



Superintendent's Circular

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DISTRICT WELLNESS POLICY

This circular will remain in effect unless rescinded or superseded by a subsequent version.

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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 or the District) 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 Strategic Implementation Plan. 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 challenges us to develop young people 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, we have developed this policy regarding wellness initiatives in Boston Public Schools. This policy took effect September 1, 2017.

First passed on June 30, 2006, the District Wellness Policy was implemented in September 2006. It was updated in June 2013,

and again in June 2017 taking into consideration the needs and perspectives expressed by members of the Boston School community, and responding to both the Healthy, Hunger-Free Kids Act¹ and Massachusetts Standards for School Wellness Advisory Committees.² 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 Whole School Whole Community Whole Child Approach. A subcommittee of the District Wellness Council formed into seven work groups, representing these topic areas:

1. Cultural Proficiency
2. School Food and Nutrition Promotion
3. Comprehensive Physical Activity
4. Comprehensive Health Education
5. Healthy School Environment

¹ P.L. 111-296—DEC. 13, 2010

² 105 CMR 215

6. Health Services
7. Safe and Supportive Schools
8. 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 policy language regarding wellness for all students. This comprehensive approach seeks to advance Boston Public Schools' 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.

I. POLICY

The Boston Public Schools (BPS or the District) aims to actively promote the social, emotional and physical health and wellness of all students to advance both their healthy development and readiness to learn. Student and staff wellness is a core value of the District and a key strategy to address health inequities and to close opportunity and achievement gaps that impact BPS students. Thus, BPS strives to be one of the healthiest school

districts in the country. BPS will ensure that the healthy choice is the easy choice and that students learn the skills and knowledge needed to make those choices. BPS is committed to implementing a Whole School Whole Community Whole Child (WSCC) approach to wellness, as recommended by the Centers for Disease Control and Prevention (CDC) and ASCD (Association of Supervisors and Curriculum Development). As a part of this approach, BPS will meet the health and wellness needs of all students through prevention, intervention and intensive response. As a result, all BPS students will be challenged, supported, engaged, safe and healthy.

The District Wellness Policy is intended to link new and existing wellness-related policies and convey a framework for creating safe, healthy and welcoming school environments. BPS 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 work of implementing this policy relies on the work and collaboration of instructional, operational, clinical and administrative staff at schools and central office departments. BPS shall develop the capacity of schools to implement the policy and improve the quality and equity of programs, services, and supports. This policy is inclusive of all students, staff, and families.

A. WELLNESS COUNCILS

1.) District Wellness Council

The BPS shall maintain a superintendent-appointed District Wellness Council. This advisory group will develop, recommend, review and advise on implementation of school District policies that address student and staff wellness. The District Wellness Policy shall be reviewed once yearly by the District Wellness Council and considered for updates based on other model school wellness policies and best practices, annual report findings and recommendations, input from schools and the community, research evidence, and regulations. The District Wellness Council shall seek ongoing feedback from BPS community stakeholders. Additionally, the District Wellness Council will develop an annual Wellness Action Plan with goals and SMART objectives for the coming school year.

This council shall include at a minimum representatives from: families, students, school and District instructional and operational administrators, relevant central department heads, school food and nutrition services staff, physical education and health education teachers, school nurses and other school health professionals (e.g. psychologists, guidance counselors, social workers) a school committee member, community youth serving agencies, Boston Public Health Commission representatives, healthcare providers and the general public. Appointees to the maximum extent possible shall reflect the cultural, linguistic, and ethnic composition of BPS schools. General membership and attendance at the District Wellness Council is open to all stakeholders and the general public. The District Wellness Council will implement a plan for involving and engaging all of these stakeholders.

2.) School-based Wellness Councils

All BPS schools shall establish and maintain a school-based wellness council. School-based wellness councils shall act as a shared leadership team to implement wellness-related District policies. Councils must assess their school's implementation of the Wellness Policy and create and implement an annual Wellness Action Plan as a part of the Quality School Plan.

Principals shall name a wellness council chair(s) to coordinate the wellness council and act as a liaison to the District, community, and families. Wellness council chairs will attend District training. The council shall include at a minimum a school administrator, family representatives, students (where feasible), representatives of a wide range of school health and health-related disciplines, including school nurses, school food service staff, health education and physical education teachers and other school health professionals, such as psychologists, guidance counselors, and social workers. To the extent feasible, members will include operations and custodial staff, community partners and the general public. Appointees to the maximum extent possible shall reflect the cultural, linguistic and ethnic composition of the school community.

3.) Stakeholder Participation in Councils / Informing and Updating the Public

The District will develop a district-level communication strategy and communication guidance for schools to increase awareness of the policy and its importance for creating a safe, healthy, and

welcoming school. a. The following are responsibilities for informing stakeholders about policy:

1. BPS will post the District Wellness Policy on the BPS website.
2. Schools must share a link to the District Wellness Policy on their school's website and send a message to families notifying them of how they may obtain a copy or otherwise access the policy.
3. School-based Wellness Councils shall annually communicate wellness-related policies so that all staff, families and students are aware of the policy requirements.
4. BPS and schools shall notify families and the public about the content of the District Wellness Policy and any updates to the policy on an annual basis.
5. BPS will ensure that the District Wellness Policy and any public announcement related to the policy are available in the languages that represent the school community.

b. The following are responsibilities for informing stakeholders about the District Wellness Council and school-based councils:

1. BPS will make available to the public and school community, on the BPS website and through other regular channels of communication that BPS utilizes, a list of names and position titles (or relationship to the school) of individuals who are a part of the District Wellness Council, including the name, position title, and school-based contact information of the council leadership and subcommittee co-

chairs.

2. BPS will post the District Wellness Action Plan on the BPS website to share District goals and objectives for the school year.
3. Schools must make available to the public and school community on their website a list of names and position titles (or relationship to the school) of individuals who are a part of their school-based wellness councils and include the name, position title, and school-based contact information of the council chairs(s).
4. Schools must post their Wellness Action Plans on their school's website to share local school goals and activities to implement the policy.
5. BPS shall make available to the public and the schools the results of the annual assessment, which is detailed in the next section, and actively notify families of the availability of the assessment results.

c. The following are responsibilities for engaging stakeholders:

1. The District Wellness Council and school-based councils will encourage diverse membership on councils and subcommittees, attendance at meetings, and participation of all BPS stakeholders through public comment and feedback.
2. BPS will share information on the District website about how the public can get involved with the District and school-based wellness councils.

3. Schools must share information on their school's website about how the public can get involved with the school wellness councils.
4. BPS will develop methods to educate students about wellness policies and ways they can be involved in the wellness councils when developmentally appropriate.

4.) Monitoring, Assessment and Reporting

BPS shall develop and implement an evaluation plan designed to measure school-level implementation and student level outcomes of all policy components of the District Wellness Policy. Where possible the metrics will align with other District indicators and be measurable using existing evaluation tools and systems and be sustainable over time. This plan will be made available to the public as a part of the District Wellness Policy circular.

BPS shall annually assess compliance with the District Wellness Policy, alternating between qualitative and quantitative annual assessments. The annual assessment will measure the extent to which schools are in compliance with the BPS policy and the progress made in attaining the goals of the previous year's Wellness Action Plan. The District Wellness Council will write an annual report that will include: the results of assessment, the extent to which the Boston Public School District Wellness Policy compares to model local school wellness policies, a summary of the District activities and accomplishments related to wellness policy implementation of the previous year, and goals and

objectives for the upcoming year. This annual report shall be presented to the superintendent, the School Committee and the Massachusetts Department of Education. The District will develop a strategy for reporting on compliance of each school.

BPS shall maintain records to document compliance with Wellness Policy including: the written District Wellness Policy; documentation demonstrating compliance with community involvement requirements; documentation of the annual assessment of the District Wellness Policy; and documentation to demonstrate compliance with the annual public notification requirements.

5.) Wellness Policy Leadership

School principals are responsible for ensuring their school complies with the Wellness Policy. At the District level, the executive director of the Office of Health and Wellness is responsible for overseeing monitoring, reporting, and communication of the BPS Wellness Policy. The following District departments are responsible for supporting implementation and monitoring of specific components of the policy:

- a. Behavioral Health Services
- b. Facilities & Capital Management
- c. Food and Nutrition Services
- d. Health and Wellness

- e. Health Services
- f. Office of Engagement
- g. Office of Equity
- h. Office of Opportunity Gaps
- i. Safe and Welcoming Schools
- j. Transportation

The compiled department information will be reported to instructional superintendents and operational superintendents who are granted the authority and responsibility by the superintendent to ensure each school complies with the policy. BPS will provide a means of contacting the District or school official(s) responsible for oversight by designating District or school-based phone(s) number and/or email address for this purpose.

B. CULTURAL PROFICIENCY

The Boston Public Schools is committed to creating a culturally proficient District that embraces at its fundamental core the culturally sustaining and affirming beliefs and practices that honor differences while mitigating the effects of concentrated poverty and institutional racism in the effort to eliminate gaps and promote health and wellness for all. The District is committed to providing authentic learning opportunities for

every child in every classroom in every school to ensure they develop into healthy, engaged, self-determined, and independent learners that are college and career ready. The District recognizes that Culturally and Linguistically Sustaining Practices (CLSP) helps to create a safe, healthy and welcoming environment that supports all students' social, emotional, physical and academic learning as well as their health and wellness. Cultural Proficiency is an approach that raises awareness of individual and institutional culture and bias, encourages cultural learning and relationship building, and implements CLSP, to respect, celebrate and build on cultural strengths and diversity. Cultural diversity includes but is not limited to group and/or individual identities based on race, ethnicity, nationality, immigration status, religion, language, gender, sexual orientation, gender identity, ability, social class, and home life or family structure. Cultural Proficiency should be integrated into the implementation of other areas of the District Wellness Policy and is called out here to establish specific actions to be taken by the District and the schools.

The District will support the development of staff and administrators' competencies to build cultural proficiency in schools, classrooms and central office departments. Schools shall collectively assess their organizational structure, policies and school-wide practices for bias(es) as well as examine their physical environment, classroom curricula, instructional materials and wellness promotions. Schools will use this assessment to inform their annual Wellness Action Plan. The District and the schools shall include student, family and community participation in decision-making bodies and create structures for

feedback from students, families and communities and increased engagement of all families in wellness-related policies and committees. This includes recognizing specific barriers faced by families of ELL students and ELL students with disabilities by targeting outreach to these groups and using the Translation and Interpretation Unit to translate family-focused communications and to provide interpretation as requested during meetings.

Schools will follow other cultural proficiency-related policies, including those regarding race, ethnicity, immigration status, religion, language, gender, sexual orientation, gender identity, and disabilities and policies that promote family and student engagement. The work of creating a culturally proficient District requires the participation of departments and staff across the District and requires engagement in interdepartmental collaboration.

C. 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 by creating a healthy school food environment. Serving healthy choices in the lunchroom, limiting availability and marketing of unhealthful foods and sugary drinks, and making water available to students throughout the day are some

of the ways to create a healthy school food environment. BPS is committed to ensuring food sold or served outside of the cafeteria meets high nutritional standards.

Boston Public Schools believes the cafeteria is an essential setting to educate and promote healthy eating habits. Boston Public Schools is committed to serving students nutritious and delicious food that is less processed, more locally sourced, and culturally responsive to reflect the diverse student population. As an effective way to improve the nutritional quality of both foods served in schools and consumed by students, BPS will create and implement School Meals Nutrition Standards, going beyond federal requirements. BPS shall undertake a constant review of school food and the food environment to ensure safety, quality, menu equity, and innovation. Boston Public Schools shall be an innovator with school food, serving foods that are new and exciting for the students. We believe that students deserve meals reflective of their culture and tastes. We believe eating well is not a privilege; it is a right. Therefore, BPS is committed to ensuring all students are food secure.

Key requirements of creating a healthy school food environment are:

1.) School Meals Program

- a. Ensure all menus meet USDA-mandated requirements, as well as Massachusetts Department of Public Health

regulations and the latest scientific evidence on healthy eating practices. At a minimum, schools must follow Bronze status standards for the Alliance for a Healthier Generation, and work toward Bronze status standards for the Healthier US School Challenge.

- b. Ensure all menus offer variety and are well presented in an appealing way, and meals and menu items are labeled to communicate deliciousness, as well as specific ingredients.
- c. Encourage students to participate in breakfast, lunch, and afterschool meals programs and avoid stigmatizing children who participate.
- d. Provide foods that are free of unwanted ingredients including, trans fats, high fructose corn syrup, artificial colors, artificial sweeteners, additives (azodicarbonamide, bromated flour), and artificial preservatives (nitrates, nitrites, sulfates, sulfites, MSG, BHA, BHT, TBHQ). Menus follow the BPS Menu and Ingredient Guidelines. The guidelines are updated annually.
- e. Reduce material used for packaging, sourcing recyclable or compostable materials when possible and working to promote best practices around recycling and composting.
- f. Water must be available at no cost during mealtimes wherever meals are served.

2.) Food Safety

- a. Ensure kitchen facilities (both prep and satellite locations) are inspected twice a year by the Inspectional Services

Division (ISD - Health Department).

- b. Implement a stringent and detailed internal Hazard Analysis and Control Points (HACCP) plan that provides regulations in following safety procedures for food recalls, emergency preparedness to avoid foodborne illnesses, and the spread of infectious diseases.
- c. Ensure all employees who work 5+ hours are certified in food safety.
- d. Ensure all lead employees are allergy awareness certified and have American Heart Association HeartSaver First Aid Program 2-year certification.

3.) Nutrition Education, Promotion and Food & Beverage Marketing

- a. Promote 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.
- b. Identify opportunities to teach healthy eating habits in health education, physical education, and other subjects, and through cafeteria and other school-wide promotions.
- c. Identify opportunities to support teachers, school staff, and parents around modeling healthy eating habits and following appropriate nutritional standards at school celebrations and staff meetings.

- d. Allow only food and beverage marketing on school grounds, including items shared with students, that promote foods and/or beverages that meet the BPS nutritional standards.

4.) Competitive Food & Beverages

- a. All schools shall follow federal, state, and local laws and regulations for competitive foods and beverages (i.e. foods sold, provided, or served within school buildings or on school grounds outside of the school meals program) as outlined in this circular.
- b. Prohibit food sold in competition with school meals, including food-based fundraisers and vending machines during the school day.
- c. The Food and Nutrition Services Department is solely responsible for food and beverages sold to children during the school day; consequently, the sale of food and beverages by others is expressly forbidden.
- d. Encourage non-food alternatives for school fundraisers, school parties, and classroom celebrations.
- e. Prohibit the use of food and beverage as a reward or means of discipline.

All Boston Public Schools shall follow Food and Nutrition Services policies and circulars.

D. 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. Activities will be inclusive to meet the needs, interests, abilities and cultural diversity of all students, including students of all gender identities, students with disabilities, and students with special healthcare needs.

Numerous studies indicate that regularly engaging in moderate-to-vigorous exercise contributes to overall physical and mental health and that 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, staff wellness and family engagement activities.

The Boston Public Schools is committed to a strong athletics program that offers a variety of programs and is accessible to all

students. Athletics participation can contribute to student fitness, wellness, character development and a lifelong commitment to a physically active lifestyle. Additionally, by establishing a safe, supportive and engaging school environment, athletic programs encourage school connectedness and create a climate where healthy competition and support fill the school with spirit and a sense of community. Research shows that healthy children are better learners and connected students are more likely to stay in school. In this way, athletics contributes to the academic success of students.

In accordance with state law, all schools must provide all students in all grades with opportunities for physical activity. Schools must offer at least 150 minutes of in-school physical activity weekly in grades PreK-8, including required physical education, movement breaks, recess, or lessons involving movement structured to support moderate-to-vigorous physical activity (MVPA). In grades PreK-8, students are expected to have at least 20 minutes of daily recess.

Teachers and other school and community personnel shall not use physical activity (e.g., running laps, pushups) as punishment nor withhold opportunities for physical activity during the school day (including but not limited to recess, classroom physical activity breaks, or physical education) as punishment for any reason other than illness or safety or as approved by the school leader. This includes denying a student physical activity time in order to make up work unless under unusual circumstances. The district will provide teachers and other school staff with a list of

ideas for alternative ways to discipline students.

All schools must offer standards-based physical education (PE) for all students in all grades. Schools are required to offer at least 45 minutes of weekly PE in grades PreK-8 and at least one semester (equivalent of a half school year) of PE each year in grades 9-12. We recommend that schools provide at least 80 minutes of weekly PE in grades PreK-8. In order to help schools work toward this recommendation, Boston Public Schools will develop an implementation plan with input from current principals and headmasters. This implementation plan will be shared with the School Committee.

Teachers and other school and community personnel shall not use physical activity (e.g., running laps, pushups) as punishment; withhold opportunities for physical activity during the school day (including but not limited to recess, classroom physical activity breaks or physical education) as punishment for any reason; or deny a student physical activity time in order to make up work unless under unusual circumstances.

Extended day programs and out of school time, which includes before and after school programs, are expected to offer an array of physical activity opportunities to ensure all students are able to participate. Schools shall offer opportunities for students to participate in physical activity before and after the school day, including extended day time, through a variety of methods including physical activity clubs, physical activity in before/after

school programs, intramurals and interscholastic sports, and in their school commute.

The District recognizes that students benefit from bicycle and pedestrian safety education to help make the trip to and from school safer and instill confidence in students, parents and community members. The District will develop and maintain policies and procedures for working together with city agencies, schools, families, and students in efforts to promote a safer and easier trip to and from school when students and staff are walking, bicycling, using public transit or other means of physically active transport. The District will encourage 7-12th grade students to use public transportation when available and appropriate for travel to school, and will work with the local transit agency to provide transit passes for eligible 7-12th grade students. The District will provide resources to schools, students and families regarding walking, riding a bicycle, using public transit or other forms of active transportation. The District will encourage wellness councils, school administrators and students, staff, families and community partners to assist the District in promoting safe, physically active travel to and from school. Schools are encouraged to designate a transportation liaison to facilitate communication regarding District efforts to promote safe, physically active travel to and from school. Schools shall participate in student transportation surveys when requested to help the District plan for strategies to promote a safer and easier trip to and from school when walking, bicycling, using public transit or other means of physically active transport.

E. COMPREHENSIVE HEALTH EDUCATION

The Boston Public Schools require comprehensive Pre-K through grade 12 health education that is medically accurate, age and developmentally appropriate, culturally and linguistically sustaining, and implemented in a safe and supportive learning environment where all students feel valued. All Boston Public Schools must take a skills-based approach to teach comprehensive health education that addresses a variety of topics, such as tobacco, alcohol, and substance misuse and harm reduction, nutritional health, mental and emotional health, personal health and wellness, physical activity, safety and injury prevention, violence prevention, and comprehensive sexual health education that is LGBTQ+ affirming.

Comprehensive health education curriculum shall be modified as needed for students with disabilities and students who are English learners. It shall promote healthy lifestyle habits, 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. Qualified and trained teachers will implement the curricula.

All schools will follow relevant promotion and graduation requirements that include: Health education that includes at minimum the Healthy and Safe Body Unit in elementary school;

two semesters of health education in grades 6 to 8 taught by a licensed health education teacher; and a one semester course of health education in total in grades 9 to 12 taught by a licensed health education teacher. In addition to these course requirements, health education topics will be integrated into other subject areas where possible, so as to reinforce their importance, provide additional skill practice, and demonstrate the connections of health concepts to many other content areas.

F. HEALTHY SCHOOL ENVIRONMENT

The Boston Public Schools recognizes that healthy physical environments are critical to the prevention of asthma and other chronic and infectious diseases that impact learning. The Boston Public Schools is committed to providing high-performing school buildings and grounds that are clean, in good repair, have healthy indoor air quality and water quality, sanitary and accessible bathrooms, and use resources efficiently. BPS strives to provide adequate facilities for physical activity that are accessible and culturally inclusive learning environments that positively impact productivity, health, and wellness of all students and staff. To address environmental risk factors for chronic and infectious disease, each school will receive an Annual Environmental Audit to evaluate health and safety conditions such as leaks, mold, pests, chemical storage and cleanliness. The District 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 federal and state regulations, city ordinances and District policies related to promoting and managing healthy school environments, including but not limited to:

- Green Cleaners
- Integrated Pest Management
- Trash and Recycling
- Infection Prevention & Control
- Tobacco Free Environmental Policy
- Environmental Inspection/Audit
- Student Safety/Health in School Shops
- BPS Water Policy
- Laboratories and Chemical Inventory "Right to Know" Law
- Idling of buses and other motor vehicles on school property

Schools shall regularly assess the quality and quantity of BPS facilities for active transportation, physical activity, and physical education, including schoolyards, and report maintenance needs for these facilities.

G. 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 and one that provides skills-based education to promote healthy relationships and development and provides access to support services. Prevention, promotion and intervention-based work will address and integrate social emotional health and behavioral health. BPS will continue to foster a variety of integrated community partnerships to maximize support to students, families and schools. Partnerships in this area include allied city and state agencies, universities, hospitals and other community-based organizations. Schools will better meet the needs of students by creating safe and inclusive climates that are responsive to all forms of bullying and violence, including bias-based conduct, suicide, intimate partner violence, and sexual harassment and assault, and using screening and promotion efforts, including mental health and substance use screening. Special attention will be given to vulnerable student populations, including but not limited to LGBTQ students, refugee, asylee, documented and undocumented immigrant students, ELL students and ELL students with disabilities, expectant and parenting students, court-involved students, students experiencing homelessness, and students experiencing trauma. These efforts will create a safe and supportive learning environment that optimizes academic outcomes for all students. Implementation of these efforts requires school psychologists, social workers, guidance counselors, school nurses, community partners and trained classroom teachers working together on an effective student support team. Boston Public Schools shall

develop and implement a plan for K-12 SEL standards.

Boston Public Schools shall put in place systems that align to the district-accepted Multi-tiered System of Supports (MTSS) framework to ensure that all students have access to key resources and services in a safe and supportive environment. Schools shall adopt a MTSS Framework to support the development of a continuum of behavioral health supports and interventions falling across three tiers: Tier 1: Prevention and promotion, Tier 2: At-risk interventions and services and Tier 3: Intensive interventions and services. Embedded into MTSS is the use of positive behavioral interventions and supports and social emotional learning instruction designed to create safe and supportive school climates and build the skills of staff and students. The Comprehensive Behavioral Health Model (CBHM) is an example of an evidence-based MTSS-Behavioral framework designed to meet the behavioral health needs of students and includes evidence-based practices interventions and data to determine effectiveness. CBHM is used in many BPS schools and will be made available to all schools. CBHM has been proven to promote positive behavioral health and reduce barriers to learning for students in participating schools. MTSS framework, including CBHM, incorporates the following key elements:

- Assessment including universal behavioral health screening
- Instruction including social emotional learning curriculum and delivery of services
- Data based decision making
- Building staff leadership and capacity

- Effective District and school structures and procedures (e.g. student support teams)

In addition, schools shall follow all BPS policies that address specific areas of school safety and climate including the Code of Conduct and other related policies such as those related to crisis management, expectant and parenting students, sexual harassment, discrimination, and assault.

H. HEALTH SERVICES

The Boston Public School Health Services support students to be healthy, engaged, safe, and academically challenged by providing high quality, cost-effective in-school health care. BPS nurses are responsible for evaluating and managing the health needs of all students. That includes the following:

- Case management students with special health needs, including chronic or acute illnesses
- Monitoring and administering medications and medical procedures as prescribed by a student's primary care provider or medical specialist
- Providing first aid and emergency care
- Screening students for height, weight, Body Mass Index, vision, hearing, scoliosis, substance use (screening, brief intervention and referral to treatment)

- Managing student medical records and immunization records
- Managing the control of communicable diseases
- Coordinating medical transportation for students
- Coordinating special dietary accommodations for students with food allergies
- Working with other school-based groups to provide safe and healthy environments

In addition, school nurses engage in one-on-one education, small group health counseling, wellness promotion, and preventive services as part of the provision of care coordination services. BPS school nurses ensure access and/or referrals to the medical home or private health care provider. Where lawful, Boston Public Schools encourages positive communication and involvement with family regarding health services. Health Services actively collaborates with school and community support services to increase the ability of students and families to adapt to health and social stressors, such as chronic health conditions, adverse childhood experiences (ACE) and other social, emotional and economic determinants of health. BPS Health Services is committed to building partnerships with city agencies, medical providers, and community partners to leverage additional resources and health services.

Under Massachusetts Adolescent Confidentiality laws, adolescent students may receive confidential services for diagnosis,

treatment and/or referral for drug addiction, family planning services, sexually transmitted diseases, and mental health. In accordance with the BPS Condom Accessibility Circular, BPS High Schools shall provide access to condoms, with appropriate reproductive health counseling for students. Each high school will have a Condom Accessibility Team (CAT) which will consist of a minimum of at least three school staff members. Condoms will be made available through the CAT at each school. Condoms will also be accessible from community health service partners and the Boston Public Health Commission (BPHC). Parents and legal guardians may exempt their children from receiving condoms by notifying the school when they complete the family information forms at the beginning of the school year. This exemption to not receive condoms does not apply to other confidential health services.

I. STAFF WELLNESS

The Boston Public Schools (BPS) is committed to supporting the well-being of all staff members and recognizes that the success of BPS students and programs is strongly linked to the health of the staff. BPS Staff Wellness practices and programs should support the development of a well-functioning, healthy workforce that can achieve the mission of serving every child in every classroom in every school. Healthy staff are better able to manage stress, foster a joyful climate, and model healthy behaviors for students. By promoting staff wellness, BPS aims to improve staff health, job satisfaction, and retention while further supporting students' well-being and school connectedness.

BPS strives to apply a holistic approach to staff wellness, aiming to support the physical, social-emotional, and mental health of all employees. Staff wellness practices must also be rooted in anti-racist and affirming strategies to address the disproportionate impact of racism and systemic forms of oppression on the health of all BPS employees. Staff wellness is the shared responsibility of the community at the individual, interpersonal, and organizational levels, and it is also reflected in and impacted by the physical environment in which employees work.

It is a goal of BPS to create a physical environment and workplace culture that values, enhances, and protects the health and well-being of all employees. To ensure this, the District will integrate staff wellness as a core value. The District and schools should integrate staff wellness as a core value by:

- Developing an equitable strategic plan to address staff wellness that is reevaluated every three school years.
- Examining how policies, procedures, and practices promote or prevent staff wellness
- Engaging staff to assess what wellness strategies would meet their needs
- Creating or enhancing communication channels to increase awareness and utilization of existing employee benefits and community resources for staff.
- Embedding meaningful and consistent recognition and appreciation of all staff.
- Integrating relevant & engaging leadership and professional development rooted in anti-racism, health equity, cultural

responsiveness, adult social-emotional learning, wellness, and healing-centered principles.

- Considering staff wellness when building new BPS buildings and making renovations, including improving accessibility for staff with disabilities.

Additionally, the District and schools are required to:

- Designate at least one space for staff meals, breaks, and wellness activities where there is feasible space; include at least one staff-exclusive space when planning for major renovations and new buildings.
- Ensure that staff who are required by Massachusetts law to have a meal break have access to refrigeration and heating that are fully functional and maintained.
- Provide a space that may be used by an employee to express breast milk per state and federal laws.
- Ensure compliance with any District, state, and federal policies that pertain to staff health & safety. This includes, but is not limited to, policies related to employee rights and protections, nondiscrimination laws, the Americans with Disabilities Act (ADA); and Occupational Safety and Health Administration (OSHA) regulations.

School wellness councils and other school staff are encouraged to:

- Work with school administration to develop procedures and practices that positively impact staff wellness during the workday

- Contribute to the planning and implementation of wellness initiatives
- Participate in staff wellness initiatives and provide constructive feedback

Any staff wellness program should be inclusive, non-stigmatizing (ex. no weight-loss competitions), and culturally responsive.

II. IMPLEMENTATION GUIDELINES

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

A. DISTRICT WELLNESS COUNCIL:

The superintendent will appoint members to serve on the District Wellness Council. The council will:

- a. Follow bylaws that are aligned with Massachusetts Standards for School Wellness Advisory Committees.³
- b. Annually review, and if needed recommend, District-wide

³ M.G.L. 105 CMR 215

policies to promote student wellness

- c. Annually set Council goals and objectives
- d. Annually report progress on Council goals, objectives, policies, and monitoring & evaluation of Wellness Policy implementation

B. SCHOOL-BASED WELLNESS COUNCILS:

Schools will establish and maintain a school-based wellness council. Principals shall name a wellness council chair(s) to coordinate the wellness council and act as a liaison to the District, community, and families. Wellness council chairs will attend District training. School-based Wellness Councils on an annual basis shall:

- a. Convene at least 4 times per school year.
- b. The council shall include at a minimum a school administrator, family representatives, students (where feasible), representatives of a wide range of school health and health-related disciplines, including school nurses, school food service staff, health education and physical education teachers and other school health professionals, such as psychologists, guidance counselors, and social workers. To the extent feasible, members will include operations and custodial staff, community partners and the general public. Appointees to the maximum extent possible

shall reflect the cultural, linguistic and ethnic composition of the school community

- c. 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. See the Index of Federal, State, and Boston Public School wellness-related Policies & Guidelines section on page 17.
- d. Assess the school's wellness status. Schools will use the following surveys and audits to assess the wellness status of school:
 - Healthy Schools Program Inventory, Alliance for a Healthier Generation.
 - Environmental Health Inspection Audit
 - School Health Profiles, Centers for Disease Control and Prevention
 - District data, such as the Youth Risk Behavior Survey
 - Other District priorities

The Health and Wellness Department will determine on an annual basis the exact timeline and process for completing these assessments.

- e. Create and Implement a Wellness Action Plan. Schools will complete a BPS Wellness Action Plan template and include a link to their plan in the Wellness section of their Quality School Plan (QSP) by Fall due date. The Wellness Council coordinator(s) name and contact information should also be

included on the QSP. Principals are ultimately responsible for the implementation of the Wellness Action Plan. The Health and Wellness Department, in collaboration with the instructional and operational superintendents will determine on an annual basis the exact timeline and process. The school will complete this Plan as a Quality School Plan, or other academic improvement plans. Wellness Action Plans must 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.bostonpublicschools.org/hwd>

f. Engaging stakeholders:

- Schools must make available to the public and school community on their website a list of names and position titles (or relationship to the school) of individuals who are a part of their school-based wellness councils and include the name, position title, and school-based contact information of the council chairs(s).
- Schools must share information on their school's website about how the public can get involved with the school wellness councils.
- Schools must post their Wellness Action Plans on their school's website to share local school goals and

activities to implement the policy.

- Schools must share a link to the District Wellness Policy on their school's website and send a message to families notifying them of how they may obtain a copy or otherwise access the policy.
- School-based Wellness Councils shall annually communicate wellness-related policies so that all staff, families and students are aware of the policy requirements.

Associated Boston Public Schools District departments will provide professional development, toolkits, resources, and technical assistance to support 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.

C. IMPLEMENTATION GUIDELINES FOR 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 will collect additional data than listed in this section to monitor compliance.

To evaluate the effectiveness of policy implementation, the BPS Health and Wellness Department and appropriate District departments will facilitate school-based surveys and audits measuring changes in school environments over time. Such surveys include:

- a. Healthy Schools Program Assessment, Alliance for a Healthier Generation.
- b. School Health Profiles, Centers for Disease Control and Prevention
 - Principal Survey (all school levels)
 - Lead Health Ed. Teacher Survey (schools with grades 6-12)
 - Lead Phys. Ed. Teacher Survey (all school levels)
- c. District staffing reports from the Office of Human Capital
- d. Essential School Health Services Monthly Activities Report
- e. School Environmental Audit

To evaluate the effectiveness of policy implementation, the BPS Health and Wellness Department and appropriate District

departments will facilitate anonymous student surveys measuring changes in student outcomes over time. Where possible, data must be reported by vulnerable subgroups (e.g. race/ethnicity, gender, sexual identity) Such surveys include, but are not limited to:

- a. Youth Risk Behavior Survey (YRBS):
 - Middle School YRBS (conducted biennially in randomized sample of schools serving students in grades 6-8 during the Fall semester of even numbered school years, i.e., Fall 2013, 2015, 2017, etc.).
 - High School YRBS (conducted biennially in randomized sample of schools serving students in grades 9-12 during the Spring semester of odd numbered school years, i.e., Spring 2015, 2017, 2019, etc.)
- b. School Climate Survey (conducted annually by the Office of Data & Accountability)
- c. FITNESSGRAM (grades 3-12)
- d. Health Services SNAPNurse system

As stated above, the annual report shall be presented to the DWC, superintendent, the School Committee, and the Massachusetts Department of Education, and shared with BPS stakeholders.

District Wellness Policy Monitoring & Evaluation Plan

Table Abbreviations:

PO = Process Outcome; IMO = Intermediate Outcome; LTO = Long-term Outcomes

General Policy/Council (GEN) Metrics

GEN Process Outcomes (PO)

PO1: DWC and Subcommittee Meetings [DWC Records]

PO1.1: # of Meetings (DWC & by subcommittee)

PO1.2: # of attendees

PO1.3: Action Plan completion (yes/no)

PO1.4: Review Policy (yes/no)

PO1.5: Hear Stakeholder Feedback through public comment (yes/no)

PO1.6: Update policy (yes/no/not applicable)

PO2: Policy Communication/Public Notification (yes/no)
[DWC Records]

PO2.1: Policy Translation

PO2.2: Post to BPS website: Policy, meeting times, action plan, membership, contact information

PO2.3: Policy in Parent Guidebook

PO2.4: Policy update presentations to School Committee

PO2.5: Policy update presentations to: BSAC, CPC, DELAC, SPEDPAC

PO3: Policy Evaluation [DWC Records/Profiles]

PO3.1: Evaluation Plan (in place)

PO3.2: Annual Report (yes/no)

PO3.2.1: Alternating Qualitative & Quantitative Reports

PO3.2.2: Post to website

PO3.2.3: Share with Superintendent, School Committee,
DESE

PO3.2.4: Sent to parent councils

PO3.3: Biennial School Wellness Reports [Profiles]

PO4: Policy Trainings

PO4.1: PDs for school wellness council and teachers [HWD
Records]

PO4.2: Training materials for Principals, Superintendents,
Central Office Leaders

PO5: School-based Wellness Councils

PO5.1: % of schools submitting WAPs [HWD Records]

GEN Short-term Outcome (STO) 1: Increase awareness and
knowledge of the District Wellness Policy among BPS
families, District staff, and school leadership and staff

STO1.1: % of schools that post WAP, council members, and
council chair(s) contact information to their website [Profiles
SY19-20]

STO1.2: % of schools that send a communication about the
policy home to parents [Profiles]

STO1.3: % of schools that communicate policy to school staff

[Profiles]

GEN STO 2: Improve diverse stakeholder involvement on the District Wellness Council, the DWC subcommittees & school-based wellness councils

STO2.1: DWC membership includes representatives from families, students, school and District instructional and operational administrators, relevant central department heads, school food and nutrition services staff, physical education and health education teachers, school nurses and other school health professionals (e.g. psychologists, guidance counselors, social workers) a school committee member, community youth serving agencies, Boston Public Health Commission representatives, healthcare providers and the general public [DWC Records]

STO2.2: # of public comments made during DWC meetings [DWC Records]

STO2.2: #(%) of school wellness councils with 2 or more family reps on the wellness council [WAPs]

STO2.3: #(%) of school wellness councils with 2 or more students on the wellness council [WAPs]

GEN STO 3: Improve policy to align with model school wellness policies and best practices, annual report findings and recommendations, input from schools and the community, research evidence, and government

regulations. [DWC records]

STO3.1: Policy updates by area

GEN STO 4: Increase the number of schools with quality wellness councils [HWD Records]

STO4.1: #(%) of schools with wellness councils that meet quarterly

STO4.2: #(%) of schools with identified wellness council chair(s)

GEN IMO 1: Improve the functionality of the school-based wellness councils [WAPs]

IMO1.1: % of WAPs with SMART Goals

IMO1.2: % of WAPs goals in each policy area

IMO1.3: % of wellness council with

IMO1.3.1: Minimum representation of member roles

IMO1.3.2: Addition representation of member roles

IMO1.4: % of schools with trained wellness council co-chairs

Cultural Proficiency (CP) Metrics

CP Process Outcomes:

PO1: # of trainings on Equity policy and practices (e.g. Equity Protocol, Welcoming Schools, EQT-4) [Equity Office]

PO2: # (%) of schools that have staff trained on CLSP

PO3: # (%) of central office departments that have at least 70% staff trained on CLSP

PO4: # (%) of staff by school trained on CLSP

CP STO 1: Increased # of schools assessing organizational structure, policies, and school-wide practices for cultural proficiency

STO1.1: # (%) of schools with CLSP goal on their WAP

CP STO 2: Increased # of schools engaging families, students, and community members in decision-making [WAPS]

STO2.1: # of family members on school-based wellness council

STO2.2.: # of students on school-based wellness council

STO2.3: # of community orgs on school-based wellness council

STO2.4: # (%) of schools that engage these groups in wellness council

CP IMO 1: Positive perceived climate around cultural

proficiency

IMO1.1: District score on Community Involvement Scale
[Climate Survey/ODA]

IMO1.2: District score on Appreciation for Diversity Scale
[Climate Survey/ODA]

IMO1.3: District score on Family/School Relationship Scale
[Climate Survey/ODA]

IMO1.4: District score on Cultural Responsiveness Scale
[Climate Survey/ODA]

IMO1.5: District score on Student/Teacher Relationships Scale
[Climate Survey/ODA]

IMO1.6: Parent perception of school climate as safe and
welcoming [Climate Survey/ODA]

IMO1.7: % of middle and high school students that report
having an adult at school that they can talk about issues in
their life [2017 MS & HS YRBS]

School Food & Nutrition Promotion (SFNP) Metrics

SFNP Process Outcomes (PO)

PO1: # (%) of schools participating in the School Breakfast Program [FNS Records]

PO1.1: # (%) of schools using different models of the School Breakfast program

PO2: % (#) of schools participating in School Lunch Program [FNS Records]

PO2.1: % (#) of school using different models of the School Lunch Program

PO3: # (%) of schools with cafeteria staff trained on food safety [FNS Records]

PO4: # (%) of schools with completed kitchen inspection [FNS records]

PO5: # of Healthy Food Environment Wellness Champions [HWD records]

PO6: # (%) of school leaders aware of the competitive sales policy [HWD Records]

PO7: # of nutrition education PDs [HWD Records]

PO8: # of staff trained at nutrition education PDs [HWD Records]

SFNP STO 1: Increase variety of foods that are local, culturally influenced, and clean label [FNS Records]

STO1.1: % of food items procured by the District that are local

STO1.2: % of menu items that are culturally influenced to reflect the student population

Cafeteria Schools

Vended Meals

SFNP STO 2: Increase support of BIC from school administration

STO2.1: #(%) of schools implementing BIC [FNS Records]

SFNP STO 3: Increase awareness of competitive sales policy

STO3.1: #(%) of school leaders that inform their staff of the competitive sales policy [Profiles]

SFNP STO 4: Maintain 100% of schools with cafeteria staff with all required certifications, inspected kitchen, and a Hazard Analysis and Control Points plan

STO4.1: % of schools with cafeteria staff with all required certifications, compliant kitchen, and a Hazard Analysis and Control Points plan [FNS Records]

SFNP STO 5: Increase in schools teaching healthy eating habits in health education, physical education, and other subjects

STO5.1: # (%) of schools teaching nutrition education through Comprehensive Health Education [Profiles]

SFNP STO 6: Increase in the number of satellite schools able to provide bulk, freshly prepared, on-site meal service [FNS Records]

STO6.1: % of schools receiving vended meals

STO6.2: % of satellite schools that are converted to be able to provide bulk, freshly prepared, on-site meal service (In three years, all schools implementing My Way Cafe model)

SFNP IMO 1: Increased participation in all school meal programs

IMO1.1: Number or percent of schools with at least XX% of students participating in SBP, NSLP, CACFP, and Summer Meals Program [FNS Records]

SFNP IMO 2: Reduced food waste

IMO2.1: Difference in weight between food served and food uneaten (thrown away) [BOSfoodlove]

SFNP IMO 3: Increase in schools that do not sell, serve or provide food and beverages outside of the school meal plan that do not meet BPS nutritional guidelines [Profiles]

IMO3.1: #(%) of schools where students cannot purchase snacks, meals or beverages from school vending machines or at a school store, fundraisers, canteen, or snack bar during lunch

IMO3.2: #(%) of schools that sell food and/or beverages from school vending machines or at a school store, fundraisers, canteen, or snack bar that met BPS nutritional guidelines

SFNP IMO 4: Increase in student practicing healthy eating habits [FNS Records]

IMO4.1: # of breakfast provided

IMO4.2: # of milk provided

IMO4.3: # of students choosing/served a fruit

IMO4.4: # of students choosing/served a vegetable

Physical Activity & Physical Education (PE/PA) Metrics

PE/PA Process Outcomes [HWD Records]

PO1: # of PD opportunities for PE, PA and SRTS

PO2: # of teachers in attendance at PDs

PO3: # of IC sessions for PE, PA and SRTS

PO4: Tools developed for school-based staff (Qual)

PO5: # of TA sessions

PO6: # of active PA community partnerships

PO7: # of PE curricula distributed

PO8: # of PE equipment distributed

PO9: # of MS Athletic programs

PO10: # of HS Athletic programs

PE/PA STO1: Improve the staffing capacity of schools to provide PE according to Policy

STO1.1: #(%) of schools with PE staff FTE to provide PE according to policy.

PE/PA STO 2: Increase capacity of school-based staff to deliver high quality PE/PA programs

School day: PE, Recess, Before/After school programming (including sports), SRTS [HWD Records]

STO2.1: #(%) of schools with PE teachers completed IC during last 2 years

STO2.2: #(%) of schools implementing standards-based PE curricula

STO2.3: #(%) of schools with PE teachers that have completed PD for PE

STO2.4: #(%) of schools with teachers that have completed PD for PA

STO2.5: #(%) of schools with teachers that have completed PD for SRTS

STO2.6: #(%) of schools receiving training on active recess

PE/PA STO 3: Increase % of schools offering any PE

STO3.1: # (%) of schools offering any amount of PE classes [Profiles]

PE/PA STO 4: Increase % of schools offering recess to grades PreK-8 [Profiles]

STO4.1: #(%) of schools offering at least 20 min of recess for grades PreK-5

STO4.2: #(%) of schools offering at least 20 min of recess for grades 6-8

PE/PA STO 5: Increase % of schools offering before- and after-school physical activity opportunities

STO5.1: #(%) of schools in SRTS program [HWD Records]

STO5.2: #(%) of schools with MS Athletic programs [Athletics Dept]

STO5.3: #(%) of schools with HS Athletic programs [Athletics Dept]

STO5.5: #(%) of schools offering opportunities for students to participate in intramural sports programs or physical activity

clubs [Profiles]

PE/PA STO 6: Increase % of schools not withholding physical activity as punishment

STO6.1: # (%) of schools not withholding physical activity as punishment [Profiles]

PE/PA STO 7: Increase number of schools that access resources, partnerships and supports

STO7.1: # (%) of schools with partnerships by PA/PE type [Partnership Portal]

STO7.2: # (%) of schools with resources/supports by PA/PE type [HWD Records]

PE/PA STO 8: Improve collaborations between the District, city agencies, schools, families and schools around safe, active transportation

STO8.1: # (%) of schools with identified priority walking routes [HWD records]

STO8.2: # (%) of schools participating in Walk to School Day [HWD Records]

STO8.3: # (%) of schools that provide pedestrian safety education programming [HWD Records]

STO8.4: # (%) of schools that provide support for families related to walking, rolling or transit [2019 Profiles]

STO8.5: # (%) of schools represented in requested transportation surveys

PE/PA IMO 1: Increase % of students reporting having PE [YRBS]

IMO1.1: # (%) MS and HS students reporting PE one or more times per week

IMO1.2: # of students who receive physical education classes (enrollment in PE course; grade on their report card)

PE/PA IMO 2: Increase % of schools providing PE according to BPS policy [Profiles]

IMO2.1: # (%) of schools (which contain grades PreK-8) that are providing 45 minutes of weekly PE for students in grades PreK-8

IMO2.2: # (%) of schools (which contain grades PreK-8) that are providing recommended 80 min of weekly PE for students in grades PreK-8

IMO2.3: # (%) of schools (which contain grades 9-12) that are providing 1 semester of PE each year for students grades 9-12

PE/PA IMO 3: Increase % of students reporting active

transportation to and from school

IMO3.1: % of students that report walking or biking to school
[YRBS]

PE/PA IMO 4: Increase % of schools with grades PreK- 8
meeting policy for 150 minutes of weekly PA

IMO4.1: # (%) of schools providing students (PreK-8) with 150
minutes of physical activity, including at least 45 minutes of
PE per week and 20 minutes of recess daily [Profiles]

PE/PA IMO 5: Improve the equity of access to athletic
programming [Athletics]

IMO5.1: #(%) students participating in a school sports
program

IMO5.2: #(%) of schools offering access to Athletics Programs
according to the BPS Athletics Criteria for Equity

IMO5.3: # (%) of schools with equal number of boys' and girls'
athletic teams

Comprehensive Health Education (CHE) Metrics

CHE Process Outcomes: [HWD records]

PO1: # of HE PD opportunities

PO2: # of teachers/staff in attendance at PDs

PO4: Tools developed for school-based staff (Qual)

PO5: # of TA sessions

PO6: # of HE related community partnerships

PO7: # of resources provided to schools (curriculum, instructional supplies)

CHE STO 1: Increase capacity of school-based staff to deliver high-quality, skills-based comprehensive health education [HWD Records]

STO1.1: #(%) of HE teachers trained on CHE curricula

STO1.2: #(%) of teachers/staff trained on CHE curricula

STO1.3: #(%) of teachers/staff trained on Sexual Health Ed curriculum

STO1.4: #(%) of teachers/staff reporting an increase in knowledge and skills post PD

#(%) of schools with teachers who received IC

CHE STO2: Increase number of qualified and trained teachers in elementary school and licensed health education teachers in middle and high schools

STO2.1: # of qualified and trained teachers delivering health education in Elementary schools

STO2.3: # of Licensed health education teachers delivering health education in Middle and High Schools

CHE STO 3: Increased number of schools implementing comprehensive health education curricula for all grades [HWD Records/Profiles]

STO3.1: # (%) of schools with PreK-3 grades that use approved curriculum

STO3.2: # (%) of schools with 4-5 grades that use Healthy & Safe Body Unit

STO3.3: # (%) of schools with 6-8 grades that use approved curriculum

STO3.4: # (%) of schools with 9-12 grades that use approved curriculum

CHE STO 4: Increase the number of schools providing Health Education [HWD Records/Profiles]

STO4.1: # (%) of schools providing HE in 2+ elementary grades

STO4.2: # (%) of schools offering 2 semesters of HE in MS

STO4.3: # (%) of schools offering 1 semester of HE in HS

CHE STO 5: Increase number of schools that leverage resources, partnerships and supports to improve the quality of HE [Profiles/HWD]

STO5.1: # (%) of schools with partnerships to support HE teaching [Profiles]

STO5.2: # (%) of school with partnerships to promote health literacy among student and families

STO5.3: # (%) of schools accessing District resources/supports [Profiles]

CHE IMO 1: Increase in number of schools providing HE according to BPS policy [Profiles, HWD records, OHC Staffing Data]

IMO1.1: # (%) of schools with trained BPS teachers teaching grades 4-5 Healthy and Safe Body Unit in all classes

IMO1.2: # (%) of schools with grades 6-8 offering at least two semesters of skills-based health education for all students taught by a licensed health education teacher

IMO1.3: # (%) of schools with grades 9-12 offering at least one semester of skills-based health education for all students taught by a licensed health education teacher

CHE IMO 2: Increased number of students who received dedicated health education time [ASPEN/SIS]

IMO2.1: # of students who receive dedicated health

education time

CHE IMO 3: Increase Comprehensiveness and Accessibility of Health Education Content [Profiles]

Healthy School Environment (HSE) Metrics

HSE Process Outcomes:

PO1: School Environmental Audits [Environmental Division/BPHC records]

PO1.1: #(%) of schools with SEA

PO2: Green Cleaner Policy

PO2.1: # of safer sanitizer bottles distributed [Facilities Mgmt]

PO2.2: #(%) of programs trained to properly use Oxivir

PO3: Rapid Response [Facilities Mgmt]

PO3.1: # of custodians trained to properly clean/treat outbreaks

PO3.2: Updated/Improved system for tracking illness/outbreak responses

PO4: Integrated Pest Management Program [Facilities Mgmt/IPM contractors' records]

PO4.1: #(%) of Schools assigned IPM Contractors

PO4.2: #(%) of Schools with IPM Plans

PO5: Decluttering Initiative [Facilities Mgmt/Profiles (SY19-20)]

PO5.1: Creation of a BPS Declutter Guide

PO6: Water Policy [Facilities Mgmt]

PO6.1: # (%) online and offline schools

PO6.2: # of drinking water units by type

PO7: Zero Waste Policy [Facilities Mgmt]

PO7.1: #(%) of Schools with Zero Waste Coordinators

PO7.2: #(%) of schools with zero waste equipment/bins present

PO7.3: #(%) of schools with book recycling bins

PO7.4: #(%) of schools with textile recycling bins

PO8: Communication of HSE Policies [Facilities Mgmt/HWD/MassCOSH records]

PO8.1: Plan/strategy to communicate the Healthy School Environment-related policies

PO8.2: #(%) of school leaders trained on the Healthy School Environment-related policies

PO9: HSE Wellness Champion Program [Facilities Mgmt/HWD/MassCOSH records]

PO9.1: # of training sessions

PO9.2: # of schools participating in the HSE Wellness

Champions Program

HSE STO 1: Increase in use of SEAs to identify and address HSE improvements

STO1.1: Track requests generated from SEAs [Facilities Mgmt]

STO1.1.1: #(% of repair requested as a result of SEA

STO1.1.2: #(% of repair requests completed as a result of SEA

STO1.2: # of Principals reported reviewing results of SEA [Profiles]

STO1.3: # (# of schools with) WAP goals identified using SEA [Profiles/WAP]

HSE STO 2: Increase in the schools with staff using green cleaners in classrooms and offices

STO2.1: #(%) of schools with staff aware of green cleaning policy [Profiles]

STO2.2: % of schools with staff using green cleaners in classrooms and offices [Profiles]

STO2.3: #(%) of BPS Early Ed Programs, after-school programs that serve food, and YMCA school-based programs receiving and using Oxivir [Facilities]

HSE STO 3: Increase school capacity to address IPM incidents [Profiles]

STO3.1: #(%) of schools that identified an IPM Coordinator

STO3.2: #(%) of schools with staff that know how to use IPM log

HSE STO 4: Increase schools implementing systems to reduce, reuse, and recycle to decrease waste and clutter [Facilities Mgmt]

STO4.1: # of schools who complete declutter initiatives

of tons recycled

STO4.2: #(%) of schools with complete and functioning Zero Waste Programs [Facilities Mgmt]

STO4.1.1: #(%) of schools properly disposing of waste by type

STO4.1.2: # of tons of waste removed from schools

STO4.1.3: # of OIIT e-waste requests submitted in one year

STO4.1.4: # of universal and hazardous waste pick-ups in one year

HSE STO5: Decrease in bottled water needs [Facilities Mgmt]

STO5.1: #(%) of offline schools returning to online

STO5.2: #(%) of schools undergoing water infrastructure improvements

HSE STO 6: Decrease in causes of poor outdoor air quality around school buildings

STO6.1: #(%) of schools where staff are aware/promote Tobacco Free Policy [Profiles]

STO6.2: #(%) of schools that limit busing idling to no more than 5 minutes [Profiles]

HSE STO 7: Improved building infrastructure to support active transportation and active play

STO7.1: # (%) of playground assessment issues addressed [Profiles]

STO7.2: # (%) of schools that have bike racks or other storage

systems for students and staff [Facilities Mgmt]

HSE STO 8: Increase Wellness Champion projects and initiatives at schools [HWD Records]

STO8.1: #(%) of HSE WAP goals

STO8.2: #(%) of HSE WAP goals completed

HSE IMO 1: Decrease in infection and illness outbreaks [Facilities Mgmt/Health Services]

IMO1.1: # of infection and illness outbreaks

HSE IMO 2: Decrease in pest-related incidents

IMO2.1: #(%) of pest incidents logged, reported, and treated [Facilities Mgmt/IPM contractors' records]

HSE IMO 3: Ensure water quality, maintenance, and promotion

IMO3.1: #(%) of schools getting annual water system testing

IMO3.2: #(%) schools with coolers cleaned

IMO3.4: #(%) of schools that reviewed water policy with staff

HSE LTO 1: Increase the number of high-performing school buildings with grounds that are clean and in good repair

LTO1.1: SEA Trends [Facilities Mgmt]

Safe & Supportive Schools (SSS) Metrics

SSS Process Outcomes:

PO1: # of Behavioral Health community partnerships [BPS Partnership Portal]

PO2: #(%) of schools using universal screening for mental health [BHS Records]

PO3: # of PDs/ # of attendees

PO3.1: Bullying/Violence Prevention [Succeed Boston]

PO3.2: Restorative Justice [Succeed Boston]

PO3.3: K-12 SEL Standards [SEL-I & SAWS Records]

PO3.4: Targeted interventions for vulnerable populations [BHS/Succeed Boston/Opportunity Youth Records]

PO3.5: MTSS/CBHM [BHS Records]

PO4: #(%) of schools with Student Support Team [Profiles]

PO5: #(%) of middle and high schools with EPS liaisons [Profiles]

PO6: #(%) of schools with a Homelessness Liaison [Opportunity Youth]

PO7: #(%) of schools with trained Bullying Prevention

Liaisons [Profiles]

SSS STO 1: Increased # of schools trained in BPS K-12 SEL standards

STO1.1: # (%) of schools that have all staff trained in BPS K-12 SEL standards [Profiles]

SSS STO 2: Increased implementation of Multi-tiered System of Supports (MTSS-B) to improve school and classroom climate [Profiles]

STO2.1: % (#) of schools that offer tier 1 supports

STO2.2: % (#) of schools that offer tier 2 supports

STO2.3: % (#) of schools that offer tier 3 supports

STO2.4: % (#) of schools that implement Restorative Justice

SSS STO 3: Increased targeted interventions for vulnerable populations [Profiles]

STO3.1: #(%) of schools with gay straight alliances

STO3.2: #(%) of schools providing additional supports to vulnerable populations

SSS STO 4: Increased CBHM implementation fidelity [BHS Records]

STO4.1: Tiered fidelity inventory (measure normed) schools in CBHM model use

STO4.2: # of students screened in CBHM schools, fall and spring screening

SSS STO 5: Increased # of schools with all staff trained on bullying prevention

STO5.1: #(%) of schools with staff trained on bullying prevention [Profiles]

SSS STO 6: Increase in the number of schools with behavioral health partner supports

STO6.1: #(%) of schools with a minimum of 3 behavioral supports partners [BHS Records]

SSS STO 7: Increase in schools appropriately staffed to meet the mental, emotional, and behavioral health needs of students as determined by the BPS staffing criteria for school psychologists, social workers, and guidance counselors

STO7.1: #(%) school appropriately staffed according to BPS criteria [BHS/OHC Records]

SSS STO 8: Increased quality of Student Support Teams

STO8.1: % of schools indicating a “yes” on the following Profiles question: “Include the following positions on their SST: school psychologists, social workers, guidance counselors (for only HS), school nurses, community partners and trained classroom teachers” [Profiles]

STO8.1: % of schools achieving Quality Index TBD

SSS STO 9: Increased awareness of EPS policy and resources for students

STO9.1: % of schools with an Expectant & Parenting Student liaison [Profiles]

SSS IMO 1: Improved system for handling bullying incidents in schools

IMO1.1: TBD

IMO1.3: # of bullying incidents reported

SSS IMO 2: Increased # schools with all teachers implementing explicit SEL instruction

IMO2.1: # (%) of CBHM schools with all teachers teaching explicit SEL Instruction with fidelity. [BHS Records (SEL Instruction tool: fidelity measure)]

IMO2.2: # (%) of all schools implementing [Profiles]

SSS IMO 3: Decrease incidents of violence at schools

IMO3.1: # of students with Code of Conduct Violations (violence)/Suspensions [SIS]

IMO3.2: # of school referrals to Succeed Boston for violent offenses [Succeed Boston]

SSS IMO 4: Increase number of schools with safe school climate [School Climate Survey/ODA]

IMO4.1: District score on Sense of Belonging Scale

IMO4.2: District score on Student Emotional Safety Scale

IMO4.3: District score on Staff Support Scale

IMO4.4: District score on Student Physical Safety Scale

SSS IMO 5: Decrease in crisis/behavioral response requests from schools [Health Services/BHS]

IMO5.1: # of incidents where ambulance or police has been called for behavioral health needs

SSS IMO 6: Increase SEL Skills in students

IMO6.1: BIMAS adaptive scales (CBHM schools)

IMO6.2: TBD-District-wide

SSS IMO 7: Increase in expectant and parenting students
accessing resources

IMO7.1: # (%) of schools with EPS liaisons
using/communicating liaison supports [Profiles]

Health Services Metrics

HS Process Outcomes:

PO1: Quality Improvement [HS Records]

PO1.1: Electronic Medical Record Protocols written

PO1.2: Formula for staffing school nurses developed

PO1.3: System for creating a universal scorecard for nursing practice

PO1.4: Nurse support system established

PO2: Professional Development for Nurses [HS Records]

PO2.1: #(%) of nurses trained

PO2.3: #(%) of schools with nurses trained

PO2.4: # of Nursing PD opportunities by type

PO3: Nurse Liaison Technical Assistance [HS records]

PO3.1: # of TA sessions

PO3.2: # of schools receiving TA

PO4: School Nurse Direct Services [SNAPNurse]

PO4.1: # of injury visits

PO4.2: # of acute disease management visits

PO4.3: # of chronic disease management visits

PO4.4: # of visit for treatments and medications

PO4.5: Case management (school nurse/PCP/parent)

PO4.6: # of screenings/referral/completed referrals

PO4.7: School Nurse Referrals

PO4.7.1: # of referrals to HRCs

PO4.7.2: # of referrals to SBHCs

PO4.7.3: # of referrals for acute medical management

PO4.7.4: # of referrals for chronic disease management

PO5: # of nurse-led school staff training sessions

PO6: # of Individual and group sessions with students

PO7: # of health promotions

PO8: Community partner services

PO8.1: HRCs

PO8.2: SBHCs

PO8.3: # of schools receiving community partnerships by type

PO9: Condom Accessibility [HWD records]

PO9.1: % of high schools with CATs

PO9.3: % of CAT members trained on how to make referrals and provide condoms

HS STO 1: Increase schools appropriately staffed to meet the medical needs of students as determined by the BPS Health

Services staffing criteria

STO1.1: # (%) school appropriately staffed according to BPS criteria [OHC]

HS STO 2: Increase capacity of school-based staff to deliver high quality nursing services

STO2.1: #(%) of schools with nurses receiving required Health Service Professional Develop (18 hour and/or monthly exemplar practice)

STO2.2: # of nurses reviewed using the Health Services Scorecard

STO2.3: # of schools with 90% or greater of immunization compliance

STO2.4: % of Individual Health Care Plans (IHCP)

STO2.5: % of schools with 90% or greater compliance with District physical exam policy

STO2.6: # One-on-one counseling

STO2.7: # of nurses receiving National Asthma Certification

HS STO 3: Improve school-wide awareness for students with chronic disease

STO3.1: % of schools that have all Individual Health Care Plans (IHCP) for students with Individual Education Plans

with required signatures [SNAPNurse]

HS STO 4: Increase the % of students receiving state-mandated screenings [SNAPNurse]

STO4.1: # (%) of schools with XX% of students screened

STO4.1.1: Hearing screening

STO4.1.2: Vision screening

STO4.1.3: SBIRT screening

STO4.1.4: Height & Weight (Body Mass Index)

STO4.2: # (%) of students with referrals for failed screening

STO4.3: # (%) of students with completed referrals for failed screenings

HS STO 5: Increase % of students visiting the nurse that are able to return to the classroom for continued learning

STO5.1: % of students returning to their classroom [SNAPNurse]

HS STO 6: Increase the schools with nurse-lead health promotions campaigns

STO6.1: #(%) schools conducting nurse-lead health promotions campaigns [ESHS Data]

HS STO 7: Increase in the % of CATs making referrals and providing condoms [ESHS Data]

STO7.1: # of condoms distributed by CATs

STO7.2: # of sexual health referrals by CATs

STO7.3: % of schools with functioning CATs

HS STO 8: Increase the provision of sexual health referrals [Profiles]

STO8.1: % of middle and high schools with nurses providing sexual health referrals to students

HS STO 9: Increase in the provision sexual health services [Profiles]

STO9.1: % of middle and high schools with nurses providing sexual health referrals to students

HS IMO 1: Improved school-wide management for students with chronic disease

IMO1.1: # of dismissals from school related to chronic disease [SNAPNurse/TBD]

Staff Wellness (SW) Metrics

SW Process Outcomes:

PO1: # of District communications on staff wellness related topics [External Affairs/TBD]

PO2: DWC Staff Wellness Subcommittee co-chairs identified [DWC Records]

PO3: # Subcommittee meetings held [DWC Records]

SW STO 1: Increased staff physical activity

STO1.1: % of staff reporting at least 30 minutes of physical activity a day [TBD]

SW STO 2: Increased staff healthy eating

STO2.1: % of staff reporting eating 5 servings of fruits and vegetables in a day [TBD]

SW STO 3: Increased % of schools with staff wellness activities and initiatives [Profiles]

STO3.1: % of schools with staff wellness as a goal on their Wellness Action Plan

STO3.2: % of schools that answered yes to "In the past school year, did your school offer any staff wellness initiatives?"

SW IMO 1: Increase in teachers' school climate

IMO1.1: Improve professional community

IMO1.2: Improve support for teacher development and growth

SW IMO 2: Increased % of schools with an institutionalized Staff Wellness Program

IMO2.1: % of schools with a staff wellness promotion or program that took place for an extended duration across the year. [Profiles/WAP]

WELLNESS POLICY LONG-TERM STUDENT IMPACTS

1. Improve student physical fitness

- a. % of students achieving health fitness levels (Source: Fitnessgram)
 - i. Health Fitness Zone in $\frac{3}{5}$ assessments
 - ii. Health Fitness Zone for aerobic capacity

2. Reduce prevalence of health-risk behaviors among students (Source: YRBS)

- a. % of students who have ever had sexual intercourse
 - b. % of students who had sexual intercourse in the last 3 months (i.e sexually active)
 - c. % of students who had sexual intercourse with four or more persons during their life
 - d. % of students who have ever been pregnant or gotten
-

someone pregnant

- e. % of students who did not go to school because they felt unsafe at school or on their way to or from school (in the last 30 days)
- f. % of students who carried a weapon on school property (in the last 30 days)
- g. % of students who were threatened or injured with a weapon on school property (in the past 12 months)
- h. % of students who were in a physical fight on school property (in the past 12 months)
- i. % of students who were bullied on school property (in the past 12 months)
- j. % of students who were electronically bullied (in the past 12 months)
- k. % of students who experienced physical dating violence (in the past 12 months)
- l. % of students who experienced sexual dating violence (in the past 12 months)
- m. % of students who were ever physically forced to have sexual intercourse (when they did not want to)

3. Increase in protective health behaviors among students
(Source: YRBS)

- a. % of students who used a condom during last sexual intercourse (among students who were currently

sexually active)

- b. % of students who used effective hormonal birth control† to prevent pregnancy (during last sexual intercourse among students who were currently sexually active)
- c. % of students who used a condom and effective hormonal birth control during last sexual intercourse (among students who were currently sexually active)
- d. % of students who were ever tested for HIV (not including tests done when donating blood)
- e. % of students who were physically active at least 60 minutes per day on all 7 days
- f. % of students who did not watch 3+ hours of TV (on an average school day)
- g. % of students who did not play video or computer games or used a computer for 3+ hours per day (for something that was not school work, on an average school day)
- h. % of students who ate breakfast daily (in the past week)
- i. % of students who ate fruit or drank 100% fruit juices 2+ times per day (in the past week)
- j. % of students who ate vegetables 2+ times daily (in the past week)
- k. % of students who drank 3+ glasses of water daily (in

the past week)

- l. % of students who drank 1+ glasses of milk daily (in the past week)
- m. % of students who did not drink a soda (in the past week)
- n. % of students who did not drink a sugar-sweetened beverage† (in the past week)

4. Improve feeling of school connectedness among students
(Source: YRBS & Climate Survey)

- a. % of students who have at least one teacher or other adult in their school that they can talk to if they have a problem
- b. District score on student engagement in school scale
- c. District score on appreciation for diversity scale
- d. District score on student civic participation scale

5. Improve student social-emotional wellbeing

- a. District score on student social emotional health scale
- b. District score on student growth mindset scale
- c. District score on student perseverance and determination scale

6. Improve student mental health outcomes (Source: YRBS)

- a. % of students who felt depressed (sad or hopeless almost every day for two weeks or more in a row that stopped them from doing some usual activities)
- b. % of students who did something to purposely hurt themselves without wanting to die
- c. % of students who seriously considered attempting suicide
- d. % of students who attempted suicide

7. Reduce prevalence of substance use among students

- a. % of students who currently used tobacco products (cigarettes, cigars, smokeless tobacco, electronic vapor products)
- b. % of students who currently smoked cigarettes or cigars
- c. % of students who currently used electronic vapor products
- d. % of students who currently drank alcohol
- e. % of students who currently binge drank (males 5+ drinks; females 4+ drinks in a row)
- f. % of students who currently used marijuana
- g. % of students who ever took prescription pain medication without a doctor's prescription or differently from how a doctor told them to use it

8. Increase prevalence of students with health weight status

- a. % of students with health MI status (Source: SNAPNurse)
-

9. Reduce in prevalence of asthma among students

- a. % of students with asthma diagnosis (Source:SNAPNurse)
-

10.Reduce the prevalence of sexually transmitted diseases, HIV, and adolescent pregnancy among students (Source: BPHC)

- a. Incidence rate for chlamydia among Boston youth
 - b. Incidence rate for gonorrhoea among Boston youth
 - c. Incidence rate for Incidence rate for gonorrhoea among Boston youth among Boston youth
 - d. Prevalence of Boston youth living with HIV
 - e. Birth rate among adolescent females
-

11. Decrease number of medically-related absences among students (Source: ODA)

- a. # of medically-related absences among students
-

12.Improve school climate for staff (Source: School Climate Survey)

III. 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, gender identity, 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 students 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, and certified teachers (*Future of Sex Education*).

Cultural Proficiency: esteeming culture, interacting effectively in a variety of cultural groups, using inclusive language, 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.

LGBTQ is an acronym for individuals who identify as Lesbian, Gay, Bisexual, Transgender, Queer 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 partnership with aims of improving individual student's outcomes and school wide initiatives.

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, cardiorespiratory) 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 that encourages healthy decision-making.

IV. INDEX OF FEDERAL, STATE, AND BOSTON PUBLIC SCHOOL WELLNESS-RELATED POLICIES & GUIDELINES

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

below.

A. 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-01: Food Nutrition Services
- FNS-02: Emergency Meal Procedures
- FNS-03: Nutrition Policy
- FNS-04: Responsibilities Regarding School Food Services

B. Comprehensive Physical Activity and Physical Education-related policies shall be followed by all Boston Public Schools:

- a. Massachusetts Legislation
 - [MGL c. 71, s. 3](#): Physical Education
- b. District Circulars

- HWD-02: Physical Education and Physical Activity Policy
- ATH-01: Prevention & Management of Sports-Related Head Injuries

C. Comprehensive Health Education-related policies shall be followed by all Boston Public Schools:

- HWD-03: Comprehensive Health Education Policy
- HWD-05: Human Sexuality Education-Parental Notification

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

a. Massachusetts Legislation

- [MGL c. 90, s. 16B](#) Idling of a motor vehicle engine on school property

b. District Circulars

- [BPS Water Access Policy](#)
- FMT-07: Chemical Inventory “Right to Know” Law
- FMT-08: System-wide Zero Waste Policy
- FMT-10: Integrated Pest Management (IPM)
- FMT-11: Green Cleaners Policy
- FMT-14 Hearing Conservation Program

- 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
- HWD-04: Whole School Health & Wellness: Healthy School Environment Policy
- HWD-06: Tobacco Free Environment Policy
- SHS-04: Infection Prevention and Control in School Settings
- SHS-20: Asthma in Schools

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

a. 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

b. 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 VI of the Civil Rights Act of 1964¹ (Title VI), which prohibits discrimination on the basis of race, color, or

national origin;

- Section 504 of the Rehabilitation Act of 1973³ (Section 504); and Title II of the Americans with Disabilities Act of 1990⁴ (Title II). Section 504 and Title II prohibit discrimination on the basis of disability,⁵ as referenced in the Office of the Assistant Secretary's "[Dear Colleague](#)" letter of October 2010.
- Title IX, Education Amendments of 1972 which prohibits discrimination on the basis of sex, including individuals who are pregnant or parenting.
 - [Title 20 U.S.C. Sections 1681-1688](#)

c. Massachusetts Legislation

- [SL 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

d. Massachusetts Regulations

- [610 CMR 5](#) Hazing Reporting- Secondary Schools
- [603 CMR 33](#) Hazing Reporting- Higher Educations
- [603 CMR 49](#) Notification of Bullying or Retaliation

e. District Circulars

- ACA-18: Attendance Policies
- ACA18A: Attendance Procedures
- ACA-18B: Procedures for Referral to Supervisors of Attendance
- EQT-07: Accommodating Employees with Disabilities
- EQT-05: Employee Reports of Bias
- EQT-02: Student, Family or Other Third Party Reports of Bias
- EQT-01: Non-Discrimination Policy and Statement
- EQT-06: Sexual Misconduct Toward Employees
- EQT-03: Sexual Misconduct Toward Students
- EQT-04: Students and Gender Identity
- LGL-11: Sexual Orientation – Protection of Students

Against Discrimination

- FAM-01: School Site Councils
- FAM-02: School Parent Council
- FAM-03: Middle and High School Student Government
- FAM-05: Title I Family Engagement Requirements
- FSE-01: School Safety Contingency Plans
- FSE-02 Fire Safety Practices
- FSE-04 Bomb Threat Procedures
- FSE-05 Medical Emergency Management
- FSE-06 Student Safety / Health in School Shops, Laboratories and Classrooms
- FSE-07 Public Health and Workplace Safety
- FSE-08 Teaching Students the Containment Protocol Mini-Session
- LGL-01 Hazing Law
- LGL-04 School Visitors Guidelines
- LGL-05 Racial or Ethnic Discrimination/Harassment of Students
- LGL-06 Religious Holy Days
- LGL-13 Sexual Assault Policy
- LGL-15 Student Surveys

- LGL-17 Religious Expression in Public Schools
- LGL-20 Corporal Punishment
- SAF-01 Student Search Procedures
- SAF-02 Weapons and Objects of No Reasonable Use
- SAF-04 Incident Data Reporting and Release
- SAF-07 Metal Detectors
- SAF-09 Lost Children Procedures
- SAF-11 Sexual Offender Registry Information (SORI)
- SAF-12: School Access Control
- SHS-01: Drug and Alcohol Abuse
- SHS-16: Suicide Prevention and Intervention
- SPE-03: Physical Restraint Policy
- SPE-14: Counseling Guidelines
- SPE-15: Discipline of Students with Disabilities
- SSS-02: Homeless Students - Guidelines and Procedures
- SSS-07: Persistently Dangerous Schools
- SSS-18: Bullying Prevention and Intervention Plan
- SUP-20: Child Abuse and Neglect
- SUP-21: Expectant & Parenting Students
- SUP-05: Code of Discipline

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

- ATH-01: Prevention & Management of Sports-Related Head Injuries
- FSE-05 Medical Emergencies
- SHS-23: Condom Accessibility
- LGL-16: Student Health Information
- SHS-04: Infection Prevention and Control in School Settings
- SHS-05: Tuberculosis Program
- SHS-06: Immunization Law
- SHS-08: Medication Dispensation
- SHS-11: Life Threatening Allergies (LTA or Anaphylaxis) Policy and Implementation
- SHS-12: HIV/AIDS Policy and Guidelines
- SHS-13: Medical Transportation
- SHS-20: Asthma in Schools
- SHS-21: Diabetes Policy
- SHS-22: Automatic External Defibrillator (AED) Use and Access Policy

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

- CAO-05: Services to Limited English Proficient Students
- ELL-04: Title I Expenditures for English Language Learners
- EQT-01: Non-Discrimination Policy and Statement
- EQT-02: Student, Family or Other Third Party Reports of Bias
- EQT-03: Sexual Misconduct Toward Students
- EQT-05: Employee Reports of Bias
- EQT-06: Sexual Misconduct Toward Employees
- EQT-07: Accommodating Employees with Disabilities
- FAM-02: School Site Councils
- FAM-01: School Parent Council
- FAM-03: Middle and High School Student Government
- FAM-05: Title I Family Engagement Requirements
- FAM-06: Boston Student Advisory Council
- LGL-05: Racial or Ethnic Discrimination/Harassment of Students
- LGL-11: Sexual Orientation - Protection of Students Against Discrimination

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