

# POLICY

Original Date: June 2017

7515

Updated Date: October 2021

1 of 22

Students

## **SUBJECT: DISTRICT WELLNESS POLICY: MAKING HEALTH ACADEMIC**

### **Preamble**

The Buffalo Public School (BPS) District (hereto referred to as the District) is committed to the optimal development of every student. The District believes that for students to have the opportunity to achieve personal, academic, developmental, and social success, we need to create positive, supportive, engaging, challenging, safe, and health-promoting learning environments at every level, in every setting, throughout the school year.

**Whereas** the Board believes that a healthy workplace environment is one in which students and staff feel safe, supported, engaged, and challenged, which allows for optimal learning and healthy development. The Board seeks an environment in which students and adults feel socially, emotionally, intellectually, and physically safe; an environment that is free of harassment, intimidation, and bullying; and

**Whereas** in order to foster academic, physical, social, and emotional growth and development, students need access to healthy foods, opportunities to be physically active, quality health education, including sexual health education, physical education, counseling, psychological, social, and health-related services as critical components of a safe, healthy and supportive learning environment; and

**Whereas** BPS recognizes the sexual health and educational rights (New York Civil Liberties Union - Youth Bill of Rights; NYS Youth Rights Access to STD, HIV and pregnancy testing) of all students and will include LGBTQ inclusion rights; also

**Whereas** student health and learning are enhanced through staff, family and community coordination efforts, integration, communication, cooperation and collective work using the Nationally Recognized *Whole School, Whole Community, Whole Child Model (WSCC)*; and

**Whereas** alignment of evidence-based programs as well as those programs that are grounded in research, successful practices, board-approved policies, and services offered by school and district staff as well as approved community partners is essential to student success in school; and

**Whereas** the *Whole School, Whole Community, Whole Child Model* supports strong community schools; and

**Whereas** the physical, mental, and emotional well-being of students is directly aligned to improved attendance and high academic achievement; and

**Whereas** BPS supports positive, two-way communication built on mutual understanding and clear goals and objectives between students and community partners; and

# POLICY

Original Date: June 2017

7515  
2 of 22

Updated Date: October 2021

Students

**Whereas** BPS uses data to inform policy implementation as well as determine and respond to needs of students, schools and the District; and

**Whereas** there is compelling evidence that having highly qualified health professionals (licensed school nurses and certified nurse practitioners) working in schools is an effective way to educate students and families on wellness which as they begin to develop healthy lifestyles, will prevent chronic absenteeism; and

**Whereas** BPS recognizes that students classified with disabilities and those living in poverty face barriers when attempting to access health and wellness activities, and

**Whereas** sustainable student and parent engagement is essential to health and educational success, students shall actively and meaningfully be involved in their learning process through student-centered learning, growth and development; and

**Whereas** sustainable stakeholder engagement is imperative for supporting student health and learning; and

**Whereas** dissemination of culturally and linguistically responsive materials have the ability to: educate, inform and build positive regard; and

**Whereas** the BPS' Wellness Policy and its implementation will be bi-annually evaluated to support improved outcomes; and

**Whereas** the implementation with fidelity of all District policies, the New Education Bargain, New York State and Federal regulations along with quality professional development build capacity for the *Whole School, Whole Community, Whole Child Model (WSCC)*.

## **The District Shall Commit To:**

1. Maintaining and supporting a “WSCC Advisory Board” that is inclusive of diverse members representing WSCC health facets (i.e. district and school leadership, school board members, students, post-secondary partners, collective bargaining members, and community-based organization persons).
  - a. WSCC Advisory Board Members will serve one-year renewable terms and will be a resource and support for school wellness teams.
  - b. Annual professional development training shall be provided to each facet committee.
2. Administering the CDC's Youth Risk Behavior Surveillance Survey (YRBSS) every two years with all grades 6-12 students.
3. Implementing each aspect of the Wellness Policy with fidelity, to the best of the district and school's ability.

4. Adopting and requiring Superintendent Regulations to guide quality implementation of the policy throughout the District.
5. Provide quality professional development to school-level WSCC Wellness Team Leaders (bi-annual) and core team members (annual). Each school shall send representatives to all professional developments.
6. Utilizing the official Buffalo Public Schools' website, along with other electronic and non-electronic means, to notify and engage parents and the community, in culturally and linguistically appropriate ways, about the content, implementation of, and updates to this policy as well as how to become involved and support this policy. The District will use these same means to inform the community about the availability of the annual and triennial reports relative to this policy.

#### **Each School Principal or Their Designee Shall:**

1. Maintain and support school-level WSCC Teams with representative membership reflective of the *Whole School, Whole Community, Whole Child Model* following local, state, and/or federal laws, regulations and WSCC guidelines.
2. Ensure that each WSCC Team Leader has an assigned WSCC Team Leader duty each day, where possible.
3. Ensure that each school's WSCC Team will:
  - Follow the WSCC Team implementation timeline issued by the District each year.
  - Include a parent and student to tri-chair the team when possible.
  - Follow identified WSCC Team and WSCC Team Leader roles and responsibilities.
  - Have representation on the School Based Management Team (SBMT).
  - Complete the School Health Index Needs Assessment (SHI) every three years.
  - Completing the New York State Heart Check every three years.
  - Utilize the most recent school-level Youth Risk Behavior Surveillance Survey (YRBSS), School Health Index (SHI) and other pertinent school and community health data to inform annual wellness action plans and write wellness action plans into each school's annual improvement plan (e.g. SCEP, SIG, SIP or equivalent).
4. Send representatives to all district professional development related to wellness policy implementation.
5. Implement USDA Smart Snack in Schools standards by 2023 for all foods and beverages provided to students during the school day consistent with Federal Regulations of 2016.
  - a. Food rewards or incentives shall not be used in classrooms to encourage student achievement or desirable behavior.
  - b. The use of food or candy as a classroom reward in any school shall be prohibited.

# POLICY

Original Date: June 2017

7515  
4 of 22

Updated Date: October 2021

Students

- c. Schools will not use food or beverages as rewards for academic, classroom, or sports performance.
- d. Due to concerns about food safety and food allergies, children may be recognized on their birthdays by being given special privileges, such as being line leader or teacher's helper for the day. No food will be brought into the classroom.
- e. No silent lunches for children as punishment.
- f. Ensure CPR, first aid, and food allergy training for appropriate staff (e.g. teacher/staff assigned to lunch supervision).

Evidence indicates that health and learning are enhanced through school District employee, family and community coordination, integration, communication, cooperation, and collaboration. Using the *Whole School Whole Community, Whole Child (WSCC)* Organizational Model, the District will implement the Wellness Policy accordingly:

## **Comprehensive Health Education Including Sexual Health Education**

The District recognizes that K-12 comprehensive health education, including age-appropriate sexual health education will enable students to master the essential knowledge, attitudes, and skills to adopt and maintain life-long healthy behaviors. Students, their families, and community partners are given opportunities to provide input on health education through the WSCC Health Education Committee and/or district Health and Physical Education Department representatives. Health and classroom teachers will provide health education instruction to every student in a culturally and linguistically appropriate manner following *Centers for Disease Control and Prevention communicable disease (i.e., COVID-19) guidelines and NYSED Communicable Disease Guidelines*.

Comprehensive health education supports improve social-emotional competencies, academic achievement and overall success.

Comprehensive health education includes skill building activities that address:

1. Mental and Emotional Health
2. Family Life and Sexual Health
3. Growth and Development
4. Nutrition
5. Personal Health
6. Substance Use and Abuse
7. Disease Prevention and Control
8. Safety and First Aid
9. Consumer Health
10. Community and Environmental Health Management
11. Violence, Injury Prevention, and Bullying

# POLICY

Original Date: June 2017

7515  
5 of 22

Updated Date: October 2021

Students

The District shall:

- 1) Provide comprehensive health guidance and education to all students from PK to 12 to foster lifelong healthy and safe attitudes, knowledge, skills, and behaviors essential for students to be safe, healthy, and to achieve academically.
- 2) Implement a Comprehensive Health Education that will include:
  - a) Planned, sequential, age-appropriate, medically accurate, evidence-based, or grounded in research, aligned with state and national standards, with academic content areas.
  - b) All elements of the health education curriculum, materials, and resources, and the *Whole School, Whole Community, Whole Child Model* will be:
    - Culturally and linguistically responsive
    - Developmentally and intellectually appropriate
    - Trauma-informed
    - Responsive to students and families with disabilities
    - Improve health equity and reduce health disparities
  - c) Family life/sexual health instruction including sexual risk prevention education.
    - i. Explicitly include sexuality education, including gender identity and sexual orientation education.
    - ii. Explicitly include sexual abuse as per NYS Erin's Law (Chapter 187 of the Laws of 2019)
    - iii. Explicitly include human trafficking and intimate partner violence
- 3) Designate a Supervisor of Health Education, NYS certified in health education, to supervise health education and support as well as ensure that all school buildings are meeting the health education mandates, policies and regulations.
- 4) Provide all health education teachers, coordinators, and Supervisor with annual high-quality district-approved professional development (i.e., BPS approved sexuality and sexual health lessons inclusive of nurses) inclusive of other BPS staff (i.e., nurses, administrator, parents).
- 5) Ensure accessibility to trained community partners who can assist health teachers in the implementation of an evidence-based curriculum.
- 6) Support health-related, student-led organizations to empower BPS students to influence health initiatives that improve knowledge, attitudes, and skills that promote life-long health (i.e., Gay Straight Alliances (GSA), PATCH, Inter High Council, HOPE Buffalo, Best Self, NACS, Planned Parenthood, ECPASA, LOL, MBK, HYPE, etc.).
- 7) Ensure that all schools implement District approved health curricula as outlined in the pacing guides, so that all students achieve the NYS and National Health Education Standards.

# POLICY

Original Date: June 2017

7515  
6 of 22

Updated Date: October 2021

Students

- a. Ensure that the Characteristics of Effective Health Education are utilized in teaching all health education.
  - b. Include the seven Health Education Skills as outlined by the New York State Education Department: self-management, relationship management, stress management, communication, planning and goal setting, decision-making and advocacy.
  - c. Infuse health lessons (i.e., CATCH nutrition, Health Smart, Reducing the Risk, mental health, etc.), as appropriate, into the district curriculum and pacing guides. The curriculum shall address the social determinants of health (i.e., social, economic, cultural, emotional) and provide for the diversified needs of students as well as the varied needs of the community.
  - d. Ensure that certified staff develop curriculum guided by health-related data as well as research-based practices and information concerning the needs of students in this school district (i.e., YRBS, School Health Index, etc.).
  - e. Evaluate the impact of and revise the health education curriculum and pacing guides bi-annually to meet district identified needs and NYS regulations using the Health Education Curriculum Analysis Tool (HECAT). This process will be led by the Supervisor of Health Education with the input from a designated BPS health education curriculum committee.
- 8) Implement comprehensive health and sexuality education pursuant to: *BPS policy 8211: Condom Availability Program Policy; NYSED Commissioner's Regulations; NYS Education Law; Erin's Law, NYS Mental Health Law, NYS Health Standards and Sexuality Education Standards; National Health Education Standards; National Sexuality Education Standards; NYSED Guidelines; Department of Health and Human Services, Office of Disease Prevention and Health Promotion (ODPHP) Healthy People Objectives; and, NYSED Guidance for Achieving Learning Standards.*

## **Physical Education and Physical Activity:**

The District recognizes that a correlation exists between physical activity and academic achievement. Physical education and activity shall be a critical element of each school's instructional program. The District shall afford opportunities for every student to acquire the necessary knowledge and skills for specific physical activities, to maintain physical fitness, to regularly participate in physical activity, and to understand the benefits associated with adopting healthy behaviors. With the goal to create opportunities, support, and encouragement for all students in grades PK-12 to be physically active on a daily basis for a total of at least 60 minutes. Physical education teachers will provide physical education instruction to every student in a culturally and linguistically appropriate manner following *Centers for Disease Control and Prevention communicable disease (i.e., COVID-19) guidelines and NYSED Communicable Disease Guidelines*. Students, their families, and community partners are given opportunities to

provide input on physical education through the WSCC Physical Education/Activity Committee and/or district Health and Physical Education Department representatives.

The District shall:

- 1) Provide year-round physical education curriculum to foster lifelong habits of healthy eating, physical activity, and positive health behaviors provided by NYS certified physical education teachers pursuant to *New York State Regulations of the Commissioner of Education, Chapter 11, Subchapter G, Part 135; Guidelines for Disability Inclusion in Physical Activity, Nutrition, and Obesity Program Initiatives and District guidance.*
- 2) Ensure that the physical education teacher(s) is (are) provided with the use of the school's gymnasium to teach physical education in-person, hybrid or remotely *New York State Regulations of the Commissioner of Education, Chapter 11, Subchapter G, Part 135; Guidelines for Disability Inclusion in Physical Activity, Nutrition, and Obesity Program Initiatives and District guidance.*
- 3) Ensure that the District Physical Education Plan and current NYS standards-based physical education curriculum grades K-12 is in accordance with *NYS Regulations Part 135, CDC COVID Guidelines and NYSED COVID Guidelines.*
- 4) Provide annual professional development for all physical education teachers related to implementation of quality physical education programming.
- 5) Provide opportunities for professional development for all classroom teachers and community partners on how to incorporate physical activity before, during, after school and during Saturday Academies for all students, including those with disabilities.
- 6) Provide additional physical activity opportunities to all students outside of physical education class
- 7) Ensure that all classroom teachers, particularly those engaged in the instruction of PK through 8 students, incorporate brain breaks for students that include physical activity, especially after long periods of inactivity (hourly at a minimum) (i.e., remote or hybrid instruction) as recommended by the *Healthier US School Challenge.*
- 8) Ensure that elementary programs (PK-6) shall provide daily opportunities placed in each school's master schedule for 20 minutes of physical activity in structured or unstructured recess for all children as recommended by the *Healthier US School Challenge.* Schools are encouraged to offer recess before lunch to increase consumption of healthy foods and decrease behavioral issues in the cafeteria.
- 9) PK-12 schools shall demonstrate a commitment to not withhold physical activity unless the student is a danger to themselves, others, or school property. Physical activity **shall not be used as punishment or withheld** for instructional purposes.
- 10) Expand partnerships with community agencies to facilitate the achievement of 60 minutes of daily physical activity per day for all students year-round.

- Develop joint-use projects that allow students, staff, families, and community access to physical activity, nutrition, and health and well-being programs outside of school hours at schools, year-round. These services at schools shall target students, families, and staff.

## **Nutrition Environment and Services**

The District recognizes the importance of creating a culture where school communities have access to and choose healthy, delicious, locally-grown, fresh, and culturally-relevant foods with emphasis on *Farm to School*.

The District shall:

- 1) Increase the use of whole foods and strive to decrease the use of processed foods when possible and to attain food system approach strategies, including composting food wastes.
- 2) Implement standards and nutritional guidelines that meet or exceed the minimum Federal Regulations of 2016 for all foods and beverages provided or sold to students on the school campus during the school day.
  - a. Guidelines for USDA's Final Rule: Nutrition Standards for All Food Sold in school standards apply to a la carte in the cafeteria, in-school stores, snack bars, vending machines, and any other venues where food or candy may be sold on school campuses during the school day, including fundraisers, beginning July 1, 2014.
  - b. The Food Service department will support Smart Snack standards for classroom celebrations
  - c. Communicate school meal nutrition standards to all stakeholders via the BPS Food Service Department website.
  - d. Ensure that all students who qualify for free and reduced priced meals are not overtly identified in any way as per USDA laws.
- 3) Eliminate using food for punishment or reward.
  - a. Food rewards or incentives shall not be used in classrooms to encourage student achievement or desirable behavior.
  - b. The use of food or candy as a classroom reward in any school shall be prohibited.
  - c. Schools will not use food or beverages as rewards for academic, classroom, or sports performance. Classroom celebrations will focus on activities, rather than food.
  - d. Salad bars should not be removed from the menu as punishment.
- 4) Provide students with access to a variety of nutritious, appealing and locally sourced to the extent possible, foods that shall accommodate the religious, ethnic and cultural diversity of the student body.
- 5) School gardens ensure students have the opportunity to experience planting, harvesting, preparing, serving, and testing self-grown food that reflects the ethnic and cultural diversity of the student population. The school district supports the incorporation of school gardens into



# POLICY

Original Date: June 2017

7515  
9 of 22

Updated Date: October 2021

Students

the standards-based curriculum as a hands-on, interdisciplinary teaching tool to influence student food choices and lifelong eating habits.

- 6) Ensure that students with food allergies will be accommodated.
- 7) Ensure CPR, first aid and food allergy training for appropriate staff (e.g. teacher/staff assigned to lunch supervision).
- 8) Ensure all foods served meet all safety standards.
- 9) Provide students with safe, unflavored drinking water throughout the school day at no cost (e.g., cafeteria, classrooms, hallways, gymnasiums)
- 10) Provide school meal environments that are clean, safe, and pleasant with adequate time to eat, minimally 10 minutes for breakfast and 20 minutes for lunch.
- 11) Participate in available local, state, and federal nutrition and/or school meal programs that are evidenced-based or grounded in research to increase access to healthy options and healthy eating.
- 12) Actively teach, encourage, and support healthy eating by students, including marketing and advertising only those foods and beverages that meet the *Smart Snacks in School Nutrition Standards*. Schools will provide age-appropriate, sequential nutrition education (e.g. CATCH Nutrition Education Curriculum in grades PreK-8) as part of a comprehensive school health education curriculum and consistently promote healthy eating throughout the school environment.
- 13) Align food service initiatives with health education curriculum.
- 14) Ensure students will have the opportunity to provide input on local, cultural, and ethnic favorites.
- 15) Provide periodic food promotions to encourage taste testing of healthy new foods being introduced on the menu (i.e., *Farm to School*).
- 16) Provide *Breakfast in the Classroom*, *Breakfast After the Bell* and/or *Grab and Go Breakfast* in all schools.
- 17) Use the USDA's Smarter Lunchroom tools and other resources available on the USDA website.
- 18) Ensure that food service directors, managers, and staff are provided with annual professional development in the areas of food and nutrition consistent with the required *USDA Professional Standards for State and Local Nutrition Programs*.

Ensure that the USDA Smart Snack in Schools standards are followed by 2023 for all foods and beverages provided to students during the school day consistent with Federal Regulations of 2016.

- a. Food rewards or incentives shall not be used in classrooms to encourage student achievement or desirable behavior.
- b. The use of food or candy as a classroom reward in any school shall be prohibited.
- c. Schools will not use food or beverages as rewards for academic, classroom, or sports performance.

- d. Due to concerns about food safety and food allergies, children may be recognized on their birthdays by being given special privileges, such as being line leader or teacher's helper for the day. No food will be brought into the classroom.
- e. No silent lunches for children as punishment.
- f. Ensure CPR, first aid and food allergy training for appropriate staff (e.g. teacher/staff assigned to lunch supervision).

## **Health Services**

The District recognizes that school health services support academic performance by promoting healthy lifestyles among all students and making health promotion an integral part of the school culture. Health services will be pursuant to local, state, and/or federal laws and regulations, (i.e. NYS Education Law Article 19- Medical and Health Services for grade mandated physicals, hearing and vision screenings, body mass index and scoliosis testing, and NYS Public Health Law 2164 Title X for immunization compliance).

The District shall:

- 1) Ensure that qualified full-time health professionals are provided to each school to deliver school health services including first aid emergency care (i.e. CPR, AED, Narcan, Epi-pen administration, etc.), assessments and planning for the management for chronic conditions (i.e. asthma, diabetes, etc.) conducted in a diverse (i.e. gender, race, religious and sexual orientation), culturally, linguistically, appropriate manner.
- 2) Provide support for wellness and prevention initiatives via School Whole Child Wellness Team, District WSCC Sub-committees, school nurses, and community partners (i.e. pamphlets, posters, or other educational materials).
- 3) Establish health programs and practices that reflect the specific needs of students and their families by connecting school staff, students, families, community and healthcare providers to promote the healthcare of students, including medical, dental, vision, substance abuse and mental health.
- 4) Implement grade mandated comprehensive health assessments, screenings (i.e. vision, hearing, immunizations, Body Mass Index, scoliosis, sports physicals etc.) and early interventions addressing not limited to vaping, sexual abuse, human trafficking, physical abuse, and trauma to alleviate barriers to learning and attendance by encompassing detection and prevention of health problems and emergency treatment, including counseling students, parents, and others concerning the findings of health examinations.
- 5) Adhere to the Individualized Health Care Plan provided by healthcare professionals to ensure access to prescribed medications, special diets, treatments, and emergency care, in consultation with the school nurse, student, parent/guardian, health care provider, and school personnel (i.e. food service manager, teacher, administration, etc. ), as needed during school

hours for students with serious conditions-such as asthma, diabetes, severe allergies, seizure disorders, other medical problems and emotional disorders.

- 6) Ensure that all students, including pregnant and parenting students, refugee students, homeless students, students with special needs (IEP and 504s), students impacted by trauma, etc., receive the supports they need to maintain an uninterrupted education in accordance with local, state, and/or federal laws and regulations.
- 7) Support, school-based health care removing health obstacles to learning by enacting practices and systems that ensure that all students have access to key resources and services that are developmentally appropriate and support sexual and reproductive health in a safe and supportive environment. The district shall provide access to condoms, with appropriate health education and counseling services, for students. Condoms and Sexually Transmitted Infection testing will be accessible from the school nurse and be promoted by the district and schools offering these services.
- 8) Provide and annually review a standing order for the administration of Naloxone to students, staff members or other individuals believed or suspected to be experiencing an opioid overdose on school grounds or at a school-sponsored activity.
- 9) Support, where possible, the American Academy of Pediatrics' ratio recommendations for school nurses; one school nurse to 750 students in the healthy student population and one nurse for every 225 students from student populations who need daily professional nursing assistance (e.g., diabetes, asthma, English Language Learners).

## **Counseling, Psychological and Social Services**

The District recognizes that the prevention and intervention services provided to students and families support the mental, behavioral, and social-emotional health of students and promote success in the learning process. Counseling, psychological and social services delivered will be pursuant to local, state, and/or federal laws and regulations.

The District shall:

- 1) Provide certified school counselors, school psychologists, and school social workers in all schools, in accordance with NYSED regulations.
- 2) Work collaboratively with district and school leadership, school staff, WSCC Advisory Board, WSCC Advisory Board Well-Being Committees, school-level WSCC Teams, and community partners to support the social and emotional growth and development of all students.
  - a. Promote the availability of these resources to all students and families.
- 3) Provide services that include psychological, psychoeducational, and psychosocial assessments; direct and indirect interventions to address psychological, academic, and social

barriers to learning, (i.e. individual or group counseling and consultation referrals to school, and community support services) as needed.

- 4) Provide multi-tiered systems-level assessments, prevention, intervention, and programs designed by school, district, and community partner mental health professionals who contribute to the mental and behavioral health of students as well as to the health of the school environment.

### **Social and Emotional Climate**

The District recognizes, identifies, promotes, and supports social and emotional development by designing systems and creating opportunities for students to develop social and emotional competencies that lead to healthy relationships and a safe, supportive, and respectful environment that is conducive to learning for all constituents. Social and emotional climate practices will be pursuant to local, state, and/or federal laws, regulations, and guidance.

The District shall:

- 1) Promote a safe and supportive environment free from discrimination, intimidation, taunting, harassment, and bullying on school property, school buses, and/or at a school function in accordance with local, state, and/or federal laws and regulations.
- 2) Promote positive social-emotional health and development for all school communities throughout the District including, but not limited to, positive conflict-resolution and restorative practices, striving to reduce punitive consequences and suspensions.
- 3) Support, develop, implement and maintain systems to identify and support the positive social and emotional development of all school communities.
- 4) Ensure that all students receive in a timely manner the best available evidenced-based research-grounded interventions with sensitivity to the stage of emotional development, background and family and community history and culture, and maintain positive regard for students and families.
- 5) Provide ongoing professional development to teachers and staff on evidence-based wellness interventions.
- 6) Uphold social justice and equity concepts and practice mutual respect for individual differences at all levels of school interactions – student-to-student, adult-to-student, and adult-to-adult.

### **Physical Environment**

The District recognizes that school leaders have a responsibility to provide a healthy and safe learning environment for all students and staff that is humanizing and aesthetically enriching. Physical environment practices will be pursuant to local, state, and/or federal laws, regulations, and guidance. The District encourages a coordinated and collaborative approach involving key

stakeholders to ensure that each site establishes and promotes a safe, warm and welcoming environment for students, staff and all guests.

The District shall:

- 1) Ensure a healthy physical school environment, including the school's physical condition as well as school grounds during normal operation as well as during renovation (e.g., ventilation, moisture, temperature, noise, and natural and artificial lighting), and protect occupants from physical threats (e.g., crime, violence, traffic, and injuries) and biological and chemical agents in the air, water, or soil as well as those brought into the school (e.g., pollution, mold, hazardous materials, pesticides, and cleaning agents).
- 2) Invite students to assist in the development of messages and signage related to the physical environment (e.g., No Idle Zone, Tobacco-Free School Zone, or care of classroom, physical education, and playground equipment).
- 3) Ensure safety assessments, checks, and drills are completed on a regular basis, and improvements or repairs are made in a timely manner.
- 4) Designate school personnel to lead or assist with assessments, checks, and safety drills.
- 5) Create and follow all District and school safety plans.
- 6) Purchase and use "green" products for cleaning schools and grounds.
- 7) Support active transportation to and from school for all students (e.g. community/parent-driven programs that encourage physical activity).
- 8) Recycle paper and plastic products (i.e., straws, biodegradable plate-ware).

## **Employee Wellness**

The Buffalo Public School District recognizes the importance of and prioritizes the creation of a comprehensive, whole-person approach to achieve health and well-being for all employees. Employee health and wellness often transfers into a greater commitment to the health of students and creates positive role-modeling (i.e., healthy eating, healthy physical activity, and mental health behaviors). As such, health promotion for staff shall seek to improve employee wellness and promote proactive preventive health strategies. The objectives include increasing staff health to support student academic success, which may, in turn, reduce health-care spending, improve productivity and reduce absenteeism, worker's compensation claims, and retirement costs due to disability.

The Buffalo Board of Education (BOE) believes that a healthy workplace environment is one in which students and staff feel safe, supported, engaged, and challenged, and which allows for optimal learning and healthy development. The BOE seeks a holistic learning environment in which students and adults feel socially, emotionally, intellectually and physically safe; an environment that is free of harassment, intimidation and bullying.

# POLICY

Original Date: June 2017

7515  
14 of 22

Updated Date: October 2021

Students

The District shall:

- 1) Maintain a person in the district (employee) who focuses on staff wellness issues, identifies and disseminates evidence-based wellness materials and resources and performs other functions that support staff wellness in coordination with the human resource department and other key stakeholders
  - a. Each school principal shall designate at least one staff member to serve as the Whole Child Well-Being Team Leader. This person is responsible for communicating information from the District Employee Wellness Committee to their staff at the school or site.
- 2) Utilize collaborative input, and multiple funds (grants, O&M) to support wellness initiatives.
- 3) Collaborate with local health providers (i.e., hospitals, clinics, HMOs, voluntary health organizations) and work with community partners to identify programs, services and resources.
- 4) Support HR in ensuring that available employee wellness programs are based on input and suggestions from district staff (i.e., needs assessment, survey, BPS website feedback).
- 5) Ensure that employees adhere to state and federal guidelines regarding smoke-free, vaping-free schools and offices and offers staff members tobacco-use cessation services that are accessible and free or low-cost.
- 6) Ensure that in accordance with NYS Labor Law Section 206-C, that all schools/office buildings in the district will have a designated space for breastfeeding, and administrators/supervisors must provide break-time for lactation needs.
- 7) Educate and promote that all foods and snacks offered to staff at meetings and events will meet the *USDA's Smart Snacks in School Nutrition Standards* including all staff meetings, school-sponsored staff events, and in all staff lounges/lunchrooms. Employees will be encouraged to utilize the BPS Catering menu via the Child Nutrition Services.
- 8) Ensure that all students and staff have access to safe drinking water throughout the workday.
- 9) Provide evidence-based and wellness committee opportunities for all district employees to understand and improve their health status through suggested activities (i.e., health risk assessments, health education, and health-related fitness activities).
- 10) Implement and Evaluate the Wellness Policy annually to get written reports on: employee wellness and employee health from insurance providers, EAP utilization reports, Health Risk Appraisals (HRA), School Health Index reports (SHI), and NYS Heart Check.
- 11) Encourage the Human Resource Department to publicize the 'Employee Assistance Program' (EAP) throughout the district.
- 12) Publish a litany of Wellness resources on the BPS website.

## **Family Engagement**

The District recognizes that engaging with families can inform, compliment, reinforce, and accelerate educators' efforts to educate the whole child. Connections between families and educators shall be strategic and continuous. The District also recognizes that parents/caregivers/families and students have direct knowledge about the diverse family and community-level assets and challenges that impact them. Family engagements practices will be pursuant to local, state, and/or federal laws, regulations, and guidance.

The District shall:

- 1) Promote that families and school staff are equal partners (as the Education Bargain stipulates) in decisions that affect students and families.
- 2) Develop processes that support collaboration in the influence, revision, and creation of policies, practices, and programs designed to support the Whole Child.
- 3) Ensure that all District and school-level committees, related to healthy, safe, and supportive schools, include parents and students as the primary stakeholders, and/or leaders.
- 4) Connect students, families, and staff to expanded learning opportunities, community services, and civic participation throughout the District (i.e. District Parent Centers and Community Schools).
- 5) Ensure family engagement and involvement by:
  - a. Planning meeting times and locations that are accessible to parents and students and announced with ample planning time.
  - b. Engaging in regular, two-way, meaningful communication, and information that is disseminated in a culturally and linguistically appropriate manner via multiple platforms (i.e. phone calls/messages, printed materials, website, traditional and social media, etc.).
  - c. Integrating parents into leadership roles, when possible.

### **Community Involvement and Engagement**

The District recognizes the importance of collaboration with the broader community; government, civic, volunteers, business, and higher education partnerships to support health programming, evaluation, and research. Community involvement and engagement practices will be pursuant to local, state, and/or federal laws, regulations, and guidance.

The District shall:

- 1) Support and facilitate community and higher education partnerships that foster student health and wellness and academic achievement featuring shared responsibility.
- 2) Facilitate effective school-community partnerships that are coordinated, aligned and grounded in research.
- 3) Facilitate a process for vetting partnerships and in educating partners on District policies and practices.
- 4) Provide opportunities for community members to play a meaningful role in school communities in relation to health and wellness and academic achievement.

## **Implementation, Evaluation and Accountability of the Wellness Policy**

The District shall:

- 1) Establish an implementation and evaluation plan based on Superintendent Regulations for this policy to assure a continuous improvement process. The District has designated the following BPS divisions: Student Support Services, Curriculum, Assessment and Instruction, Food Services, and each school building's administrative team in partnership with Whole Child Well-Being Team Leader(s) to ensure that the District meets the goals and mandates of this policy. These designated staff members will also serve as liaisons with community agencies in providing outside resources to help in the development of programs under the *WSCC Model*.
- 2) Conduct triennial assessments of the District's wellness policy and an annual assessment of policy implementation efforts may be presented to the Educational Support Committee of the Board of Education. The department of Social Emotional Wellness Supports will be responsible for managing the triennial assessment. The annual progress report, triennial wellness policy revision, and policy updates may be provided to the Educational Support Committee of the Board of Education; posted on the District's official website; and, distributed to the district WSCC Advisory Board, parent-teacher organizations, building principals, and school health services personnel within the District. Printed copies shall also be made available to community residents upon request.
- 3) As necessary, revise and update this wellness policy, at least every three years following the triennial assessment, and develop work plans to facilitate its implementation. The assessment will include:
  - a. Implementation of the wellness policy; and
  - b. How the wellness policy compares to model wellness policies; and
  - c. Progress made in attaining the goals of the wellness policy.
- 4) Annually report and communicate on the progress that each BPS school has made toward meeting their wellness goals, to the Educational Support Committee Board of Education, in writing or in a presentation. This report will include:
  1. The website address for the wellness policy and information on how the public can access a copy; and
  2. A summary of WSCC Advisory Board goal attainment and future goals; and
  3. A summary of all District WSCC Advisory Board Well-being Committee's goal attainments and future goals; and
  4. A summary of each school's progress in meeting the wellness policy goals; and



# POLICY

Original Date: June 2017

7515  
17 of 22

Updated Date: October 2021

Students

5. A summary of each school's wellness actions related to the school's data-driven goals as integrated within the School Based Management Team and outlined in the Schools' Improvement Plans (e.g. SCEP, SIG, SIP, etc.); and
6. A summary of the assigned "WSSC Team duty" time for each school; and
7. Evaluation and feedback from interested parties, including an assessment of student, parent, teacher, and administration satisfaction with the wellness policy are welcomed as an essential part of the District's evaluation process; and
8. Document the financial impact, if any, to the school food service program, healthy school stores, and healthy vending machine revenues based on the implementation of the wellness policy as well as community financial and in-kind contributions.
  - a. Documentation of how healthy school store and vending revenues are utilized to meet each school's annual improvement plan. Prior approval of spending must be obtained by District Wellness Coordinator.

## **Health Promotion**

The District shall:

- 1) Ensure consistent health promotion messages are communicated to students, staff and parents through school bulletins, newsletters, BPS web pages, newspapers, radio and TV public announcements and shall be presented at parent and community meetings.
- 2) Collaborate with community partners to develop family and community wellness opportunities that include culturally and linguistically responsive nutrition and physical activity, mental, emotional, social and behavioral components.
- 3) Support community partnerships that link school communities to health and well-being resources designed to increase access to services and resources.

## **Annual Notification**

The District will inform families and the general public each year, via the District website and/or District-wide communications, of information about this policy, including, but not limited to, its content as well as any updates. The District will endeavor to share as much information as possible about its schools' nutrition environment, including, a summary of school events or activities relative to this policy implementation. Each year, the District will also publicize the name and contact information of the District official leading and coordinating each school's wellness team as well as how the community may get involved with WSSC Advisory Board Wellbeing Committees and School WSSC Teams.

# POLICY

Original Date: June 2017

7515  
18 of 22

Updated Date: October 2021

Students

## **Recordkeeping**

The District will retain records relative to compliance with the requirements of this policy in the District Office and/or on the District's central computer network. Documentation maintained at this location includes, but is not limited to:

- 1) The written Wellness Policy; and
- 2) Documentation demonstrating that this policy has been made available to the public; and
- 3) Documentation of efforts to review and update this policy; and
- 4) Documentation to demonstrate compliance with the annual public notification requirements; and
- 5) The most recent assessment on the implementation of this policy; and
- 6) Documentation demonstrating the most recent assessment on the implementation of this policy has been made available to the public.

Accordingly, the Board of Education delegates to the Superintendent of Schools the responsibility for assuring implementation of this policy.

The Board of Education further requires that such regulation be amended when necessary to reflect revisions in local, state, and/or federal laws, regulations, and guidance.

*National School Lunch Act, 42 USC § 1758(b)*

*National School Lunch Program and School Breakfast Program regulations, 7 CFR § 210.11*

*Local School Wellness Policy Implementation Under the Healthy, Hunger-Free Kids Act of 2010; 79 FR 10693*

*Education Law § 915*

*8 NYCRR § 135.4*

NOTE: Refer also to Policy # 5660 -- School Food Service Program (Lunch and Breakfast)

## Definition of Terms

**Brain Breaks** - are a quick and effective way of changing or focusing the physical and mental state of the learners. They are also a useful tool for students to use to help activate, energize and stimulate their brains.

**CATCH** - (Coordinated Approach to Child Health) CATCH provides a classroom health & nutrition curriculum for each grade level that focuses on nutrition and physical activity.

**Community Involvement** - an integrated family, school, district, and community approach for enhancing the health and well-being of students.

**Community School** - A community school is both a place and a set of partnerships between a school and other community resources. Its integrated focus is on academics, health and social services, youth and community development and community engagement leads to improved student learning, stronger families and healthier communities. Community schools offer a personalized programming that emphasizes real-world learning and community problem-solving. Schools become centers of the community and are open to everyone.

**Comprehensive Health Education** - A comprehensive school health program is an integrated set of planned, sequential, age appropriate school-affiliated strategies, activities, and services designed to promote the optimal physical, emotional, social, and educational development of students.

**Comprehensive Sexual Health Education** - Sexual health education increases and/or maintains healthy sexual health behaviors; increases abstinence from unsafe, unhealthy and/or high risk sexual behaviors; delays onset of first involvement with unsafe, unhealthy or high risk sexual behaviors; and decreases unsafe, unhealthy and/or high risk sexual behaviors.

**Culturally and Linguistically Appropriate Services (CLAS)** - The National CLAS Standards are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services.

**Dignity for All Students Act** - or commonly referred to as DASA; New York State's Dignity for All Students Act seeks to provide the State's public elementary and secondary school students with a safe and supportive environment free from discrimination, intimidation, taunting, harassment, and bullying on school property, a school bus and/or at a school function.

**Dimensions of Wellness/Well-Being** - Wellness encompasses 8 mutually interdependent dimensions: physical, intellectual, emotional, social, spiritual, vocational, financial, and environmental.

**Evidence-Based Program** - (commonly referred to as or EBPs; solid research) are based on rigorous study of the effects or outcomes of specific interventions or model programs. They demonstrate reliable and consistently positive changes in important health-related and functional measures.

**Guidelines for Disability Inclusion in Physical Activity, Nutrition and Obesity Programs** - As part of the National Center on Health, Physical Activity, and Disability (NCHPAD), the Center on Disability at the Public Health Institute (COD-PHI) has developed these Guidelines for Disability Inclusion in Physical Activity, Nutrition, and Obesity Program Initiatives to assist in the updating of community health programs and policies to be inclusive of the needs of people with disabilities. The guidelines were generated based upon previously recommended guidelines and structured input and review from a panel of national experts.

**Health-related Data** - verified sources of data (i.e., YRBS, SHI, NYS Heart Check, ECDOH data, CDC, NYSDOH, research-based publications, community-based organizations

**HECAT**- Health Education Curriculum Assessment Tool

**Local or District Wellness Policy** - a local/District wellness policy ("Wellness Policy") is a written document that guides a local educational agency's (LEA) or school district's efforts to establish a school environment that promotes students' health, well-being, and ability to learn.

**New York State Heart Check** - This tool is utilized by the school-level WSCC Teams to assess how heart healthy a school building is; each SWT conducts this assessment every three years for their school.

**Parents or families** - These terms are used interchangeable and include caregivers who are legally responsible for a child in BPS. This term refers to all families of students in BPS including families of English Language Learners, Multilingual Learners, and students classified with disabilities.

**PECAT**- Physical Education Curriculum Assessment Tool.

**Professional Development** - a learning opportunity which allows for the gaining of professional knowledge and skills in specialized training or formal education. It is intended to help administrators, teachers, staff, parents and students to improve their professional/personal knowledge, competence, skills, and/ or effectiveness. It has been described as intensive and collaborative, ideally incorporating an evaluative stage.

**Research-Based Program** - an evidence-based program that is grounded in research and founded on an accumulation of facts that have been obtained by research.

**School Health Index Needs Assessment Tool** (commonly referred to as School Health Index (SHI). - Self-Assessment & Planning Guide 2014 is an online self-assessment and planning tool that schools can use to improve their health and safety policies and programs. The tool is utilized by a school wellness team to assess all of the areas of the WSCC Model and to create a plan for improvement to address identified needs in each school. The WSCC Plan may then be written into the school's Improvement Plan.

**Social Determinants of Health** - Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

**Whole School, Whole Community, Whole Child (WSCC) Model** - an ecological approach that is directed at the whole school, with the school, in turn, drawing its resources and influences from the whole community and serving to address the needs of the whole child. ASCD and the U.S. Centers for Disease Control and Prevention (CDC) encourage use of the model as a framework for improving students' learning and health in the nation's schools. *The Whole School, Whole Community, Whole Child (WSCC)* model combines and builds on elements of the traditional coordinated school health approach and the whole child framework by 1) responding to the call for greater alignment, integration, and collaboration between education and health to improve each child's cognitive, physical, social, and emotional development, 2) incorporating the components of a coordinated school health program around the tenets of a whole child approach to education, and 3) providing a framework to address the symbiotic relationship between learning and health.

**WSCC Advisory Board** - formerly called the District Health Council; helps to inform and guide the implementation work of the *Whole School, Whole Community, Whole Child (WSCC) Model* including the work of the District WSCC Advisory Board Well-Being Committees and school WSCC Teams. Membership includes students, parents, community partners, BPS employees and WSCC Advisory Board Well-Being Committee representation.

**WSCC Advisory Board Well-being Committees** - the District currently has the following fully functioning WSCC Advisory Board Well-Being Committees in its WSCC Organizational Chart:

1) Nutrition Environment and Services, 2) Garden, 3) Physical Education and Physical Activity, 4) Comprehensive Health and Sexual Health Education, 5) Health Services, 6) Project ACT, 7) Dental Health, 8) Visions Health, 9) Parent Engagement, 10) Community Involvement, 11) School Wellness Advisory Team/School Wellness Collaborative, 12) Healthy School Environment, 13) Employee Wellness, and 14) Mental, Emotional, Behavioral Health.

# POLICY

Original Date: June 2017

7515  
22 of 22

Updated Date: October 2021

Students

**WSSC Team Leader(s)** - District employee(s) assigned a "WSSC Team Leader duty" to lead the WSSC Team in their school; preference is for a District employee, parent and student to share leadership responsibilities for the School WSSC Teams.

**WSSC Team Administrative Leader** - Administrator assigned by the school's principal to oversee and attend all WSSC Team activities; either principal or assistant principal.

**WSSC Engagement Leaders** - "Engagement Leaders" are the District Wellness Leaders, parent wellness leaders, student wellness leaders, and the administrator assigned to oversee the WSSC Team.

**Youth Risk Behavior Surveillance Survey (YRBSS)** - The "Youth Risk Behavior Survey" (YRBS) is an American biennial survey of adolescent health risk and health protective behaviors such as: smoking, drinking, drug use, diet, and physical activity conducted by the Centers for Disease Control (CDC) and Prevention. This tool is used by each school in the District to collect health risk behavior data on all students in grades 6-12 every two years; typically, in the first week of October on odd years.

Original Date: June 2017

Revised Date: October 2021