an Environmental Committee or school-based Wellness Council, shall comply with existing city ordinances and District policies related to promoting and managing healthy school environments, including but not limited to, Green Cleaners, Integrated Pest Management, Recycling, Infection Prevention & Control, Tobacco Free Environment Policy, Environmental Inspection/Audit, Student Safety/Health in School Shops, Laboratories and Chemical Inventory "Right to Know" Law. Examples of relevant and existing healthy school environment policies, for which school-based Wellness Councils and school staff must comply, are referenced below.

[http://bostonpublicschools.org/view/circulars?field\\_circular\\_number\\_value=&field\\_department\\_nid=750](http://bostonpublicschools.org/view/circulars?field_circular_number_value=&field_department_nid=750)

- FMT-10: [Integrated Pest Management \(IPM\)](#)
- FMT-11: [Green Cleaners Policy](#)
- FMT-08: [Mandatory System wide Recycling Program](#)
- SHS-20: [Asthma in Schools](#)
- SHS-04: [Infection Prevention and Control in School Settings](#)
- SHS-18: [Tobacco Free Environment Policy](#)
- FMT-15: [BPS/Boston Public Health Commission Environmental Inspection/Audit Program](#) (City Ordinance 7.12.1-4)
- FSE-06: [Student Safety / Health in School Shops, Laboratories and Classrooms 2012-2013](#)
- FMT-07: [Chemical Inventory "Right to Know" Law](#)

### **Implementation, Monitoring & Evaluation (Same language as proposed above in the MONITORING & EVALUATION SECTION)**

#### BPS Facilities Department & Boston Public Health Commission

The HST, in collaboration with appropriate District departments, will be designated to ensure all schools comply with healthy school environment policies.

1. The Facilities Management Department and Boston Public Health Commission will comply with City Ordinance (7.12.1-4) by conducting annual Environmental Inspection/Audits of each school. They will present summary results of the Audits to the Healthy Schools Taskforce and City Council as well as to school leaders on an annual basis.
2. Upon completion of the Audit, Facilities Management will immediately address critical health and safety deficiencies by filing a work order with the appropriate division and they will incorporate other needed work at the school sites into the annual budgeting process. On an ongoing basis, Facilities Management will provide technical assistance to Principals/Headmasters on environmental problems and other building-related issues.

#### School leadership and school-based Wellness Councils

School administration and staff must actively participate in ensuring the school is in compliance with District policies and proactively manage environmental health issues for the sake of their students and staff.

1. School Principals/Headmasters will be responsible for reviewing their school's annual Environmental Audit/Inspection results and other related building condition resources to develop environmental health priorities for the school.
2. Administrators will engage in a collaborative planning effort with their school-based Environmental Committee or Wellness Council to finalize annual environmental health priorities, goals, action steps and evaluation efforts.
3. The Health and Wellness Department, in partnership with Facilities Management Department, will annually assess all schools' Wellness Action Plans to ensure school leaders and school-based Wellness Councils are taking action steps to improve the health and cleanliness of their school building environment.
4. Wellness Councils shall track progress of improved school conditions and evaluate annually what efforts worked best.