

Thurgood Marshall Academy PCS

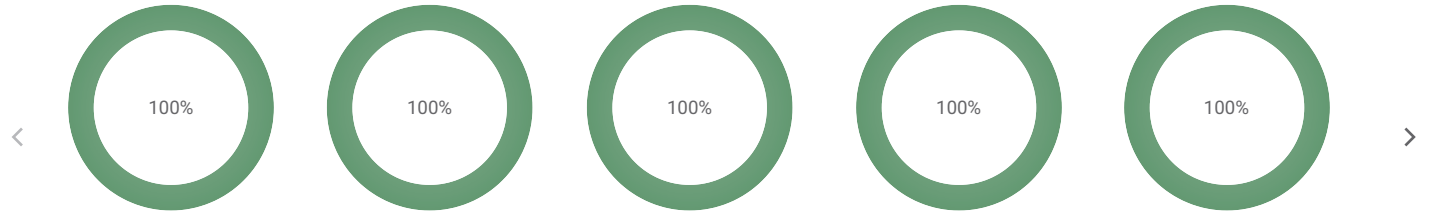
Survey Status: Certified 

Questionnaire Points of Contact



Feb. 2025

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Submit for Certification



- Section 1 - School Profile
- Section 2 - Health Services
- Section 3 - Health Education
- Section 4 - Physical Education
- Section 5 - School Nutrition
- Section 6 - School Safety

 **Legislative Instructions** 

This section includes your school's profile information as pulled from OSSE's authoritative database.

* Indicates required field

1.01 Type of school *

Regular School

1.02 LEA ID *

146

1.03 LEA Name *

Thurgood Marshall Academy PCS

1.04 School Code *

191

1.05 School Name *

Thurgood Marshall Academy PCS

1.06 Ward *

8

1.07 Grades Served *

9-12

By selecting this checkbox, you acknowledge that the details contained in this section are accurate. If you do not agree with the details in this section, please reach out to your LEA Data Manager.

Save

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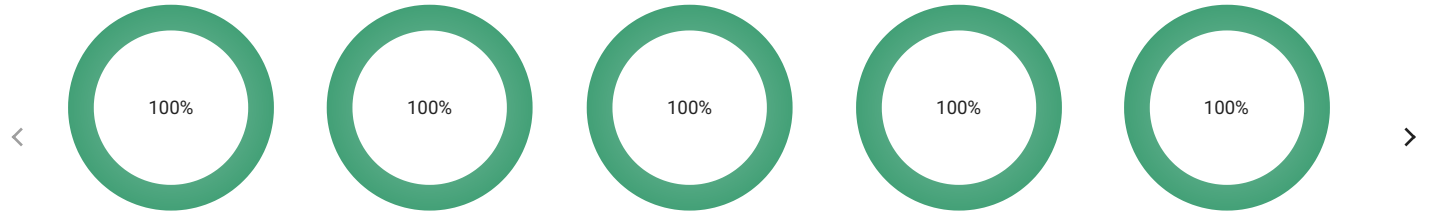
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Legislative Instructions

Recommended points of contact for this section: School Health Professional and School Behavioral Health Professional. The following section asks your school to provide information on the physical and behavioral health services provided to students, parents, and staff at your school.

Important Definition: School Behavioral Health Coordinator - Typically a school-hired licensed clinical social worker, counselor, or psychologist who leads the school behavioral health team to implement a school behavioral health supports and services that are in alignment with a multi-tiered system of supports (MTSS) and serves as the point of contact to OSSE, the Department of Behavioral Health (DBH), and District of Columbia Public Schools (DCPS)/DC Public Charter School Board (PCSB) regarding the annual school strengthening work plan.

* Indicates required field

2.01 Do you participate in the DC Health/Children's National School Health Services Program for nursing and/or allied health professional coverage in your school? *

(Please note, any nurse or allied health professional within the school building for the sole purpose of administering COVID-19 testing or vaccinations should not be included in responses below.)

Yes No

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

- Access and/or referrals to medical providers through a systematic process
- Prevention materials and resources for chronic diseases
- Screening, testing, and/or treatment for chronic diseases (diabetes, obesity, asthma, etc.)
- On-site COVID-19 testing
- Prevention materials and resources for sexually transmitted diseases (HIV/AIDS, gonorrhea, chlamydia, etc.)
- Screening, testing, and/or treatment for sexually transmitted diseases (HIV/AIDS, gonorrhea, chlamydia, etc.)
- Oral health services (dental screening, cleaning, counseling, etc.)
- Vision screenings
- Hearing screenings
- On-site COVID-19 vaccinations and routine pediatric immunizations

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

Yes No

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

MedStar Georgetown University Hospital, Other

Specify*

Gordon Dental Associates; DC Dept. of Behavioral Health

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

Yes No

2.05 Does your school have at least two employees or agents (outside of the school nurse) who are certified to administer both an undesignated and a designated epinephrine auto-injector during all hours of the school day in case of an anaphylactic emergency?

Yes No

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

First Name*

Talithia

Last Name*

Parker

Email*

tparker@tmapchs.org

Date of Certification*

7/12/2023



First Name*

Christina

Last Name*

Schwarz

Email*

tparker@tmapchs.org

Date of Certification*

12/12/2022



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

Yes No

2.08 Student Access to Period Products (Grades 6-8, 9-12)

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

- All Women's bathrooms
- All Gender-neutral bathrooms
- At least one Men's bathroom
- None

Does your school have a poster placed by each dispenser with information on the safe use and disposal of period products? *

Yes No

2.09 How many of the following clinical staff are currently employed, work as a contractor, or volunteer at your school?

Licensed Independent Clinical Social Worker (LICSW) *

Yes No

of Full Time*

2

Funding Source*

Other

Specify*

1 self-funded; 1 provided by DC Dept. of Behavioral Health

of Part Time*

1

Funding Source*

Self Funded

Licensed Graduate Social Worker (LGSW) *

Yes No

of Full Time*

0

of Part Time*

1

Funding Source*

Provided by community-based organization (CBO)

Licensed Professional Counselor (LPC) *

Yes No

of Full Time*

1

Funding Source*

Self Funded

of Part Time*

0

Licensed Graduate Professional Counselor (LGPC) *

Yes No

Psychologist *

Yes No

of Full Time*

0

of Part Time*

1

Funding Source*

Self Funded

Psychiatrist *

Yes No

of Full Time*

0

of Part Time*

1

Funding Source*

Self Funded

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

First Name *

Sarah

Last Name *

Whildon

Email *

tparker@tmapchs.org

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

(A 'yes' response indicates that behavioral health services are available to students in the general education setting as well as those who receive services through an IEP or 504 plan)

Yes No

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

Yes No

Please identify their name(s) below (including Community Based Organizations, Department of Behavioral Health, etc.).*

Department of Behavioral Health, WISE Center - MedStar Georgetown University Hospital, Other

Specify*

Life Enhancement Services

2.13 Does your school facilitate parent engagement? ⓘ

Yes No

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

Yes No

Which of the following health and wellness education options does your school offer to parents?*

- Health risks related education (e.g. managing student asthma, importance of annual well-child visits and routine pediatric immunizations, blood pressure screenings)
- Mental/behavioral health education (e.g. stress management, warning signs of youth suicide)
- Physical health education (e.g. nutrition or cooking classes, obesity prevention)
- Physical activity education (e.g. Zumba, yoga, parent-child exercise classes)
- Personal health education (e.g. how to talk to your child about appropriate touch, puberty, healthy relationships, sexual health resources)
- COVID-19 risks related education (e.g. mitigation strategies, vaccination, etc.)
- Other

2.15 Does your school offer any health and wellness initiatives to staff that contribute to educator wellness? * ⓘ

Yes No

What types of programs and initiatives are in place to support educator wellness?*

- Opportunities for educator voice in the decision-making process (e.g., staff surveys, office hours with leadership team)
- Staff are provided regular professional development and coaching that expands their skills to address their own wellbeing (e.g., self-care, vicarious trauma, adult social-emotional learning)
- Staff are provided opportunities to build respectful and trusting workplace relationships with colleagues (e.g., community circles at staff meetings, mentoring programs)
- Structures are in place to support work-life balance (e.g., staff early dismissal days, wellness days, flexible schedules)
- Mental health services through an Employee Assistance Program (EAP) or partnering community-based organization
- Other

2.16 Does your school have an educator wellness lead(s)? * ⓘ

Yes No

Please provide the contact information of your educator wellness lead(s).

First Name*

Nadley

Last Name*

Julien

Email*

tparker@tmapchs.org

First Name

Enter value

Last Name

Enter value

Email

Enter value

Select to complete the section

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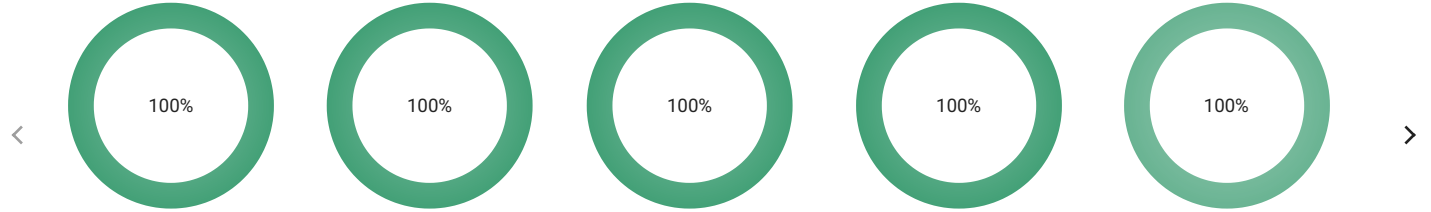
Thurgood Marshall Academy PCS

Survey Status: Certified 

Questionnaire Points of Contact

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Progress (%)
Submit 100% Certification



- Section 1 - School Profile
- Section 2 - Health Services
- Section 3 - Health Education
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- Section 6 - School Safety



Legislative Instructions



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

Health Education: Formal, structured health education as defined by the Centers for Disease Control and Prevention consists of any combination of planned learning experiences that provide the opportunity to acquire information and the skills students need to make quality health decisions. Health education instruction of the District of Columbia Health Education Standards (DC Official Code § 38-821.01). The Healthy Schools Act requires an average of 75 minutes of health education per week for grades K - 8 (DC Official Code § 38-824.02).

Health Education Minutes (Grades 1-8): The average number of minutes per week during the school year that a student receives health education instruction. This average should only include time devoted exclusively to health education instruction that utilizes a health-specific curriculum. Do NOT include physical education instruction time in this figure. For this question, please indicate the average number of minutes per week that your school provides health education instruction to each grade level. Average number of minutes of health education instruction per week can range between 0 and 125 minutes.

Note: If your school provides more than 125 minutes of health education instruction in an average week, enter 125. If a student only receives health education for one semester or one quarter, please average the total weekly minutes for the whole school year.

Do you have questions regarding this calculation and need support? If so, please contact OSSE's Division of Health and Wellness here: OSSE.HYDT@dc.gov.

The Office of the State Superintendent of Education (OSSE) is committed to providing technical assistance to schools that do not meet the health education minute requirements. Schools that do not meet the required health education minutes will receive follow-up support from OSSE.

Health Education Requirement (Grades 9-12): According to the District of Columbia Municipal Regulations, prior to graduation, all students must have one and one half (1.5) Carnegie Units in Health/Physical Education.

Cardiopulmonary Resuscitation (CPR) Training: Cardiopulmonary resuscitation (CPR) is a lifesaving technique that is useful in many emergencies, such as a heart attack or near drowning, in which someone's breathing, or heartbeat has stopped. District of Columbia public and public charter schools that serve grades 9 through 12 shall include cardiopulmonary resuscitation (CPR) instruction in at least one health class necessary for graduation. The instruction shall be nationally recognized and based on the most current evidence-based emergency cardiovascular care guidelines for resuscitation, include appropriate use of an automated external defibrillator (AED), and incorporate hands-on practice (DC Official Code § 38-824.02).

* Indicates required field

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

(Note: Please make sure teachers reported in questions 3.01, 3.02, and 3.03 are not counted more than one time.)

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

(Note: Please make sure teachers reported in questions 3.01, 3.02, and 3.03 are not counted more than one time.)

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

(Note: Please make sure teachers reported in questions 3.01, 3.02, and 3.03 are not counted more than one time.)

Dual Instructor 1

First Name*

Brian

Progress (%)
100

Last Name*

Moore

Email*

tparker@tmapchs.org

3.05 Does your school partner with any outside programs or organizations to supplement the health education topical instruction (including nutrition, alcohol, tobacco and other drugs, sexual health, oral health, etc.)? *

Yes No

Name of agency or organization

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

Other

Specify*

Children's Hospital

3.06 Does your school include CPR instruction to students in grades 9 through 12 prior to graduation?

Yes No

3.07 Do you require high school students to take 0.5 or more Carnegie Units in Health Education prior to graduation? *

Yes No

3.08 Does your school teach the following health education topics? Grades: 9- 12

Alcohol, Tobacco, and Other Drugs Prevention Education

Yes No

If Yes, what curriculum do you use?

(Please state the curriculum's full name or note if the curricula/lesson plan is teacher created.)

Teachers-Pay-Teachers

Disease Prevention Education

Yes No

If Yes, what curriculum do you use?

(Please state the curriculum's full name or note if the curricula/lesson plan is teacher created.)

Teachers-Pay-Teachers

Human Body and Personal Health Education

Yes No

If Yes, what curriculum do you use?

(Please state the curriculum's full name or note if the curricula/lesson plan is teacher created.)

Teachers-Pay-Teachers

HIV/STI Prevention Education

Yes No

If Yes, what curriculum do you use?

(Please state the curriculum's full name or note if the curricula/lesson plan is teacher created.)

Teachers-Pay-Teachers

Progress (%)
100

Nutrition Education

Yes No

If Yes, what curriculum do you use?

(Please state the curriculum's full name or note if the curricula/lesson plan is teacher created.)

Teachers-Pay-Teachers

Mental and Emotional Health Education

Yes No

If Yes, what curriculum do you use?

(Please state the curriculum's full name or note if the curricula/lesson plan is teacher created.)

Teachers-Pay-Teachers

Safety Skills Education

Yes No

If Yes, what curriculum do you use?

(Please state the curriculum's full name or note if the curricula/lesson plan is teacher created.)

Teachers-Pay-Teachers

Suicide Prevention Education

Yes No

If Yes, what curriculum do you use?

(Please state the curriculum's full name or note if the curricula/lesson plan is teacher created.)

Teachers-Pay-Teachers

Select to complete the section

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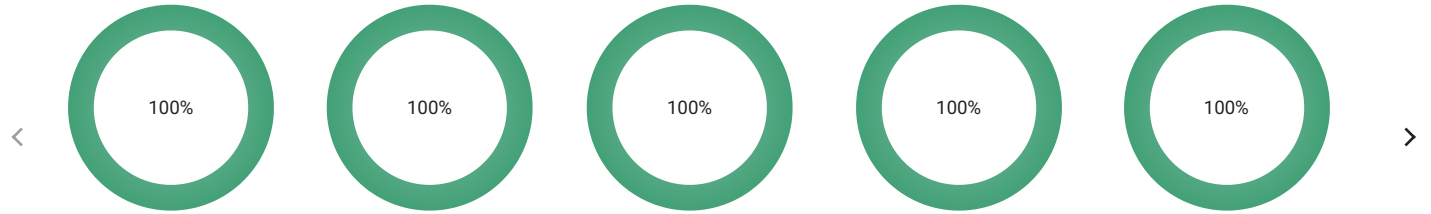
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Legislative Instructions



Recommended points of contact for this section: Physical Education Teacher.

Physical Activity: For students in grades K-8, it shall be the goal to provide 60 minutes of physical activity per day (DC Official Code § 38-824.01). For students in grades pre-K 3 and pre-K 4, schools shall provide an average of 60 minutes of physical activity per day, with a goal to provide 90 minutes of physical activity per day (DC Official Code § 38-824.02). This total may include the time spent in outdoor recess and movement opportunities integrated into classroom instruction. For this question, please indicate a daily average between 0 and 135 for grades pre-K 3 and pre-K 4.

Physical Education Minutes: The Healthy Schools Act sets requirements for physical education and physical activity by grade band. For students in grades K - 5, schools shall provide an average of 90 minutes of physical education per week, with a goal to provide an average of 150 minutes per week. For students in grades 6 - 8, schools shall provide an average of 135 minutes of physical education per week, with a goal to provide an average of 225 minutes per week. At least 50 percent of physical education time shall be spent-on-moderate to vigorous physical activity (movement resulting in substantially increased heart rate and breathing). (DC Official Code § 38-824.02).

The Office of the State Superintendent of Education (OSSE) is committed to providing technical assistance to schools that do not meet the physical education minute requirements. Schools that do not meet the required physical education minutes will receive follow-up support from OSSE.

Moderate-to-Vigorous Physical Activity Minutes: Movement resulting in a substantially increased heart rate and breathing (DC Official Code § 38-821.01). This number should include the time that students participate in moderate-to-vigorous physical activity either indoors or outdoors. It should NOT include time devoted to administrative tasks, transitions, or breaks.

Recess and Outdoor Physical Activity: Schools shall provide recess and outdoor physical activity for all students on a daily basis (weather and space permitting). For students in grades K - 8, it shall be the goal to provide at least one recess of at least 20 minutes per day. For students in grades Pre-K3 and Pre-K4, schools shall be the goal to provide at least two 20-minute sessions of outdoor physical activity per day (DC Official Code § 38-824.02).

* Indicates required field

4.01 For each grade span in your school, please indicate the average number of minutes per week during the regular instructional school week that a student receives physical education instruction. This does NOT include recess or after school activities.

Grades: 9 - 12 Minutes/Week * ⓘ

4.02 Which physical education curriculum (or curricula) is your school currently using for physical education instruction?

Grades: 9 - 12 *

(Please state the curriculum's full official name or note if the curricula/lesson plan is teacher created.)

4.03 Within the physical education course during the regular instructional school week, how much time is devoted to actual moderate-to-vigorous physical activity?

Grades: 9 - 12 * ⓘ

(This does NOT include recess or after school activities.)

Less than 50% 50% or more

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

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

Please Specify*

Start-of-year team-building activities (rope courses and the like).

Select to complete the section

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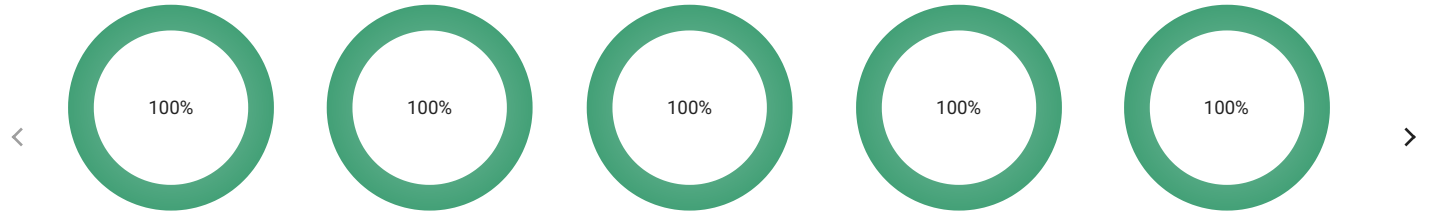
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Legislative Instructions ^

Recommended points of contact for this section: Food Services Director or Manager, Principal and Chair of School Wellness Council/Committee.

Good Food Purchasing Program (GFPP): Public schools, public charter schools, and participating private schools are strongly encouraged to procure food in a manner consistent with the GFPP's core values established by the Center for Good Food Purchasing. (DC Official Code § 38-822.01.c) They include:

- (A) Local economics;
- (B) Nutrition;
- (C) Valued workforce;
- (D) Environmental sustainability; and
- (E) Animal welfare.

* Indicates required field

5.01 Does your school operate a share table? *

Yes No

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

Yes No

5.03 How many vending machines are available to students? *

5.04 Does your school have a school store?

Yes No

What are the hours of operation?*

- Before and/or after school
- During all school hours
- During school hours, excluding meal times
- During school hours, only at meal times

What food and/or beverages are sold in the school store?

- 100% fruit and/or vegetable juice
- Regular chips, pretzels and snack mixes
- Baked chips, lower calorie and/or fat snacks

- Sodas and/or fruit drinks
- Fresh fruits and/or non-fried vegetables
- Whole grain products
- Milk and dairy products
- Water
- Fruit snacks

5.05 Does your school serve breakfast via an alternative serving model? * [i](#)

- Yes No

Select all alternative serving models in operation.*

- Breakfast in the Classroom (BIC)
- Grab n Go (in-school)
- Second Chance Breakfast

5.06 Does your school choose to procure foods in a manner consistent with the Good Food Purchasing Program's (GFPP) five core values (local economies, nutrition, valued workforce, environmental sustainability, and animal welfare)? * [i](#)

- Yes No I have never heard of GFPP

5.07 Does your school have a local wellness committee or school health council/team? * [i](#)

- Yes No

Select to complete the section

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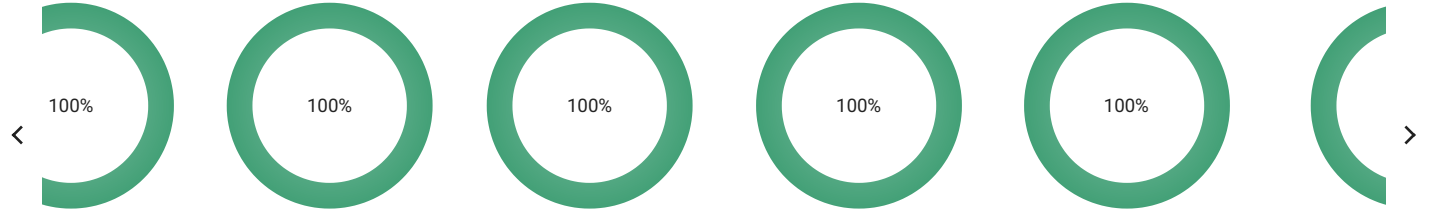
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Legislative Instructions ⓘ ^

Recommended points of contact for this section: Principal, Business Manager and Director of Operations.

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

* Indicates required field

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

LEA's Local Wellness Policy *

School website, School cafeteria or eating areas, To foodservice staff, Upon request, School main office, To parent/teacher organization, ... ▼

School Menu for Breakfast and Lunch *

School website, School cafeteria or eating areas, To foodservice staff, Upon request, School main office, To parent/teacher organization ▼

Nutritional Content of Each Menu Item *

School website, School cafeteria or eating areas, To foodservice staff, School main office ▼

Ingredients of Each Menu Item *

School website, School cafeteria or eating areas, To foodservice staff, School main office ▼

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

School website, School cafeteria or eating areas, To foodservice staff, School main office ▼

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

Yes No

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

Yes No

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

- Veg food options are available at Breakfast
- Veg food options are rotated daily to avoid repetition
- Veg food options are available at Lunch
- Veg food options are clearly labeled or identified
- Veg accommodations available through formal process or upon request

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

Yes No

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

Yes No

Select to complete the section

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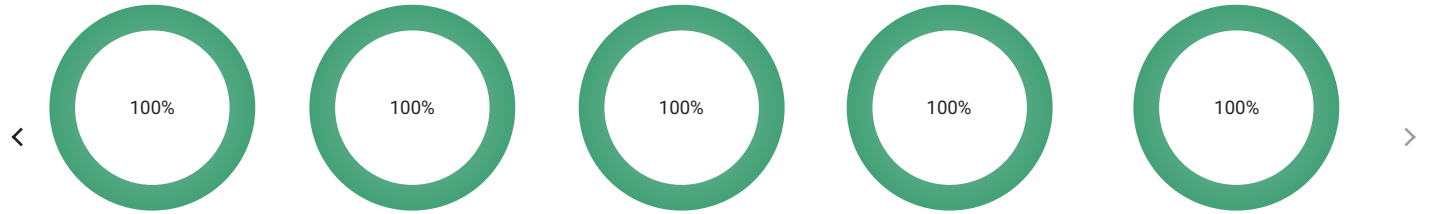
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Legislative Instructions



Recommended points of contact for this section: Principal and Lead Science Teacher.

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

Outdoor Learning: Outdoor learning is a process that deepens students' personal relationships to place through experiences that connect to locally relevant content or engage them in intentional activities that benefit from being in the outdoors and nature. Outdoor learning might include calculating the number of seeds needed to correctly plant an area of the garden or participating in an afterschool club that takes action to protect the local watershed. Outdoor learning does not include activities such as recess, eating lunch outdoors, or lessons taught outdoors that do not include connections to the surrounding location through observations of nature or using the outdoor area as context for learning.

* Indicates required field

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

Yes No

How many students are exposed to 10 or more hours of outdoor learning per school year?*

377

How is your outdoor learning space used?

Instruction

- English
- Art
- Math
- Music
- Science
- Physical Education
- Social Studies
- Health Education
- Other

Social Development

- Morning Meetings
- After-School Activities
- Student Activity Club Meetings
- Wellness Breaks
- Educator Wellness Programs
- Other

Outdoor learning coordinator(s):

First Name*

Christina

Last Name*

Schwarz

Email*

tparker@tmapchs.org

First Name

Enter value

Last Name

Enter value

Email

Enter value

7.02 Does your school currently have a School Garden? * 

Yes No

Garden Contact

First Name*

Christina

Last Name*

Schwarz

Email*

tparker@tmapchs.org

First Name

Enter value

Last Name

Enter value

Email

Enter value

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

Yes No

How many students attended a farm field trip?

Grade 9*

2

Grade 10*

0

Grade 11*

2

Grade 12*

5

What farm(s) did the students visit?

Other

Specify*

Summer's Farm

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

Yes No

How many students are enrolled in this course in the current school year?

142

Lead Science Teacher/Environmental Literacy Instructor

First Name*

Courtney

Last Name*

Daniel

Email*

tparker@tmapchs.org

First Name

George

Last Name

McCullough

Email

tparker@tmapchs.org

7.05(c) Please select the environmental literacy topics currently addressed in your school. Grades: 9-12

Air (e.g., quality, climate change) *

Yes No

Curriculum*

(Note: Please state the curriculum's full name or note that the curricula/lesson plan is teacher created.)

Teachers-Pay-Teachers, McGraw-Hill

Course*

(Please indicate the course in which the topic is taught.)

Environmental Science

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

Yes No

Curriculum*

(Note: Please state the curriculum's full name or note that the curricula/lesson plan is teacher created.)

Teachers-Pay-Teachers, McGraw-Hill

Course*

(Please indicate the course in which the topic is taught.)

Environmental Science

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

Yes No

Curriculum*

(Note: Please state the curriculum's full name or note that the curricula/lesson plan is teacher created.)

Teachers-Pay-Teachers, McGraw-Hill

Course*

(Please indicate the course in which the topic is taught.)

Environmental Science

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

Yes No

Curriculum*

(Note: Please state the curriculum's full name or note that the curricula/lesson plan is teacher created.)

Teachers-Pay-Teachers, McGraw-Hill

Course*

(Please indicate the course in which the topic is taught.)

Environmental Science

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

Yes No

Curriculum*

(Note: Please state the curriculum's full name or note that the curricula/lesson plan is teacher created.)

Teachers-Pay-Teachers, McGraw-Hill

Course*

Environmental Science

7.06 Which of the following groups in your school participated in environmental education (EE) learning experiences provided by outside organizations or agencies?

Teachers of Grades 9 – 12 *

Yes No

Who was the provider?*

Informal EE organization (e.g., Anacostia Watershed Society)

Administrators *

Yes No

7.07 For each grade at your school, please indicate the level of participation in Meaningful Watershed Educational Experiences (MWEE).

Grades: 9 – 12 * ⓘ

- A system wide Meaningful Watershed Educational Experience is in place.
- Some classes participated in a Meaningful Watershed Educational Experience.
- No evidence that students in this grade participated in a Meaningful Watershed Educational Experience.

Please describe (i.e., grade, description of unit, partnerships, etc.):

9th Graders

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

- School-wide Recycling Program
- Lead testing of water
- On-site Composting
- LEED Certification Type
- Project Learning Tree Green Schools
- National Wildlife Federation Eco-Schools
- Environmentally friendly cleaning products
- Landscaping with native plants
- Stormwater reduction efforts (i.e., rain barrels, cisterns, rain gardens)
- Other
- None of these

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

- Cardboard only
- Paper and cardboard only

- Mixed recyclables (plastic, metals, glass) only
- Co-mingled paper, cardboard, and mixed recyclables together ("single-stream")
- Organics
- Other
- None of these

Please specify*

Co-mingled

7.10 Does your school compost? *

- Yes, we participate in an organics recycling (off-site composting) program
- Yes, on-site outdoors (e.g. in garden)
- Yes, on-site indoors (e.g. worm bin in classroom)
- Other
- No, we don't compost

Please specify*

Ad hoc

7.11 Does your school promote the Environmental Protection Agency's Indoor Air Quality Tools for Schools Program to reduce exposure to environmental factors that impact asthma among children and adults in public schools? *

- Yes No

7.12 Does your school purchase environmentally friendly cleaning supplies? *

- Yes No

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

- Yes No

- Select to complete the section

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