 BOSTON Public Schools Focus on Children	Superintendent's Circular School Year 2017-2018	NUMBER: HWD-01 DATE: September 1, 2017
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WELLNESS POLICY

Table of Contents

Background.....	2
Policy.....	3
Policy: District and School-based Wellness Councils.....	3
Policy: Cultural Proficiency.....	5
Policy: School Food and Nutrition Promotion.....	6
Policy: Comprehensive Physical Activity and Physical Education.....	7
Policy: Comprehensive Health Education.....	9
Policy: Healthy School Environment.....	9
Policy: Safe and Supportive Schools.....	10
Policy: Health Services.....	11
Policy: Staff Wellness.....	11
Implementation Guidelines.....	11
Monitoring and Evaluation.....	13
Definitions.....	21
Index of Federal, State, and Boston Public School Wellness-related Policies and Guidelines.....	22

Background

Understanding that physical and mental health, emotional well-being, and positive development are inextricably linked with academic success, Boston Public Schools (BPS) 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 will take 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,¹ and responding to both the Healthy, Hunger-Free Kids Act² and Massachusetts Standards for School Wellness Advisory Committees.³ 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:

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

These work groups consulted the perspectives of the Boston School community as well as evidence-based national recommendations, and wrote specific policy language and implementation guidelines that reference other relevant District policies and further develop policy language regarding wellness for all students. This comprehensive approach seeks to advance Boston Public School's strategic aims to: improve coordination across programs and departments; improve and integrate data collection; establish guidelines for accountability appropriate to the group's location within the organization; support building noncompeting partnerships internally and externally; and build sustainability.

¹ *BPS Wellness Policy Revision Process Community Discussions Summary Report* Found online at

² PUBLIC LAW 111-296—DEC. 13, 2010

³ MGL 105 CMR 215

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

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 to 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.

School-based Wellness Councils

All Boston Public 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.

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. The following are responsibilities for informing stakeholders about policy:

- BPS will post the District Wellness Policy on the BPS website.
- 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.
- 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.
- 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.

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

- 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.
- BPS will post the District Wellness Action Plan on the BPS website to share District goals and objectives for the school year.
- 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 post their Wellness Action Plans on their school's website to share local school goals and activities to implement the policy.
- 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.

The following are responsibilities for engaging stakeholders:

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

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 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.

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 Social Emotional Learning 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:

- Behavioral Health Services
- Facilities & Capital Management
- Food and Nutrition Services
- Health and Wellness
- Health Services
- Office of Engagement
- Office of Equity
- Office of Opportunity and Achievement Gap
- Safe and Welcoming Schools
- 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, engage, 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, in order 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 on 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.

Key requirements of creating a healthy school food environment are:

School Meals Program

- 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.

- 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.
- Encourage students to participate in breakfast, lunch, and afterschool meals program and avoid stigmatizing children who participate.
- Provide food with “clean” labels 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).
- Reduce material used for packaging, sourcing recyclable or compostable materials when possible and working to promote best practices around recycling and composting.
- Water must be available at no cost during meal times wherever meals are served.

Food Safety

- Ensure kitchen facilities (both prep and satellite locations) are inspected twice a year by the Inspectional Services Division (ISD - Health Department).
- 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.
- Ensure all employees who work 5+ hours are certified in food safety.
- Ensure all lead employees are allergy awareness certified and have American Heart Association Heart Saver First Aid Program 2 year certification.

Nutrition Education, Promotion and Food & Beverage Marketing

- 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.
- Identify opportunities to teach healthy eating habits in health education, physical education, and other subjects, and through cafeteria and other school-wide promotions.
- 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.
- 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.

Competitive Food & Beverages

- Prohibit food sold in competition with school meals, including food-based fundraisers and vending machines during school meal times.
- 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 the BPS Competitive Food and Beverage Policy.
- Encourage non-food alternatives for school fundraisers, school parties, and classroom celebrations.
- 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.

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.

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 on 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 requires Comprehensive pre-K through grade 12 Health Education that is medically-accurate, age and developmentally appropriate, culturally inclusive, and implemented in safe and supportive learning environments where all students feel valued. All Boston Public Schools shall take a skills-based approach to teach comprehensive health education that addresses a variety of topics, such as tobacco, alcohol, and drug abuse, healthy eating/nutrition, mental and emotional health, personal health and wellness, physical activity, safety and injury prevention, violence prevention, and comprehensive sexual health education that is LGBTQ inclusive. 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, have 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 the 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 supports 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 reduces 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) chaired by the school nurse and including at least one other staff member and an administrator. 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 cares about the well-being of staff members and understand the influence that staff actions have on all student health behaviors. All staff shall promote a school environment supportive of healthy behaviors. Adults are encouraged to model healthy behaviors, especially on school property and at school-sponsored meetings and events. Schools are encouraged to support staff wellness initiatives.

II. Implementation Guidelines

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

District Wellness Council

This superintendent-appointed council will:

- Follow bylaws that are aligned with Massachusetts Standards for School Wellness Advisory Committees.⁴
- Annually review, and if needed recommend, district-wide policies to promote student wellness
- Annually set Council goals and objectives
- Annually report progress on Council goals, objectives, policies, and monitoring & evaluation of Wellness Policy implementation

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:

- *Convene at least 4 times per school year.*
- 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
- *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.
- *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.

- *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 November 14, 2017. The Wellness Council coordinator(s) name and contact information should be 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>

⁴ M.G.L. 105 CMR 215

- *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 chair(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.

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. During the 2017-2018 school year, the District Wellness Council will revise the policy monitoring metrics and develop an evaluation plan to further measure compliance.

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

- Healthy Schools Program Assessment, Alliance for a Healthier Generation.
- School Health Profiles, Centers for Disease Control and Prevention
 - Principal Survey (all school levels)
 - Lead Health Ed. Teacher Survey (for K-8, Middle, and High)
 - Lead Phys. Ed. Teacher Survey (all school levels)
- District staffing reports
- Essential School Health Services Monthly Activities Report

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. Such surveys include:

- Youth Risk Behavior Survey (YRBS):
 - Middle School YRBS will be conducted biannually in all schools serving any students in the 6th-8th grades during the Fall semester of even numbered school years (ie: Fall 2013, 2015, 2017, etc...).

- High School YRBS will be conducted biannually in all schools serving any students in the 9th-12th grades during the Spring semester of odd numbered school years (ie: Spring 2015, 2017, 2019, etc...)
- School Climate Survey is conducted annually by the Office of Research, Assessment, and Evaluation.
- FITNESSGRAM in 4th through 9th grade
- Health Services SNAPNurse system

Wellness-related Monitoring and Evaluation include:

School Food and Nutrition Promotion

BPS Food and Nutrition Services and BPS Health and Wellness Department

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

School leadership and school-based Wellness Councils

3. Schools will complete a biennial survey to identify the school-based status of competitive foods, nutrition promotions, and water availability.

Comprehensive Physical Activity and Physical Education

BPS Health and Wellness Department with Other District Departments

1. The BPS Health and Wellness Department will annually assess schools' CSPAP Improvement Plan. This will measure whether schools provides 45 minutes per week/80 minutes per week of PE (grades preK-8), and one semester per year of PE (grades 9-12); and, it will measure whether schools are properly staffed to provide physical education.
2. Schools Non-Compliant with PE & PA Policy: The Principal and relevant Instructional and Operational Superintendent will be notified by the Health and Wellness Department if a school is found to not be compliant. The Health and Wellness Department will work directly with the school to support the development of a CSPAP Improvement Plan that puts the school on track for compliance with the PE & PA Policy.

School leadership and school-based Wellness Councils

3. Wellness Actions Plans: School Wellness Councils' CSPAP will include their school-based CSPAP Improvement Plan that outlines how all students in all grades will receive weekly physical activity and physical education
4. Schools will complete a biennial survey to identify the school-based status of physical activity and education.

Comprehensive Health Education

BPS District Departments

1. The BPS Health and Wellness Department will annually assess each school's compliance with the wellness policy with regard to health education. This includes conducting an annual survey, and assessing each school's Wellness Action Plan.

School leadership and school-based Wellness Councils

2. School Principals/Headmasters and school-based Wellness Councils will complete a biennial survey through the Health and Wellness Department, and will ensure that:
 - The health education curriculum meets policy requirements.

- Health education is taught in grade 4 and is inclusive of Safe and Healthy Body Unit (HIV education); two semesters of health education is taught in grades 6-8; one semester in total of health education is taught in grades 9-12.
 - A licensed health education teacher is responsible for teaching comprehensive health education in the middle and high school grades.
3. School-based Wellness Councils will include an action step in their Wellness Action Plan to improve health education.

Healthy School Environment

BPS Facilities Department & Boston Public Health Commission

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

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

School leadership and school-based Wellness Councils

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

1. School Principals/Headmasters and Wellness Councils will be responsible for reviewing their school's annual Environmental Audit/Inspection results and other related building condition resources to develop environmental health priorities for the school. Administrators will engage in a collaborative planning effort with their school-based Environmental Committee or Wellness Council to finalize annual environmental health priorities, goals, action steps and evaluation efforts. Wellness Councils shall track progress of improved school conditions and evaluate annually what efforts worked best.
2. School-based wellness councils must include a custodial staff member on the council, and include this in the Wellness Action Plan roster.

Safe and Supportive Schools

BPS District Departments

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

School leadership and school-based Wellness Councils

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

Health Services

BPS Health Services Department with other BPS Departments

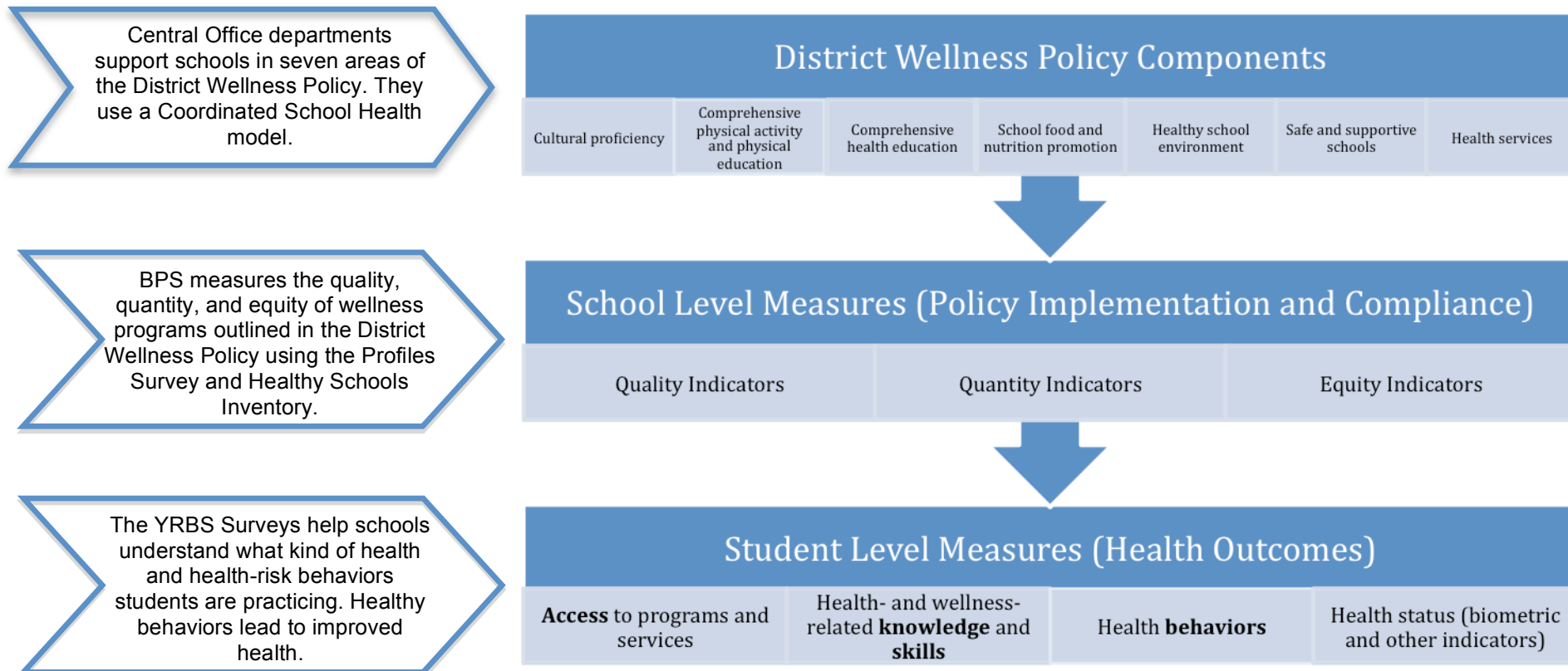
Implementation will require strategies that cut across community and district department to:

1. Monitor school-based compliance with the condom access policy by providing training and support for condom accessibility and sexual health counseling.

School leadership and school-based Wellness Councils

2. Schools will complete an annual survey that includes an assessment of condom access
3. School principals will review monthly the Essential School Health Services Monthly Activities Report

District Wellness Policy: Evaluation Measures



School Level Outcome Metrics and Data Sources

General:

1. % schools completing a Wellness Action Plan as a part of their Quality School Plan
 - a. Source: Wellness Action Plan Assessment

Cultural Proficiency

1. % of schools with a parent or family on wellness council
 - a. Source: Wellness Action Plans
2. % of schools with a member of the student body on wellness council
 - a. Source: Wellness Action Plans
3. # of staff/teachers who have participated in a cultural proficiency training or workshop.
 - a. Source: Office of the Achievement Gap

School Food and Nutrition Promotion

4. % schools who offer meals at the Bronze level of the Alliance for a Healthier Generation Healthy Schools Program
 - a. Source: Healthy Schools Program Assessment (Measured by Food and Nutrition Services Menu Assessment)
5. % schools in compliance with the Food and Beverage Guidelines
 - a. Source: Healthy Schools Program Assessment and district monthly compliance checks

Comprehensive Physical Activity and Physical Education

1. % schools in compliance with the PE staffing policy
 - a. Source: HR Staffing report
2. % schools completing the CSPAP portion of the Profiles Survey
 - a. Source: CSPAP Improvement Plan, part of Profiles Survey
3. % schools in compliance with the % minutes of PE and PA
 - a. Source: CSPAP Improvement Plan, part of the Profiles Survey

Comprehensive Health Education

1. % schools delivering a district-approved health education curriculum that meets standards outlined in the Wellness Policy
 - a. Source: Health & Wellness Department Records
2. Health education is taught by trained teachers
 - a. % of schools with trained health education teachers in elementary
 - i. Source: Health & Wellness Department Records
 - b. % of schools with a licensed health education teacher in middle and high
 - i. Source: HR Staffing report
3. Comprehensive Health education is taught to students
 - a. % schools teaching Safe & Healthy Body Unit in grades 3 and 4.
 - i. Source: Health & Wellness Department Records
 - b. % schools teaching a minimum of two semesters of comprehensive health education in grade 6-8
 - i. Source: Health & Wellness Department Records
 - c. % schools teaching a minimum of one semester of comprehensive health education in grades 9-12
 - i. Source: Health & Wellness Department Records
4. % schools with an action step regarding health education on their Wellness Action Plans
 - a. Source: Wellness Action Plan

Healthy School Environment

1. % of schools with a Wellness Council with a representative from operations, either a custodian or administrator in charge school building operations.

- a. Source: Wellness Action Plan Assessment
2. % schools where annual BPS/BPHC Environmental Audit results are reviewed annually
 - b. Source: School Health Profiles
3. % of schools that have an updated Integrated Pest Management (IPM) plan and have identified an IPM Coordinator in the school.
 - a. Source: School Health Profiles
4. Number of staff (custodians, nurses, secretaries, school administrators) and teachers at the district level who received professional development about healthy school environment topics.
 - a. Source: Healthy Schools Taskforce

Safe and Supportive Schools

Safe and Supportive School Metrics

1. % of schools creating a safe and supportive school climate as measured by the results of the BPS School Climate survey
 - a. Source: School Climate Survey
2. % of schools that indicate a positive (yes) response to the following questions on the 2014 School Health Profiles School Principal Questionnaire. (#11, #12, #13, #14, #15, #41)
 - a. Source: School Health Profiles
3. % of schools with Gay Straight Alliances
 - a. Source: School Health Profiles

Bullying Prevention Metrics

1. % of bullying prevention specialists trained
 - a. Source: Safe and Welcoming Schools Program Records
2. % of schools with student led Bullying prevention groups
 - b. Source: Safe and Welcoming Schools Program Records
3. % of bullying cases that have been closed
 - c. Source: Safe and Welcoming Schools Program Records

Comprehensive Behavioral Health Model Metrics

1. % of schools trained in CBHM
 - a. Source: Behavioral Health Services Department Records
2. # of staff trained in CBHM interventions
 - a. Source: Behavioral Health Services Department Records
3. # of students screened during universal behavioral health screening
 - a. Source: Behavioral Health Services Department Records

Health Services

1. % high schools where the nurse provides access to condoms
 - a. Source: School Health Profiles
2. % high schools where student receive counseling with condom access (question must be same for nurses, SBHC's, and HRCs)
 - a. Source: Profiles Survey
3. % schools where principals use the Health Services monthly toolkit (monthly check list)
 - a. Source: Essential School Health Services Monthly Activities Report

Student Level Outcome Metrics and Data Sources

Data Sources:

- Youth Risk Behavior Survey (YRBS) for High School and Middle School
- School Climate Survey
- FitnessGram Physical Fitness Assessment
- SNAPNurse/Health Services Department

Health Risk Areas	Access (to education or prevention services)	Knowledge, Skills, Attitudes/Perceptions	Behaviors	Health Status (Biometric/other Indicators)
Unintentional Injuries, Safety, Violence		- % of students who do not feel safe at school (School Climate Survey)	- % of students who carried a weapon on school property (YRBS) - % of students who were in a physical fight on school property (YRBS)	% of students who were victims of sexual or relationship violence (YRBS)
Bullying			* (see health status column)	* % of students being bullied (YRBS)
Mental Health			^ (see health status column)	
Alcohol & Other Drugs Use			- % of students using alcohol (YRBS) - % of students using other drugs (YRBS)	^ % of students experiencing mental health issues (YRBS)
Tobacco Use			- % of students using tobacco products (YRBS)	
Sexual Health	- % of students who have received sexual health education in school (YRBS)		- % of students engaging in risky sexual behaviors (YRBS)	
Dietary Behaviors			- % of students consuming Sugar-Sweetened Beverages (YRBS) - % of students consuming Fruits and Vegetables 4 or more times per day (YRBS) - % of students consuming breakfast daily (YRBS)	% of students with a BMI at a healthy weight (BMI <85 th percentile) (Health Services)
Weight Management			- % of students using unsafe weight management practices (YRBS)	% of students achieving healthy fitness levels (HFZ in 3/5 assessments, HFZ for aerobic capacity) (FG)
Physical Activity	- % students that reported participation in PE in an average week (YRBS)		- % students that Reported participation in PA for at least 60 minutes on one or more days per week. (YRBS)	
Other (ie: School Connectedness, etc...)		- % of students who feel supported in school (School Climate Survey) - % of students who feel supported in the classroom (School Climate Survey) - % of students who feel like there is an adult they can talk to (YRBS)		% of students who have been pregnant or have gotten someone pregnant (YRBS) % of students diagnosed with asthma (Health Services)

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 student and Boston Public School staff work or attend class.

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

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

Comprehensive Sexual Health Education is a planned, sequential, Pre-K – 12 curriculum that is part of a comprehensive school health approach which addresses age-appropriate physical, mental, emotional and social dimensions of human sexuality. It should allow students to develop and demonstrate developmentally appropriate sexual health-related knowledge, attitudes, skills and practices. The curriculum should be designed to motivate and assist students to maintain and improve their sexual health by delaying sexual initiation, preventing disease and too-early pregnancy and reducing sexual health-related risk behaviors. It should be medically accurate, developmentally appropriate, culturally, including LGBTQ inclusive, and be provided by qualified, trained, 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, cardio respiratory) requirements of a typical school day. Recess, movement breaks, promotional activities, and cross-curricular incorporation are some examples of PA that should NOT be counted as PE; PA is not PE and it cannot be allocated as PE.

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

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

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.

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

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

Massachusetts Legislation

- [MGL c. 71, s. 3](#): Physical Education

District Circulars

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

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

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

Massachusetts Legislation

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

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

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

Federal Legislation

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

Federal Regulations

- [Education Department General Administrative Regulations \(EDGAR\)](#) - 34 CFR Parts 75, 77, 79, 80, 81, 82, 84, 85, 86, 97, 98, 99 (b) The regulation in 34 CFR part 299
- Title 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](#)

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

Massachusetts Regulations

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

District Circulars

- 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

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

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

For more information about this circular, contact:

Name:	Jill Carter, Senior Executive Director
Department:	Health & Wellness, Office of Social Emotional Learning and Wellness
Mailing Address:	370 Columbia Road, Dorchester, MA 02125
Phone:	617-635-1631
Fax:	617-635-1502
E-mail:	jcarter@bostonpublicschools.org

Tommy Chang, Superintendent