

2018-2019 SCHOOL YEAR SCHOOL HEALTH PROFILE FORM

Healthy Schools Act of 2010

Under Section 602 of the *Healthy Schools Act of 2010* (L18-0209, DC Official Code § 38–826.02), each public school and public charter school within the District of Columbia is required to:

- 1.) **Complete and submit** the online School Health Profile (SHP) form to the Office of the State Superintendent of Education (OSSE).
- 2.) Make the completed profile available to the public by posting it online, if the school has a website, and making the information available to parents in the school's main office.

Any public school or public charter school that fails to complete and submit its SHP form to OSSE **on or before Feb. 15** of each year will be out of compliance with Section 602 of the Healthy Schools Act of 2010. The School Health Profile is used by OSSE to inform the School Report Card. Non-compliant schools will not include data from their School Health Profile on their School Report Card.

SCHOOL HEALTH PROFILE FORM

The SHP form must be submitted through https://octo.quickbase.com

- When completing the online form, please do not use commas, quotes, or press "enter" in text boxes.
- Due to skip patterns in the online form, you may not have to answer all the questions. For example, if your school does not have a website, you will move automatically to question 7.

Need assistance with the online form?

Call (202) 719-6500 | Email OSSE.callcenter@dc.gov | See FAQs in this doc

Instructions

The online SHP form must be completed by each school. For example, if your local education agency (LEA) includes five campuses, each campus must complete an SHP.

OSSE recommends that one person at each school be responsible for disseminating the SHP form to school staff members (Health Teacher, Nurse, Food Services Director, etc.) and then collecting the data and submitting the form online.

Complete all sections of the form with responses for the 2018-2019 school year.

For definitions and clarifications, or more information on how to complete the online SHP form, please see our <u>Frequently Asked Questions (FAQs)</u> at the end of this document or in the green menu bar of the online application.

Submission Deadline

The online form must be completed **on or before Feb. 15, 2019**. OSSE will post each completed SHP on the OSSE website within 30 days of receipt for public review. If your school has not completed the form by Feb. 15, your school will be listed on the OSSE website as out of compliance with Section 602 of the *Healthy Schools Act of 2010*. OSSE also reports compliance with the SHP to the Mayor, the DC Council, and the Healthy Youth and Schools Commission.

Once submitted, OSSE will also e-mail a PDF copy of the completed SHP to the contact you provide us in Section 1 of this form.

Section 1: School Profile

1. Type of School*					
•	Public School	Public Cha	rter School	0	Private School
2. LEA ID: 1	3. School Code : 203	4. Ward:	6		
5. LEA Name*	istrict of Columbia Pu	blic Schools			
5a. School Name* A	midon Bowen ES				
6. Grades Served. Se	lect all that apply*				
✔ Pre-K-3 and	d Pre-K4	7	11		
K	✓ 4	8	12		
1	5	9	Adult		
✓ 2	<u> </u>	10	Other		
7. Contact Name*	TaMikka Sykes				
7a. Contact E-mail*	tamikka.sykes@dc.g	ov			
8. Contact Job Title*	Principal				

OSSE will contact this person if there are questions about the SHP. This person will automatically be added as a user on Quickbase for the 2018-19 HSA SHP and will receive a PDF copy of the completed HSA SHP via e-mail for posting per section 602(c) of the Healthy Schools Act of 2010.

Section 2: Health Services

Recommended point of contact for this section: School Health Professional or School Mental Health Professional

Important	Definitions	for this	Section:
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<u>Importar</u>	nt Definitions for this :	Section:				
Nursing:	Registered nurses (RN) or licensed p	ractical	nurses (LPN).		
	alth professional: Nurse to related service pro	_		I technicians, or anyone who can suppoper special education.	ort a nur	se; it does
<u>Undesigr</u> prescript		ctor: An epine _l	ohrine a	uto-injector that is not assigned to a s	specific st	udent by
9. Do yo	u have nursing and/or	allied health	professi	onal coverage in your school?*		
(Yes			No		
9a. Pleas	se state the coverage o	of nursing and,	or allie	d health professional coverage in you	ır school:	*
Nurse		# full time (0) – 10)	1 # part time $(0-10)$ 1		
Allied he	alth professional	# full time (0) – 10)	1 # part time (0 – 10) 1		
9b. For tl	he coverage you indic	ated in 10a, pl	ease sta	ate the funding source:*		
Nurse		Yes	No	Allied health professional	Yes	No
Self-fund	ded	O	\odot	Self-funded	Ō	\odot
Provided	d by the Department of F	lealth 💽	\bigcirc	Provided by the Department of Health	ledot	\bigcirc
Other		\bigcirc	\odot	Other DCPS	ledo	\bigcirc
10. What	t type(s) of health serv	vices does you	r school	offer to students? Select all that app	oly	
~	Access and/or referra	als to medical p	orovider	rs through a systematic process		
✓	Prevention materials	and resources	for chro	onic diseases (diabetes, obesity, asthn	na, etc.)	
~	Screening, testing, ar	nd/or treatmer	nt for ch	ronic diseases (diabetes, obesity, asth	ıma, etc.)	
	Prevention materials a	nd resources for	sexually	transmitted diseases (HIV/AIDS, gonorrh	ea, chlamy	/dia, etc.)
	Screening, testing, and	or treatment fo	r sexuall	ly transmitted diseases (HIV/AIDS, gonorr	hea, chlam	ıydia, etc.)
	Other Specify	<i>ı</i> :				

•	ool partners with any ou e specify their name belo		•	•).
Name o	of agency or organization	: DC He	alth			
O No curi	rent partnership(s)					
11. Does your se	chool have at least two (unexpired	undesignated epinephr	ine auto	o-injectors? *	
\odot	Yes	\bigcirc	No			
to administer be	school have at least two oth an undesignated and se of an anaphylactic en	d a designa			=	
\bigcirc	Yes	ledo	No			
· · · · · · · · · · · · · · · · · · ·	vide the names of AOM e certified, if applicable:	(Administi	ration of Medication) ce	ertified p	personnel at your sch	ool and
11bw. Name: C	atrice Diamont	11	bwi. Date of Certification	on: 4/1	8/2016	
11bx. Name:		11	bxi. Date of Certificatio	n:		
11by. Name:		11	byi. Date of Certificatio	n:		
11bz. Name:		11	bzi. Date of Certificatio	n:		
12. Does your so	chool have an Automate	d External	Defibrillator (AED)?			
	Yes	O N	lo			
13. How many or your school?*	of the following clinical s	taff are cu	rrently employed, work	k as a co	ntractor, or voluntee	r at
Licensed Indepe	ndent Clinical Social Wo	rker (LICSV	V) # full time (0 – 10)	1	#part time (0 – 10)	1
Licensed Profess	sional Counselor (LPC)		# full time (0 – 10)		#part time (0 – 10)	
Psychologist			# full time (0 – 10)	1	#part time (0 – 10)	0
Psychiatrist			# full time (0 – 10)		#part time (0 – 10)	
14. Please provi	de the contact informat	ion of you	r school mental health	point of	contact:	
14a. Contact Na	me* Erin Ayers					
14b. Contact E-ı	mail* Erin.Ayers@do	c.gov				

-		r mental health ser ough a 504 Plan or		ents in the genera	al education settir	ng (students that
•	Yes	\circ	No			
students, _l	•	s with any outside heir name below (i				
		Ed	gowood Dre	aakland Callah	oroti	
Na	ame of agency o	or organization: Ed	gewood bit	JOKIANU CONAD	orati	
() No	current partne	ership(s)				
17. Parent	t engagement i	n schools is defined	as parents ar	nd school staff w	orking together to	o support and
impro	ove the learning	g, development, an	d health of ch	ildren and adole	scents. How is yo	ur school
facilit	ating parent er	ngagement?				
PT	0					
✓ PT	·A					
✓ Ot	her: Flambo	yan, Kindred and	l Bloomz Ap	oplication		
18. Does y	our school offe	r any health and w	ellness educat	tion for parents?	Select all that ap	ply
/	Health risks re	elated education (e.	g. managing s	tudent asthma, b	olood pressure scre	eenings)
~	Mental health	education (e.g. str	ess manageme	ent, warning sign	s of youth suicide))
	Physical healt	h education (e.g. ու	trition or coo	king classes, obe	sity prevention)	
	Personal healt	ty education (e.g. Z th education (e.g. h sexual health resou	ow to talk to y		•	, puberty, healthy
~	Other:	Specify: Am	don-Bowen	n Parent Cente	r	
	type of staff we mate?	llness initiatives do	es your schoo	ol offer that cont	ribute to a positiv	e school
	Opportunities	for self-care during	the school da	ay (wellness roon	ns, lactation room:	s, welcoming
	break rooms,	etc.)				
	Staff wellness	retreats for positiv	e self-care skil	lls like (yoga, med	ditation, stress ma	nagement, etc.)
'	Trauma inforn	ned self-care trainir	ıg (e.g. Vicaric	ous trauma traini	ng)	
V	Other:	Specify: Min	dfulness ac	tivities at mon	thly staff meetin	ngs

Section 3: Health Education Instruction

Recommended point of contact for this section: Health Education Teacher, Physical Education teacher

Important Definitions for this Section:

<u>Health Education</u>: Health education is defined by the Centers for Disease Control and Prevention as education that consists of any combination of planned learning experiences that provide the opportunity to acquire information and the skills students need to make quality health decisions.

<u>Health Education Minutes</u>: This number should represent the average number of minutes per week over the course of the school year. If a student only receives <u>health education</u> for one semester or one quarter, please average the total weekly minutes for the whole school year. Do **NOT** include physical education instruction time in this figure. This average should only include time devoted exclusively to health education instruction that utilizes a health-specific curriculum. For this question, please indicate an average between 0 and 125 minutes of health education that your school provides per grade for every week of the school year. The Healthy Schools Act requires an average of 75 minutes of health education per week for grades K - 8 (DC Official Code § 38–824.02).

<u>Cardiopulmonary Resuscitation Training</u>: Public and public charter schools that serve grades 9 through 12 shall include cardiopulmonary resuscitation (CPR) instruction in at least one health class necessary for graduation. The instruction shall be nationally recognized and based on the most current evidence-based emergency cardiovascular care guidelines for resuscitation, include appropriate use of an automated external defibrillator (AED), and incorporate hands-on practice (DC Official Code § 38–824.02).

20. How many teachers instruct *only* health education in your school?* (0-10) 1

Note: Please make sure teachers reported in questions 21, 22, ad 23 are not counted for more than one time.

20a. Name of Health Education Instructor 1 20ai. Health Education Instructor 1 E-mail

Frank W. Briscoe @dc.gov

20b. Name of Health Education Instructor 2 20bi. Health Education Instructor 2 E-mail

21. How many teachers instruct *only* physical education in you school?* (0-10)

21a. Name of Physical Education Instructor 1 21ai. Physical Education Instructor 1 E-mail

Frank W. Briscoe @dc.gov

21b. Name of Physical Education Instructor 2 21bi. Physical Education Instructor 2 E-mail

22. How many teachers instruct bo	oth health and physical education in your school?* $(0-10)$ 1
22a. Name of Dual Instructor 1	22ai. Dual Instructor 1 E-mail
Frank W. Briscoe	Frank.briscoe@dc.gov
22b. Name of Dual Instructor 2	22bi. Dual Instructor 2 E-mail
•	y outside programs or organizations to satisfy the health education alcohol, tobacco and other drugs, sexual health, oral health, etc.), please
Name of agency or organiza	ation:
No current partnership(s)	
	nool, please indicate the average number of minutes <u>per week</u> during the hat students receive <u>health education</u> instruction:*^
Grades: Pre-K3 and Pre-K4	Minutes/Week: 45
Grades: K – 5	Minutes/Week: 45
Grades: 6 – 8	Minutes/Week:
Grades: 9 – 12	Minutes/Week:
25. Does your school include CPR in	nstruction to students in grade 9 through 12 prior to graduation?
Yes	No
26. Do you require high school stud	dents to take 0.5 units in Health Education prior to graduation?
Yes	No

27 For the health topics listed, please specify which health education curriculum (or curricula) your school uses for instruction: *Select all that apply*

Note: Please state the curriculum's full name. If teachers in your school create their own curricula/lesson plans, please include the resources, standards, and/or websites used to create the curriculum.

Grades: K – 5
Mental and Emotional Health Curriculum:
None
Other:
Sexual and Personal Health Curriculum:
O BART
Be Proud! Be Responsible!
○ FLASH
Making Proud Choices
Other:
None
Nutrition Curriculum:
○ CATCH
Healthy Kids
Eat Well and Keep Moving
Life Series
Other:
None
Alcohol, Tobacco and Other Drugs Curriculum:
Across Ages
Keepin' It Real
PALS
Other:
None None
Grades: 6 - 8
Grades. 6 G
Mental and Emotional Health Curriculum:
None
Other:
Sexual and Personal Health Curriculum:
O BART
Be Proud! Be Responsible!
○ FLASH
Making Proud Choices
Other:
None

Nutri O O O	tion Curriculum: CATCH Healthy Kids Eat Well and Keep Moving Life Series Other:
Alcoh	None nol, Tobacco and Other Drugs Curriculum: Across Ages Keepin' It Real PALS Other: None
Grades	: 9- 12
_	cal and Emotional Health Curriculum: None Other:
00000	BART Be Proud! Be Responsible! FLASH Making Proud Choices Other: None
Q	tion Curriculum: CATCH Healthy Kids Eat Well and Keep Moving Life Series Other: None
Alcoh	Across Ages Keepin' It Real PALS Other: None

Section 4: Physical Education Instruction

Recommended point of contact for this section: Physical Education Teacher

Important Definitions for this Section:

<u>Physical Education:</u> Physical education (PE) provides students with a structured, sequential, standards-based program of instruction designed to: develop knowledge on motor skills, health-related benefits of active living, and physical activity; increase self-esteem and social responsibility; build a foundation of practices that promote and facilitate the attainment of movement skills, fitness, and physical activities that can be maintained throughout life.

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

<u>Physical Activity:</u> Any bodily movement produced by the contraction of skeletal muscle that increases energy expenditure above a resting level. Physical activity can be repetitive, structured, and planned movement; leisurely; sports-focused; work-related; or transportation-related. This may include walking, dancing, and gardening. For students in grades K – 8, it shall be the goal to provide 60 minutes of physical activity per day (DC Official Code § 38–824.01).

<u>Moderate-to-Vigorous Physical Activity</u>: Any bodily movement resulting in a substantially increased heart rate and breathing.

Moderate-to-Vigorous Physical Activity Minutes: This number should include the time that students are participating in moderate-to-vigorous physical activity. It should **NOT** include time devoted to administrative tasks, transitions, or breaks. The number reported in question 30 cannot exceed the number in question 28. For students in grades K - 8, 50 percent of physical education time shall be spent on moderate-to-vigorous physical activity (DC Official Code § 38–824.02). For students in grades Pre-K3 and Pre-K4, schools shall provide an average of 45 minutes of moderate-to-vigorous physical activity per day, with a goal to provide 90 minutes of moderate-to-vigorous physical activity per day. (DC Official Code § 38–824.01)_For this question, please indicate a daily average between 0 and 135 for grades Pre-K3 and Pre-K4, a weekly average between 0 and 225 for grades K - 5, and a weekly average between 0 and 300 for grades 6 - 8.

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

Grades: K – 5 Minutes/Week: 45

Grades: 6 – 8 Minutes/Week:

Grades: 9 – 12 Minutes/Week:

	n's full name. If teachers in your sc ndards, and/or websites used to cr	hool create their own curricula/lesson plans, reate the curriculum.
Grades: K – 5	Curriculum: Spark, DCPS Sco	ope and Sequence
Grades: 6 – 8	Curriculum:	
Grades: 9 – 12	Curriculum:	
regular instructional school wee	• •	ge number of minutes <u>per week</u> during the -vigorous physical activity within the school activities.*^
Grades: K – 5	Minutes/Week: 45	
Grades: 6 – 8	Minutes/Week:	
Grade: 9 – 12	Minutes/Week:	
-	school, please indicate the averagered for pre-K3 and pre-K4 studen	ge number of minutes <u>per day</u> of moderatents:
Grades Pre-K3 and Pre-K	4 Minutes/Day: 45	
32. How many minutes per wee	k do students get recess on avera	ge?*
Grades: K – 5	Minutes/Week: 150	
Grades: 6 – 8	Minutes/Week:	
Grades: 9 – 12	Minutes/Week:	
33. What strategies does your sactivity? Select all that app		gular school hours, to promote <u>physical</u>
Active Recess	Movement in the Classro	oom Walk to School
After-School Activities	✓ Athletic Programs	Safe Routes to School
Bike to School	Gardening	Dancing or Dance Programs
Before-School Activitie	es Reward for student achi	evement or good behavior
Playground/field on so	chool campus Play	ground/field off of school campus
Shared Use Agreement v	with organizations that provide physic	cal activity outside of the normal school day
Other: Specify:		

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

Section 5: School Nutrition and Local Wellness Policy

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

34. Is cold, filtered water available to students during	g meal times?*		
Yes No			
35. How many vending machines are available to students	dents?* (0 – 10) C		
35a. What hours are student vending machines availa	able? <i>Select all tha</i>	nt apply	
Before and/or after school During school hours During school hours, excluding meal times	Yes	No O	
During school hours, only at meal times 35b. What items are sold from student vending mach	nines? Select all the	at apply	
100% fruit and/or vegetable juice	Regular ch	ips, pretzels and snack mixes	
Baked chips, lower calorie and/or fat snacks	Sodas and,	or fruit drinks	
Fresh fruits and/or non-fried vegetables		in products	
Milk and dairy products Other: Specify:	Water		

peration? <i>Sele</i>	ect all that apply*	
Yes O	No O	N/A O O
		and snack mixes
Who	ole grain products	ored drinks
	Yes O Regular Soda Who	Yes No O O O O O O O O O O O O O O O O O O O

Section 6: Distributing Information

Recommended point of contact for this section: Principal, Business Manager, Director of Operations

Important Definitions for this Section:

<u>Sustainable Agriculture</u>: An integrated system of plant and animal production practices having a site-specific application that will, over the long-term: (a) Satisfy human food and fiber needs; (b) Enhance environmental quality and the natural resources base upon which the agriculture economy depends; (c) Make the most efficient use of nonrenewable resources and on-farm resources and integrate, where appropriate, natural biological cycles and controls; (d) Sustain the economic viability of farm operations and (e) Enhance the quality of life for farmers and society as a whole.

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

38. Does your school have a wellness committee, school health council, or team?*				
Yes) No			
39. Please provide the contact information of to council, or team.	two members of the wellness committee, school health			
39a. Contact Name*	39ai. Contact E-mail*			
39b. Contact Name*	39bi. Contact E-mail*			
40. How and to whom are following items distr	ributed at your school? Select all that apply			
School Website	School Main Office			
School Cafeteria or Eating Areas	To parent/teacher organization			
To food on the staff	To administrators			
To foodservice staff				
To students	This information is not available for distribution			

School Menu for Breakfast and Lunch	
School Website	School Main Office
School Cafeteria or Eating Areas	✓ To parent/teacher organization
To foodservice staff	To administrators
To students	This information is not available for distribution
Other: LEA Website	School does not offer school menu
Nutritional Content of Each Menu Item	
School Website	School Main Office
School Cafeteria or Eating Areas	To parent/teacher organization
To foodservice staff	To administrators
To students	This information is not available for distribution
Other: LEA Website	School does not have nutritional content of menu items
Ingredients of Each Menu Item	
School Website	School Main Office
School Cafeteria or Eating Areas	To parent/teacher organization
To foodservice staff	To administrators
To students	This information is not available for distribution
Other:	School does not have the ingredients of menu items
Information on where fruits and vegetables set sustainable agriculture^ practices	ved in school are grown and whether growers are engaged in
School Website	School Main Office
School Cafeteria or Eating Areas	To parent/teacher organization
To foodservice staff	To administrators
To students	This information is not available for distribution
Other:	School does not have this information

41. Are student	s and parents inforn	ned about the availability	of vegetarian food options at your school?*
Yes	O No	Vegetaria	n food options are not available
			nts at your school? Select all that apply
	Options are available Options Are Rotated	e at Breakfast Daily to Avoid Repetition	✓ Veg Food Options are available at LunchVeg Food Options Are Clearly Labeled or Identified
Veg Food	Options Are Not Ava	ilable	Other: Parents complete a form to access alternative option
	s and parents inforn k, etc., at your schoo	•	of milk alternatives, such as soy milk, rice milk,
Yes	O No	Milk alternatives a	re not available

Section 7: Environment

Recommended point of contact for this section: Principal, Lead Science Teacher

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

Important Definitions for this Section:

School Gardens: outdoor spaces that engage students through hands-on lessons that enhance learning.

Meaningful Watershed Educational Experience (MWEE's): Provide students with a better understanding of the natural environment by connecting classroom learning with outdoor field investigations. MWEE's encourage students to define an environmental issue, investigate the issue by collecting data through outdoor field experiences, take action to address the environmental issue at the personal or societal level, and then analyze and evaluate the results of the investigation to communicate findings to an audience. More information about MWEE's can be found at

http://www.chesapeakebay.net/publications/title/meaningful watershed educational experience.

43. Does your school currently have a School Garden?*^					
Yes		\bigcirc	No		
43a. Name of Garden	Contact* Ryan A	driatico			
43b. Garden Contact	E-mail* ryan.ad	riatico@d	dc.gov		
44. Did any of your cl	asses or student gro	oups atter	nd a farm	field trip this year?*	
Yes		\bigcirc	No		
44a. How many students attended a farm field trip? 55					
44b. What farm(s) did the students visit? Select all that apply					
Alice Ferguson F	oundation's Hard B	argain Far	rm	Common Good City Farm	
Arcadia Center f	for Sustainable Food	l and Agric	culture	Red Wiggler Farm	
Calleva Farm				Rocklands Farm	
City Blossoms C	ommunity Green Sp	aces		Washington Youth Garden	
Other:	Specify: Camp	Fraser w	/atershed	d conservation	

45. Does your	school offer	an Environmenta	al Science Class	s?*	
\bigcirc	Yes	\odot	No		
45a. How mai	ny students ai	e enrolled in thi	s course in the	2017-18 school ye	ar?
46. Name of L	ead Science T	eacher/Environr	nental Literacy	/ Instructor*	
46a. Lead Scie	ence Teacher/	Environmental L	iteracy Instruc	tor E-mail*	
indicate		which the topic	•	•	ur school. For each selection, curricula) that your school is
		-	-	your school create ed to create the cu	their own curricula/lesson plans, rriculum.
Grades: K – 5					
					No curriculum is used
Air (quality, cli Course: Curriculum:					
Water (storm course: Curriculum:	water, rivers, a	quatic wildlife)			
Land (plants, s Course: Curriculum:	oil, urban planr	ning, terrestrial wil	dlife)		
Resource Cons Course: Curriculum:	servation (energ	gy, waste, recycling	3)		
Health (nutriti Course: Curriculum:	on, gardens, fo	od)			
Other: (Course:)			

Curriculum:

Grades: 6 – 8

	No curriculum is used
Air (quality, climate change) Course: Curriculum:	
Water (storm water, rivers, aquatic wildlife) Course: Curriculum:	
Land (plants, soil, urban planning, terrestrial wildlife) Course: Curriculum:	
Resource Conservation (energy, waste, recycling) Course: Curriculum:	
Health (nutrition, gardens, food) Course: Curriculum:	
Other: () Course: Curriculum:	
Grades: 9 – 12	
Air (quality, climate change) Course: Curriculum:	No curriculum is used
Water (storm water, rivers, aquatic wildlife) Course: Curriculum:	
Land (plants, soil, urban planning, terrestrial wildlife) Course: Curriculum:	
Resource Conservation (energy, waste, recycling) Course: Curriculum:	
Health (nutrition, gardens, food) Course: Curriculum:	
Other: ()	

Educational Experiences (MWEE). Grades: K - 5 A system wide Meaningful Watershed Educational Experience is in place. Please describe (i.e., grade, description of unit, partnerships, etc.): Some classes participated in a Meaningful Watershed Educational Experience. Please describe (i.e., grade, description of unit, partnerships, etc.): Camp Fraser No evidence that students in this grade participated in a Meaningful Watershed Educational Experience. **Grades: 6 – 8** A system wide Meaningful Watershed Educational Experience is in place. Please describe (i.e., grade, description of unit, partnerships, etc.): Some classes participated in a Meaningful Watershed Educational Experience. Please describe (i.e., grade, description of unit, partnerships, etc.): No evidence that students in this grade participated in a Meaningful Watershed Educational Experience. Grades: 9 - 12 A system wide Meaningful Watershed Educational Experience is in place. Please describe (i.e., grade, description of unit, partnerships, etc.): Some classes participated in a Meaningful Watershed Educational Experience. Please describe (i.e., grade, description of unit, partnerships, etc.): No evidence that students in this grade participated in a Meaningful Watershed Educational Experience. 49. What practices is your LEA implementing related to sustainable, green schools? Select all that apply School-wide Recycling Program Lead testing of water **On-site Composting** Platinum Silver Gold LEED Certification Type: **Project Learning Tree Green Schools** National Wildlife Federation Eco-Schools Environmentally-friendly cleaning products Landscaping with native plants Storm water reduction efforts (i.e., rain barrels, cisterns, rain gardens) Sprint to Savings/Green Schools Energy Challenge Other

48. For each grade at your school, please indicate the level of participation in Meaningful Watershed

50. What	type of recycling hauli	ing ser	vices does your scho	ol rece	eive? Select all that apply
	Cardboard only				
	Paper and cardboard only				
	Mixed recyclables (plastic, metals, glass) only				
•	Co-mingled paper, c	ardboa	ard, and mixed recycla	ables t	ogether ("single-stream")
•	Organics				
	Other				
	None of these				
F1 Dagg		Calaat	all that made		
51. Does y	your school compost?				
			rganics recycling (off-	site co	mposting) program
	Yes, on-site outdoors (e.g. in garden)				
	Yes, on-site indoors (e.g. worm bin in classroom)				
	Other method				
'	Don't Compost				
Progr publi	•			_	ency's Indoor Air Quality Tools for Schools impact asthma among children and adults in Don't know
53. Does y	your school purchase o	enviro	nmentally-friendly cl	eaning	g supplies?
● Y	'es	0	No	0	Don't know
54. Does y	your school cleaning/r	nainte	enance staff follow gr	een cl	eaning procedures?
\bigcirc Y	'es	0	No	•	Don't know

Healthy Schools Act School Health Profile Frequently Asked Questions

- 1. What is the Healthy Schools Act School Health Profile? The School Health Profile (SHP) is an online questionnaire that must be completed by each District of Columbia public school and public charter school according to Section 602 of the Healthy Schools Act of 2010 (HSA). The contact person listed in the SHP will receive a PDF copy of the Profile that is required to be made available online if the school has a website and available to parents or guardians in the main office. The Office of the State Superintendent of Education (OSSE) will post completed profiles on our website within 30 days of submission.
- 2. How is the information in the SHP used? Information collected in the SHP is used to inform OSSE, the Mayor, City Council, and the Healthy Youth and Schools Commission on the extent to which the Districts schools are achieving the goals of the HSA. A report is required by Section 405 of the HSA and is submitted by OSSE to the Mayor, City Council, and Healthy Youth and Schools Commission. Reports on the HSA may be found at: http://osse.dc.gov/service/healthy-schools-act.
- 3. When is the SHP due? The SHP is due by Feb. 15 of each year. The SHP should be submitted electronically no later than 5 p.m. on Friday, Feb. 15, 2019. Schools that do not completed the SHP by Feb. 15 will be listed on the OSSE website as out of compliance with Section 602 of the *Healthy Schools Act of 2010*.
- 4. Who should complete the SHP? The Principal and contact person from the 2018-19 HSA SHP are automatically given access to the SHP; however, the SHP asks for information pertinent to the entire school. OSSE recommends that the Principal serve as the lead and distribute the printable SHP form to school staff who are most knowledgeable about each section (see chart below for suggestions). The Principal will then collect the information and enter the responses into the SHP online form. If the Principal wishes to designate another staff member as the lead, he/she must send an email to OSSE.callcenter@dc.gov and include the designee' name, title, and email address along with the local education agency and school name. Login information will then be sent directly to the designee.

Section	Recommended to be completed by
1: School Profile	Principal, Administrative Assistant
2: Health Services	School Health Providers
3: Health Education Instruction	Health Education Teacher
4: Physical Education Instruction	Physical Education Teacher
5: School Nutrition and Local Wellness Policy	Principal, Food Services Director or Manager,
	Chair of School Wellness Council/Committee
6: Distributing Information	Principal
7: Environment	Principal, Lead Science Teacher

5. How do I complete the SHP online form?

a. Log in to Quickbase (http://octo.quickbase.com):

- DC.gov Users: sign in with your network email and password.
- If you do not have a dc.gov email but have used Quickbase before, use your previous login and password (usually your school email address and password).
- If you have not used Quickbase before but have been granted access via an email notification from Quickbase, click the link in the email and follow the instructions.
- b. Click on the application "2018-19 OSSE HSA School Health Profile".
- c. Select "Click to Complete" to be taken to your school's profile.
- d. Once you start a page, you must complete the entire page to be able to save it; partially completed pages will not be saved.
- e. Click the pencil icon to edit your Profile and the eye icon to view the form as it will be submitted.
- f. Complete the questions on page 1. At the end of the page, click the "completed" box and then "save" to save the form.
- g. Repeat the process for the rest of the pages to complete them.
- h. Many questions are required and you cannot save the form until all required questions on any one page are completed.
- i. Your Profile cannot be submitted unless all three "completed" boxes are checked.
- j. Do not use commas, quotes, or press "enter" in text boxes.
- k. Due to skip patterns, you may not answer all the questions. For example, if you do not have a school nurse, you will move automatically to question 12.
- 6. **Can I see all of the SHP questions in one document?** Yes, a printable version of the SHP is available in the Quickbase application and our webpage: http://osse.dc.gov/node/722242. We suggest that you share this with members of staff that are helping complete the Profile.
- 7. **What if I have other questions?** Please consult with other school staff if you are not sure of an answer on the profile. OSSE will hold a webinar to review the login process, how to request access for new users, navigate through the application, and answer certain questions.
 - A recording of the webinar will be made available at: http://osse.dc.gov/node/722242.
 - If this FAQ page does not answer your question, please call OSSE Customer Service Center at (202) 719-6500 Monday-Friday 8 a.m. 5:30 p.m. or email OSSE.callcenter@dc.gov.