

# 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	Private School
2. LEA ID: 1	3. School Code: 252	4. Ward:	2	
5. LEA Name*	istrict of Columbia P	ublic Schools		
5a. School Name*	lyde Addison ES			
6. Grades Served. Se	lect all that apply*			
✔ Pre-K-3 and	d Pre-K4  ✓ 3	7	11	
K	<b>✓</b> 4	8	12	
1	<b>1</b> 5	9	Adult	
<b>✓</b> 2	6	10	Other	
7. Contact Name*	Calvin Hooks			
7a. Contact E-mail*	Calvin.Hooks@dc.g	IOV		
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

<b>Important Definiti</b>	ons for this	Section:
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important Demintion	is for this section.						
Nursing: Registered r	nurses (RN) or lice	nsed practica	l nurses (LPN	).			
Allied health profess	ional: Nursing assi	stants, medic	cal technician	s, or anyone wh	o can support	a nurse;	; it does
not refer to related s	ervice providers fo	or purposes o	of special edu	cation.			
Undesignated Epiner prescription.	ohrine Injector: An	epinephrine	auto-injecto	r that is not assi	gned to a spec	ific stud	ent by
9. Do you have nursi	ing and/or allied h	ealth profes	sional covera	ige in your scho	ol?*		
Yes			$\bigcirc$	No			
9a. Please state the	coverage of nursir	ng and/or alli	ied health pr	ofessional cove	rage in your so	:hool:*	
Nurse	# full	time (0 – 10)	3	# part time (0 –	10) 0		
Allied health profess	ional # full	time (0 – 10)	0	# part time (0 –	10) 0		
9b. For the coverage	you indicated in	10a, please s	tate the fund	ling source:*			
Nurse		Yes No	Allied hea	ılth professiona	l Y	es	No
Self-funded		$\bigcirc$	Self-funde	d	(	$\supset$ (	$\bigcirc$
Provided by the Depa	rtment of Health	<ul><li>O</li></ul>	Provided b	y the Departmen	t of Health (	$\supset$ (	$\bigcirc$
Other		0 0	Other		(	Č (	$\bigcirc$
10. What type(s) of I	nealth services do	es your scho	ol offer to sti	udents? <i>Select d</i>	ıll that apply		
<b>✓</b> Access and	l/or referrals to m	edical provide	ers through a	systematic pro	cess		
<b>✓</b> Prevention	n materials and res	ources for ch	ronic disease	es (diabetes, obe	esity, asthma, e	etc.)	
Screening,	testing, and/or tre	eatment for c	chronic diseas	ses (diabetes, ob	esity, asthma,	etc.)	
Prevention	materials and resou	rces for sexual	ly transmitted	diseases (HIV/AII	OS, gonorrhea, c	hlamydia	a, etc.)
Screening, t	esting, and/or treat	ment for sexua	ally transmitte	d diseases (HIV/A	IDS, gonorrhea,	chlamyd	ia, etc.)
Other	Specify:						

-	•	•	-	_	ns or organizations t Community Based C	-	e health services to tions, DC Health, etc.	).
O Nam	e of ager	ncy or organization	:					
No cu	urrent pa	rtnership(s)						
11. Does your	r school l	າave at least two ເ	unexpire	d un	designated epinephr	ine auto	-injectors? *	
$\odot$	Yes		$\bigcirc$	No	,			
to administer	both an		l a desig	nated	-		ool nurse) who are ce during all hours of the	
$\odot$	Yes		$\bigcirc$	N	0			
•		e names of AOM (ied, if applicable:	(Adminis	strati	on of Medication) ce	ertified p	ersonnel at your sch	ool and
11bw. Name:	Roger	Yohn	1	1bw	i. Date of Certification	on:		
11bx. Name:	Adam	Severs	1	1bxi	. Date of Certificatio	n:		
11by. Name:	Militez	egga Tecle	1	1byi	. Date of Certificatio	n:		
11bz. Name:			1	1bzi	Date of Certificatio	n:		
12. Does your	school h	nave an Automate	d Extern	al De	fibrillator (AED)?			
•	Yes		$\bigcirc$	No				
13. How many your school?*	-	following clinical s	taff are (	curre	ntly employed, worl	c as a co	ntractor, or voluntee	r <b>at</b>
Licensed Inde	pendent	Clinical Social Wor	ker (LICS	SW)	# full time (0 – 10)	1	#part time (0 – 10)	0
Licensed Profe	essional (	Counselor (LPC)			# full time (0 – 10)		#part time (0 – 10)	
Psychologist					# full time (0 – 10)	0	#part time (0 – 10)	1
Psychiatrist					# full time (0 – 10)		#part time (0 – 10)	
14. Please pro	ovide the	contact informat	ion of yo	ur sc	hool mental health	point of	contact:	
14a. Contact I	Name*	Kira Graves						
14b. Contact	E-mail*	kira.graves@d	c.gov					

-		r mental health ser ough a 504 Plan or		nts in the gene	ral education se	tting (students that
•	) Yes	$\circ$	No			
students, p	•	s with any outside heir name below (i		_	•	health services to epartment of
Nar Nar	me of agency o	r organization: Ch	namps			
$\sim$	current partne		•			
17. Parent	engagement i	n schools is defined	l as parents an	nd school staff	working togethe	r to support and
impro	ve the learning	, development, an	d health of chi	ildren and adol	escents. How is	your school
facilita	ating parent en	gagement?				
PTC						
<b>✓</b> PTA	4					
Oth	ner:					
		r any health and w	ellness educat	ion for parents	s? Select all that	apply
<b>~</b>	Health risks re	lated education (e.	g. managing st	tudent asthma,	blood pressure s	screenings)
<b>~</b>	Mental health	education (e.g. str	ess manageme	ent, warning sig	ns of youth suici	de)
	Physical healt	ի education (e.g. ու	itrition or cool	king classes, ob	esity prevention)	1
	Personal healt	ty education (e.g. Z :h education (e.g. h sexual health resou	ow to talk to y		•	ich, puberty, healthy
	Other:	Specify:				
-	/pe of staff we nate?	llness initiatives do	es your schoo	ol offer that con	ntribute to a posi	tive school
<b>v</b>	Opportunities	for self-care during	g the school da	ay (wellness roo	oms, lactation roc	oms, welcoming
	break rooms,	etc.)				
	Staff wellness	retreats for positiv	e self-care skil	ls like (yoga, me	editation, stress r	management, etc.)
	Trauma inform	ned self-care trainii	ng (e.g. Vicario	us trauma train	ning)	
	Other:	Specify:				

#### **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) **0** 

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

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

**21.** How many teachers instruct *only* <u>physical education</u> in you school?\* (0-10) **0** 

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

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
Rocky Parrish	Rocky.Parrish@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	O 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: Second Step
Sexual and Personal Health Curriculum:  BART Be Proud! Be Responsible! FLASH Making Proud Choices
Other: DCPS Mandated Curriculum None
Nutrition Curriculum: CATCH Healthy Kids Eat Well and Keep Moving Life Series Other: DCPS Mandated Curriculum None
Alcohol, Tobacco and Other Drugs Curriculum:  Across Ages Keepin' It Real PALS Other: DCPS Mandated Curriculum None
Grades: 6 - 8
Mental and Emotional Health Curriculum:  None Other:
Sexual and Personal Health Curriculum:  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:

Note: Please state the curriculun please include the resources, sta	•	•	ate their own curricula/lesson plans, e curriculum.
Grades: K – 5	Curriculum: DCPS N	Mandated Curric	culum
Grades: 6 – 8	Curriculum:		
Grades: 9 – 12	Curriculum:		
30. For each grade span in your regular instructional school ween physical education course. This	ek devoted to <u>actual m</u>	oderate-to-vigorou	
Grades: K – 5	Minutes/Week: 35		
Grades: 6 – 8	Minutes/Week:		
Grade: 9 – 12	Minutes/Week:		
31. For each grade band in your to-vigorous <u>physical activity</u> off	· •	~	ber of minutes <u>per day</u> of moderate-
Grades Pre-K3 and Pre-k	(4 Minutes/Day:	35	
32. How many minutes per wee	ek do students get rece	ss on average?*	
Grades: K – 5	Minutes/Week:	150	
Grades: 6 – 8	Minutes/Week:		
Grades: 9 – 12	Minutes/Week:		
33. What strategies does your s  activity? Select all that app	_	itside of regular sc	hool hours, to promote <u>physical</u>
Active Recess	<b>✓</b> Movement in	the Classroom	Walk to School
After-School Activities	<b>✓</b> Athletic Prog	rams	Safe Routes to School
<b>✓</b> Bike to School	Gardening		Dancing or Dance Programs
Before-School Activiti	es Reward for st	udent achievemen	t or good behavior
Playground/field on s	chool campus	<b>✓</b> Playground	/field off of school campus
Shared Use Agreement	with organizations that pr	ovide physical activit	ty 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 comm	nittee, school health council, or team?*
Yes	No No
39. Please provide the contact information council, or team.	of 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 of LEA's Local Wellness Policy  School Website  School Cafeteria or Eating Areas  To foodservice staff  To students	School Main Office  To parent/teacher organization  To administrators  This information is not available for distribution
Other: DCPS Website	School does not have a Local Wellness Policy

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: DCPS 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: DCPS 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
<b>✓</b> 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 serves 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
<b>✓</b> To foodservice staff	To administrators
To students	This information is not available for distribution
Other:	School does not have this information

41. Are students	and parents inforr	ned about the availability	of vegetarian food options at your school?*
Yes	O No	Vegetarian	n food options are not available
	•		nts at your school? Select all that apply
	ptions are available		<ul><li>✓ Veg Food Options are available at Lunch</li><li>✓ Veg Food Options Are Clearly Labeled or Identified</li></ul>
	ptions Are Not Ava		Other:
	and parents inforr etc., at your school	•	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	•	No			
43a. Name of Garden Conta	43a. Name of Garden Contact*				
43b. Garden Contact E-mail	<b> *</b>				
44. Did any of your classes or student groups attend a farm field trip this year?*					
Yes	$\circ$	No			
44a. How many students attended a farm field trip? 158					
44b. What farm(s) did the students visit? Select all that apply					
✓ Alice Ferguson Founda	ation's Hard Bargain Fa	ırm [	Common Good City Farm		
Arcadia Center for Sus	tainable Food and Agr	iculture [	Red Wiggler Farm		
Calleva Farm			Rocklands Farm		
City Blossoms Commu	nity Green Spaces		Washington Youth Garden		
Other: Spe	<sup>ecify:</sup> Butler's Orcha	rd			

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.): 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 1	type of recycling hauling s	ervices does your scho	ool rec	eive? Select all that apply
		Cardboard only			
	<b>/</b>	Paper and cardboard onl	у		
		Mixed recyclables (plasti	c, metals, glass) only		
	<b>/</b>	Co-mingled paper, cardb	oard, and mixed recyc	lables t	cogether ("single-stream")
	<b>/</b>	Organics			
		Other			
		None of these			
<b>-</b> 4	5				
51.	Does y	our school compost? Sele			
		Yes, we participate in an		-site co	omposting) program
		Yes, on-site outdoors (e.g. in garden)			
		Yes, on-site indoors (e.g. worm bin in classroom)			
		Other method			
	•	Don't Compost			
<b>52.</b>	Progr public	•		_	ency's Indoor Air Quality Tools for Schools impact asthma among children and adults in Don't know
53.	•	eour school purchase envir	onmentally-friendly c	leaning	g <b>supplies?</b> Don't know
54.	Does y	our school cleaning/main	tenance staff follow g	reen cl	eaning procedures?
(	O Y	es	) No	0	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: <a href="http://osse.dc.gov/service/healthy-schools-act">http://osse.dc.gov/service/healthy-schools-act</a>.
- 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: <a href="http://osse.dc.gov/node/722242">http://osse.dc.gov/node/722242</a>. 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: <a href="http://osse.dc.gov/node/722242">http://osse.dc.gov/node/722242</a>.
  - 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 <a href="mailto:OSSE.callcenter@dc.gov">OSSE.callcenter@dc.gov</a>.