

# 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	arter School	Private School
2. LEA ID: 1	3. School Code: 274	4. Ward:	6	
5. LEA Name*	District of Columbia P	ublic Schools		
5a. School Name*	Maury ES			
6. Grades Served. Se	elect all that apply*			
✔ Pre-K-3 an	d Pre-K4	7	11	
K	<b>✓</b> 4	8	12	
1	<b>1</b> 5	9	Adult	
<b>✓</b> 2	6	10	Other	
7. Contact Name*	Helena Payne Cha	uvenet		
7a. Contact E-mail*	helena.chauvenet@	dc.gov		
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</b>	<b>Definitions</b>	for this	Section:
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important Bennitions for this	<u> </u>				
Nursing: Registered nurses (RN	I) or licensed pract	ical nurses (LP	N).		
Allied health professional: Nur	_		•	can support a nu	rse; it does
·		•			
Undesignated Epinephrine Inje	<u>ctor</u> : An epinephri	ne auto-inject	or that is not assigr	ned to a specific s	tudent by
prescription.					
9. Do you have nursing and/o	r allied health prof	fessional cove	rage in your schoo	l?*	
Yes		C	) No		
9a. Please state the coverage	of nursing and/or	allied health p	orofessional covera	ge in your school	:*
Nurse	# full time (0 – 1	10) 1	# part time (0 – 1	0) 0	
Allied health professional	# full time (0 – 1	10) 0	# part time (0 – 1	0) 0	
9b. For the coverage you indic	ated in 10a, pleaso	e state the fur	iding source:*		
Nurse	Yes N	No Allied he	ealth professional	Yes	No
Self-funded	$\circ$	Self-fund	ed	$\bigcirc$	$\bigcirc$
Provided by the Department of I	Health 💽 🤇	Provided	by the Department of	of Health	Ó
Other	Ŏ (	Other		Ö	Ö
10. What type(s) of health ser	vices does your sc	hool offer to s	tudents? <i>Select all</i>	that apply	
Access and/or referr	als to medical prov	viders through	a systematic proce	ess	
<b>✓</b> Prevention materials	and resources for	chronic disea	ses (diabetes, obes	ity, asthma, etc.)	
Screening, testing, a	nd/or treatment fo	or chronic dise	ases (diabetes, obe	sity, asthma, etc.	)
Prevention materials a	nd resources for sex	ually transmitte	ed diseases (HIV/AIDS	6, gonorrhea, chlam	ydia, etc.)
Screening, testing, and	or treatment for se	xually transmitt	ed diseases (HIV/AID	S, gonorrhea, chlar	mydia, etc.)
Other Specif	y:				

•	ase specify their name belo	. •	•	anizations, DC Health, etc.	).
Name	e of agency or organization	: DC Heal	th		
O No cu	urrent partnership(s)				
11. Does your	school have at least two u	unexpired ur	ndesignated epinephrin	e auto-injectors? *	
ledot	Yes	O N	o		
to administer		l a designate		e school nurse) who are ce ector during all hours of the	
$\odot$	Yes	0 '	No		
•	rovide the names of AOM ere certified, if applicable:	(Administrat	ion of Medication) cert	ified personnel at your sch	ool and
11bw. Name:	Colette Marchesini	11bv	vi. Date of Certification:	1/13/2017	
11bx. Name:	Angela Stover	11bx	i. Date of Certification:	1/26/2010	
11by. Name:	Sheila Guinyard	11by	i. Date of Certification:	1/31/2014	
11bz. Name:		11bz	i. Date of Certification:		
12. Does your	school have an Automate	d External D	efibrillator (AED)?		
$\odot$	Yes	O No			
13. How many your school?*		taff are curr	ently employed, work a	s a contractor, or voluntee	r at
Licensed Inde	pendent Clinical Social Wor	ker (LICSW)	# 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) 1	#part time $(0-10)$	0
Psychiatrist			# full time (0 – 10)	#part time (0 – 10)	
14. Please pro	ovide the contact informat	ion of your s	chool mental health po	int of contact:	
14a. Contact N	Name* Laura Delaney	,			
14b. Contact I	E-mail* laura.delaney2	@dc.gov			

-		mental health sei ugh a 504 Plan or		udents in the general education setting (students that
•	Yes	$\bigcirc$	No	
students,	· •	•		or organizations to provide mental health services to community Based Organizations, Department of
		organization: Hi	llcrest Co	ommunity Connection
	o current partners			minutes and the second
•	·		l ac naran	ts and school staff working tagether to support and
			-	ts and school staff working together to support and for finding for first fo
•	<b>G</b> .	•	u nealth o	i children and adolescents. How is your school
	tating parent eng	agement		
L PT	0			
<b>✓</b> PT	-A			
Ot	:her:			
18. Does y	our school offer	any health and w	ellness ed	ucation for parents? Select all that apply
<b>~</b>	Health risks rela	ated education (e.	g. managi	ng student asthma, blood pressure screenings)
	Mental health	education (e.g. str	ess manag	ement, warning signs of youth suicide)
<b>~</b>	Physical health	education (e.g. nu	utrition or	cooking classes, obesity prevention)
	Personal health	. •	ow to talk	a, parent-child exercise classes) to your child about appropriate touch, puberty, healthy
	Other:	Specify:		
	type of staff well mate?	ness initiatives do	es your so	hool offer that contribute to a positive school
<b>/</b>	Opportunities f	or self-care during	g the schoo	ol day (wellness rooms, lactation rooms, welcoming
	break rooms, et	tc.)		
	Staff wellness r	etreats for positiv	e self-care	skills like (yoga, meditation, stress management, etc.)
	Trauma informe	ed self-care trainii	ng (e.g. Vid	arious trauma training)
	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 <i>both</i> health <u>and</u> physical education in your school?* $(0-10)$ 1					
22a. Name of Dual Instructor 1	22ai. Dual Instructor 1 E-mail				
Lauren Falls	lauren.falls@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.)				
Name of agency or organiza	ation:				
No current partnership(s)					
• • •	nool, please indicate the average number of minutes <u>per week</u> du hat students receive <u>health education</u> instruction:*^	ring the			
Grades: Pre-K3 and Pre-K4	Minutes/Week: 60				
Grades: K – 5	Minutes/Week: 30				
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: DC Health Education Standards None
Nutrition Curriculum:
CATCH Haghthy Kida
Healthy Kids Eat Well and Keep Moving
Life Series
Other: DC Health Education Standards None
Alcohol, Tobacco and Other Drugs Curriculum:
Across Ages
Keepin' It Real
PALS  Other: DC Health Education Standards
None None
Grades: 6 - 8
Mental and Emotional Health Curriculum:
O None
Other:
Sexual and Personal Health Curriculum:
O BART
Be Proud! Be Responsible!
FLASH Making Proud Choices
Other:
O 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:

	m's full name. If teachers in your school create their own curricula/lesson plans andards, and/or websites used to create the curriculum.
Grades: K – 5	Curriculum: OPEN Physical Education, pecentral.org
Grades: 6 – 8	Curriculum:
Grades: 9 – 12	Curriculum:
30 For each grade span in your	r school, please indicate the average number of minutes per week during the
Joi tot cacit stauc spail ill voul	i schooli bicasc maicate the average number of millutes bet week uuring th

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

regular instructional school week devoted to <u>actual moderate-to-vigorous physical activity within the</u>			
physical education course. T	his does NOT include recess or after school activities.*^		
Grades: K – 5	Minutes/Week: 35		

Grades: 6 – 8 Minutes/Week:

Grade: 9 – 12 Minutes/Week:

31. For each grade band in your school, please indicate the average number of minutes <u>per day</u> of moderate-to-vigorous <u>physical activity</u> offered for pre-K3 and pre-K4 students:

Grades Pre-K3 and Pre-K4 Minutes/Day: 35

32. How many minutes per week do students get recess on average?\*

Grades: K – 5 Minutes/Week: 150

Grades: 6 – 8 Minutes/Week:

Grades: 9 – 12 Minutes/Week:

33. What strategies does your school use, during or outside of regular school hours, to promote <a href="mailto:physical">physical</a> <a href="mailto:activity">activity</a>? Select all that apply

	<del></del>		
<b>✓</b>	Active Recess	Movement in the Classroom	<b>✓</b> Walk to School
<b>/</b>	After-School Activities	Athletic Programs	Safe Routes to School
<b>/</b>	Bike to School	<b>✓</b> Gardening	<b>✓</b> Dancing or Dance Programs
<b>/</b>	Before-School Activities	Reward for student achievem	ent or good behavior
<b>✓</b>	Playground/field on school	l campus Playgrou	nd/field off of school campus
<b>✓</b>	Shared Use Agreement with o	organizations that provide physical acti	ivity outside of the normal school day
<b>/</b>	Other: Specify: Far	mily Fitness Night	

# **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		

36. If you have a school store, what are the hours of o	operation? Sel	ect all that apply*	
Before and/or after school  During school hours  During school hours, excluding meal times	Yes	No O	N/A  O
During school hours, only at meal times	Ö	Ŏ	$\odot$
37. What food and/or beverages are sold in the school	ol store? <i>Selec</i>	t all that apply	
100% fruit and/or vegetable juice	Reg	ular chips, pretzels	and snack mixes
Baked chips, lower calorie and/or fat snacks	Soc	as and/or fruit flavo	ored drinks
Fresh fruits and/or non-fried vegetables	Wh	ole grain products	
Milk and dairy products	Wa	ter	
Other: Specify: N/A			

# **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			
<ol><li>Please provide the contact information council, or team.</li></ol>	of two members of the wellness committee, school health			
39a. Contact Name* Emily Paterson 39ai. Contact E-mail* emily.paterson@dc.gov				
39b. Contact Name* Stephanie Conant 39bi. Contact E-mail* stephanie.conant@dc.gov				
40. How and to whom are following items of the state of t	distributed at your school? Select all that apply			
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: Parent Handbook, LEA 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: 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 sustainable agriculture^ practices	served 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 students	and parents inform	ned about the availability	of vegetarian food options at your school?*
Yes	O No	Vegetaria	n food options are not available
41a. How are veg	etarian food optior	ns made available to stude	ents at your school? Select all that apply
<b>✓</b> Veg Food O	ptions are available	e at Breakfast	Veg Food Options are available at Lunch
Veg Food O	ptions Are Rotated	Daily to Avoid Repetition	Veg Food Options Are Clearly Labeled or Identified
Veg Food O	options Are Not Ava	ailable	Other:
	and parents inforn , 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?*^					
	$\odot$	Yes	$\bigcirc$	No	
43a.	Name of G	arden Contact*	Stephanie Cor	nant	
43b.	Garden Co	ntact E-mail*	stephanie.com	ant@dc.	gov
<b>44.</b> D	id any of y	our classes or s	tudent groups att	end a fai	rm field trip this year?*
	$\odot$	Yes	$\bigcirc$	No	
44a. How many students attended a farm field trip? 63					
44b. What farm(s) did the students visit? Select all that apply					
	Alice Fergu	uson Foundatio	n's Hard Bargain F	arm	Common Good City Farm
	Arcadia Ce	enter for Sustair	able Food and Ag	riculture	Red Wiggler Farm
	Calleva Fa	rm			Rocklands Farm
	City Blosso	oms Community	Green Spaces		Washington Youth Garden
~	Other:	Specif	/: Homestead F	arms	

45. Does your	school offer an En	vironmenta	l Science Class?*	
$\odot$	Yes	$\bigcirc$	No	
45a. How mar	ny students are enr	rolled in this	s course in the 2017-18 sch	ool year? 417
46. Name of L	ead Science Teach	er/Environn	nental Literacy Instructor*	Stephanie Conant
46a. Lead Scie	nce Teacher/Envir	onmental Li	iteracy Instructor E-mail*	stephanie.conant@dc.gov
indicate		h the topic	•	l in your school. For each selection, m (or curricula) that your school is
		-	If teachers in your school co	reate their own curricula/lesson plans, the curriculum.
Grades: K – 5				
				No curriculum is used
Air (quality, cli Course: Curriculum:	<sup>mate change)</sup> 3rd and 5th gra Teacher-create			
Course:	water, rivers, aquatic K, 2nd and 5th grades Teacher-created	wildlife)		
Land (plants, so	oil, urban planning, to K-5 Teacher-created	errestrial wild	dlife)	
Course:	ervation (energy, wa K-5 Teacher-created	ste, recycling	)	
Health (nutrition	on, gardens, food) K-5 Teacher-created			
Other: (	ı eacner-created	)		

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: ( )	

48. For each grade at your school, please indicate the level of participation in Meaningful Watershed **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.): ex: Anacostia Watershed Society, Chesapeak 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

Storm water reduction efforts (i.e., rain barrels, cisterns, rain gardens)

Sprint to Savings/Green Schools Energy Challenge

Landscaping with native plants

Other

50. What	type of recycling hauli	ng ser	vices does your scho	ol rece	eive? Select all that apply
	Cardboard only				
	Paper and cardboard	lonly			
	Mixed recyclables (pl	lastic,	metals, glass) only		
<b>~</b>	Co-mingled paper, ca	ardboa	rd, and mixed recycla	ables t	ogether ("single-stream")
<b>~</b>	Organics				
	Other				
	None of these				
F1 Dagg		Calaat	all that ample		
51. Does y	our school compost?				
	Yes, we participate in			site co	mposting) program
		Yes, on-site outdoors (e.g. in garden)			
	Yes, on-site indoors (e.g. worm bin in classroom)				
	Other method				
<b>~</b>	Don't Compost				
Progr public	· •			_	ency's Indoor Air Quality Tools for Schools impact asthma among children and adults in Don't know
<b>53.</b> Does y	our school purchase e	enviro	nmentally-friendly cl	eaning	g supplies?
O Y	es	0	No	•	Don't know
54. Does y	our school cleaning/n	nainte	nance 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: <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>.