

# 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     | irter School | Private School |  |  |
| 2. LEA ID: 1         | 3. School Code: 463    | 4. Ward:       | 3            |                |  |  |
| 5. LEA Name*         | District of Columbia l | Public Schools |              |                |  |  |
| 5a. School Name*     | Wilson HS              |                |              |                |  |  |
| 6. Grades Served. S  | elect all that apply*  |                |              |                |  |  |
| Pre-K-3 a            | nd Pre-K4              | 7              | 11           |                |  |  |
| К                    | 4                      | 8              | 12           |                |  |  |
| 1                    | 5                      | 9              | Adult        |                |  |  |
| 2                    | 6                      | 10             | Other        |                |  |  |
|                      |                        |                |              |                |  |  |
|                      |                        |                |              |                |  |  |
| 7. Contact Name*     | Kim Martin             |                |              |                |  |  |
| 7a. Contact E-mail*  | kimberly.martin@c      | lc.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**

| lmı | portant | <b>Definitions</b> | for | this | <b>Section:</b> |
|-----|---------|--------------------|-----|------|-----------------|
|-----|---------|--------------------|-----|------|-----------------|

Other

Specify:

| importan                                | it Definitions for this :                         | section:         |             |                  |                                      |            |              |
|---|---|------------------|-------------|------------------|--------------------------------------|------------|--------------|
| Nursing:                                | Registered nurses (RN                             | ) or licensed pr | actical n   | nurses (LPN).    |                                      |            |              |
|   | alth professional: Nurs<br>to related service pro | _                |             |                  | or anyone who can supp<br>ion.       | ort a nur  | se; it does  |
| <u>Undesign</u><br>prescripti           |   | ctor: An epiner  | ohrine au   | uto-injector th  | at is not assigned to a s            | pecific st | udent by     |
| 9. Do you                               | u have nursing and/or                             | allied health p  | orofessio   | onal coverage    | in your school?*                     |            |              |
| (                                       | Yes   |                  |             | $\bigcirc$       | No                                   |            |              |
| 9a. Pleas                               | e state the coverage o                            | of nursing and/  | or allied   | d health profe   | ssional coverage in you              | ır school: | *            |
| Nurse                                   |   | # full time (0   | ) – 10)     | 1 # p            | art time $(0-10)$ 0                  |            |              |
| Allied hea                              | alth professional                                 | # full time (0   | ) – 10)   ( | O # p            | art time (0 – 10) 0                  |            |              |
| 9b. For th                              | ne coverage you indic                             | ated in 10a, ple | ease sta    | te the funding   | g source:*                           |            |              |
| Nurse<br>Self-fund<br>Provided<br>Other | led<br>by the Department of H                     | Yes  Iealth      | No (        | Self-funded      | professional ne Department of Health | Yes        | No<br>O      |
| 10. What                                | type(s) of health serv                            | vices does you   | school      | offer to stude   | ents? Select all that app            | ly         |              |
| <b>~</b>                                | Access and/or referra                             | als to medical p | roviders    | s through a sys  | stematic process                     |            |              |
| <b>'</b>                                | Prevention materials                              | and resources    | for chro    | onic diseases (  | diabetes, obesity, asthm             | na, etc.)  |              |
| <b>v</b>                                | Screening, testing, ar                            | nd/or treatmen   | t for chr   | onic diseases    | (diabetes, obesity, asth             | ma, etc.)  |              |
| <b>~</b>                                | Prevention materials a                            | nd resources for | sexually    | transmitted dis  | eases (HIV/AIDS, gonorrhe            | ea, chlamy | /dia, etc.)  |
| <b>~</b>                                | Screening, testing, and                           | or treatment fo  | r sexually  | / transmitted di | iseases (HIV/AIDS, gonorrh           | nea, chlam | ıydia, etc.) |

| -  | •  | •                                       | •          | •      | g Community Based C                            | •          |                       | ).      |
|--|--|---|------------|--------|--|------------|-----------------------|---------|
| Name   | Name of agency or organization: Potomac Pathway; Individual Clinicians; Hill Crest; Mary's |   |            |        |  |            |                       |         |
| O No cur   | rent pa  | artnership(s)                           |            |        |  |            |                       |         |
| 11. Does your  | school   | have at least two (                     | unexpire   | ed ur  | ndesignated epinephr                           | ine auto   | -injectors? *         |         |
| $\odot$  | Yes  |   | $\bigcirc$ | N      | o  |            |                       |         |
| to administer b  | oth an   |   | d a desig  | nate   | or agents (outside of<br>ed epinephrine auto-i |            |                       |         |
| ledo   | Yes  |   | $\bigcirc$ | ľ      | No   |            |                       |         |
| -  |  | ne names of AOM<br>fied, if applicable: | (Admini    | istrat | ion of Medication) ce                          | ertified p | personnel at your sch | ool and |
| 11bw. Name: (  | Grace  | Echeona                                 |            | 11bv   | vi. Date of Certification                      | on: 12/    | 31/2019               |         |
| 11bx. Name:  |  |   |            | 11bx   | i. Date of Certificatio                        | n:         |                       |         |
| 11by. Name:  |  |   |            | 11by   | i. Date of Certificatio                        | n:         |                       |         |
| 11bz. Name:  |  |   |            | 11bz   | i. Date of Certificatio                        | n:         |                       |         |
| 12. Does your school have an Automated External Defibrillator (AED)? |  |   |            |        |  |            |                       |         |
| ledot  | Yes  |   | 0          | No     |  |            |                       |         |
| 13. How many your school?*   | of the   | following clinical s                    | taff are   | curre  | ently employed, worl                           | c as a co  | ntractor, or voluntee | r at    |
| Licensed Indep   | endent   | Clinical Social Wor                     | rker (LIC  | SW)    | # full time (0 – 10)                           | 5          | #part time (0 – 10)   | 1       |
| Licensed Profes  | ssional  | Counselor (LPC)                         |            |        | # full time (0 – 10)                           | 0          | #part time (0 – 10)   | 0       |
| Psychologist   |  |   |            |        | # full time (0 – 10)                           | 2          | #part time (0 – 10)   | 0       |
| Psychiatrist   |  |   |            |        | # full time (0 – 10)                           |            | #part time (0 – 10)   |         |
| 14. Please prov  | vide the   | e contact informat                      | ion of y   | our s  | chool mental health                            | point of   | contact:              |         |
| 14a. Contact N   | ame*   | Ronald Anthor                           | ny         |        |  |            |                       |         |
| 14b. Contact E-  | ·mail*   | ronald.anthony                          | /@dc.g     | jov    |  |            |                       |         |

| -           | our school offer rive services throu |                     |              | udents in the general education setting (students that  |
|-------------|--------------------------------------|---------------------|--------------|---|
|             | Yes                                  | $\bigcirc$          | No           |   |
| students,   | •                                    | -                   |              | or organizations to provide mental health services to ommunity Based Organizations, Department of |
| _           | •                                    | Do                  | stomac D     | athway: Hill Croot: M   |
|             |                                      |                     | nomac P      | athway; Hill Crest; M   |
| O No        | current partners                     | hip(s)              |              |   |
| 17. Paren   | t engagement in s                    | schools is defined  | d as parent  | s and school staff working together to support and  |
| impro       | ove the learning,                    | development, an     | d health o   | f children and adolescents. How is your school  |
| facili      | tating parent eng                    | agement?            |              |   |
| <b>✓</b> PT | -O                                   |                     |              |   |
| <br>Прт     | Ā                                    |                     |              |   |
|             | ther:                                |                     |              |   |
|             |                                      | lub l               |              | 26444444  |
| 18. Does y  | our school offer a                   | any nearth and w    | eiiness ea   | ucation for parents? Select all that apply  |
|             | Health risks rela                    | ted education (e.   | .g. managii  | ng student asthma, blood pressure screenings)   |
|             | Mental health e                      | ducation (e.g. str  | ess manag    | ement, warning signs of youth suicide)  |
|             | 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 wellr<br>mate?         | ness initiatives do | oes your so  | hool offer that contribute to a positive school   |
|             | Opportunities fo                     | or self-care during | g the schoo  | ol day (wellness rooms, lactation rooms, welcoming  |
|             | break rooms, et                      | c.)                 |              |   |
|             | Staff wellness re                    | etreats for positiv | e self-care  | skills like (yoga, meditation, stress management, etc.)   |
|             | Trauma informe                       | d self-care traini  | ng (e.g. Vic | 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) **3** 

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

Rebecca Bradshaw-Smith rebecca.bradshawsmith@dc.gov

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

Lejanika Green lejanika.green@dc.gov

**21.** How many teachers instruct *only* physical education in you school?\* (0-10) 3

21a. Name of Physical Education Instructor 1

Jennifer Conklin

jennifer.conklin2@dc.gov

21b. Name of Physical Education Instructor 221bi.Physical Education Instructor 2 E-mailDesmond Dunhamdesmond.dunham@dc.gov

| 22. How many teachers instruct both health and physical education in your school?" $(0-10)$                                      |                     |   |  |
|--|---------------------|---|--|
| 22a. Name of Dual Instructor 1   |                     | 22ai. Dual Instructor 1 E-mail  |  |
| 22b. Name of Dual Instructor 2   |                     | 22bi. Dual Instructor 2 E-mail  |  |
| -  |                     | s or organizations to satisfy the health education<br>nd other drugs, sexual health, oral health, etc.), please |  |
| Name of agency or organization   | tion: Washingto     | on Regional Alcohol Prevention (WRAP); Office   |  |
| No current partnership(s)  |                     |   |  |
| <b>24.</b> For each grade span in your sch<br>regular instructional school week th<br>Grades: Pre-K3 and Pre-K4<br>Grades: K – 5 | • •                 | te the average number of minutes <u>per week</u> during the ve <u>health education</u> instruction:*^           |  |
| Grades: 6 – 8  | Minutes/Week:       |   |  |
| Grades: 9 – 12   | Minutes/Week:       | 220   |  |
| 25. Does your school include CPR in  | nstruction to stude | ents in grade 9 through 12 prior to graduation?   |  |
| Yes  | No                  |   |  |
| 26. Do you require high school stud  | lents to take 0.5 u | nits 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:  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                    |
| 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          | tion Curriculum:   |
|----------------|--|
| 0              | CATCH  |
| $\circ$        | Healthy Kids   |
| Ŏ              | Eat Well and Keep Moving   |
| ŏ              | Life Series  |
| ŏ              | Other:   |
| $\tilde{\sim}$ | CATCH Healthy Kids Eat Well and Keep Moving Life Series Other: None                        |
| O              | None   |
| Alcoh          | nol, Tobacco and Other Drugs Curriculum:   |
| 0              | Across Ages  |
| ŏ              | Keepin' It Real  |
| ŏ              | PALS   |
| ŏ              | Across Ages Keepin' It Real PALS Other:  |
| $\sim$         | None   |
|                |  |
| Grades         | : 9- 12  |
|                |  |
| Ment           | al and Emotional Health Curriculum:  |
| O              |  |
| $\odot$        | Other: DCPS curricula  |
|                |  |
|                | al and Personal Health Curriculum:   |
| O              | BART Be Proud! Be Responsible! FLASH Making Proud Choices Other: Be Proud! Be Responsible! |
| $\odot$        | Be Proud! Be Responsible!  |
| 0              | FLASH  |
| 0              | Making Proud Choices   |
| 0              | Other: Be Proud! Be Responsible!   |
| Ŏ              | None   |
|                |  |
| Nutri          | tion Curriculum:   |
| 0              | CATCH  |
| <u> </u>       | Healthy Kids   |
| Ŏ              | Eat Well and Keep Moving   |
| ŏ              | Life Series  |
| ŏ              |  |
| ă              | Other: DCPS curricula None   |
|                | Tione  |
| Alcoh          | nol, Tobacco and Other Drugs Curriculum:   |
| 0              | Across Ages  |
| Ŏ              | Keepin' It Real  |
| Ŏ              | PALS   |
| ŏ              | Other: DCPS curricula  |
| ŏ              | 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:

Grades: 6 – 8 Minutes/Week:

Grades: 9 – 12 Minutes/Week: 220

|               |   | m's full name. If teachers in your school create their own curricula/lesson plans, and/or websites used to create the curriculum.   |
|---------------|---|---|
|               | Grades: K – 5   | Curriculum:   |
|               | Grades: 6 – 8   | Curriculum:   |
|               | Grades: 9 – 12  | Curriculum: DCPS Curriculum   |
| regula        | r instructional school we                               | r school, please indicate the average number of minutes per week during the sek devoted to actual moderate-to-vigorous physical activity within the s does NOT include recess or after school activities.*^ |
|               | Grades: K – 5   | Minutes/Week:   |
|               | Grades: 6 – 8   | Minutes/Week:   |
|               | Grade: 9 – 12   | Minutes/Week: 220   |
|               | •   | r school, please indicate the average number of minutes <u>per day</u> of moderate-<br>fered for pre-K3 and pre-K4 students:  |
|               | Grades Pre-K3 and Pre-                                  | K4 Minutes/Day:   |
| <b>32.</b> Ho | ow many minutes per we                                  | ek do students get recess on average?*  |
|               | Grades: K – 5   | Minutes/Week:   |
|               | Grades: 6 – 8   | Minutes/Week:   |
|               | Grades: 9 – 12  | Minutes/Week: 150   |
|               | hat strategies does your<br>ctivity? Select all that ap | school use, during or outside of regular school hours, to promote <u>physical</u><br>ply  |
| [             | <b>✓</b> Active Recess                                  | Movement in the Classroom Walk to School  |
|               | ✔ After-School Activitie                                | s Athletic Programs Safe Routes to School   |
| [             | <b>✓</b> Bike to School                                 | Gardening Dancing or Dance Programs   |
|               | Before-School Activit                                   | Reward for student achievement or good behavior   |
| [             | Playground/field on                                     | school campus Playground/field off of school campus   |
| [             | Shared Use Agreement                                    | with organizations that provide physical activity outside of the normal school day  |
| [             | Other: Specify  | <b>:</b>  |
|               |   |   |

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<br>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<br>O              | No<br>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  | <ul><li>No</li></ul>                                    |  |  |  |
| <ol><li>Please provide the contact information council, or team.</li></ol>       | 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           | 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: 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   | <b>✓</b> 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 serv sustainable agriculture^ practices | red 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 inforr                           | ned about the availability | y of vegetarian food options at your school?*                                       |
|------------------|--|----------------------------|---|
| Yes              | O No   | Vegetaria                  | n food options are not available  |
|                  | etarian food optior<br>Options are available |                            | ents at your school? Select all that apply  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                          | ilable                     | Other:  |
|                  | and parents inforr<br>, etc., at your schoo  |                            | y of milk alternatives, such as soy milk, rice milk,                                |
| O 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 Garde   | en Contact* | Dani Moore        |       |                       |
| 43b. Garden Contac   | t E-mail*   | dani.moore@d      | c.gov |                       |
| 44. Did any of your classes or student groups attend a farm field trip this year?* |             |                   |       |                       |
| Yes  |             | $\odot$           | No    |                       |
| 44a. How many students attended a farm field trip?                                 |             |                   |       |                       |
| 44b. What farm(s) did the students visit? Select all that apply                    |             |                   |       |                       |
| Alice Ferguson   | Foundation  | 's Hard Bargain F | arm   | Common Good City Farm |
| Arcadia Center for Sustainable Food and Agriculture Red Wiggler Farm               |             |                   |       |                       |
| Calleva Farm Rocklands Farm  |             |                   |       |                       |
| City Blossoms Community Green Spaces Washington Youth Garden                       |             |                   |       |                       |
| Other:   | Specify     | :                 |       |                       |

| 45. Does your                                | school offer a   | n Environmenta       | al Science | e Class?*                               |  |                      |
|--|------------------|----------------------|------------|---|--|----------------------|
| ledo   | Yes              | $\bigcirc$           | No         |   |  |                      |
| 45a. How man                                 | y students ar    | e enrolled in thi    | s course   | in the 2017-18 sch                      | nool year? 160                               |                      |
| 46. Name of Le                               | ead Science Te   | eacher/Environr      | nental Li  | iteracy Instructor*                     | Dr. Dani Moore                               |                      |
| 46a. Lead Scier                              | nce Teacher/I    | Environmental L      | iteracy I  | nstructor E-mail*                       | dani.moore@dc                                | gov                  |
| indicate t                                   |                  | which the topic      | -          | •                                       | d in your school. Fo<br>m (or curricula) tha |                      |
|  |                  |                      |            | ers in your school oites used to create | create their own cur<br>the curriculum.      | ricula/lesson plans, |
| Grades: K – 5                                |                  |                      |            |   |  |                      |
|  |                  |                      |            |   | No curi                                      | riculum is used      |
| Air (quality, clin<br>Course:<br>Curriculum: | nate change)     |                      |            |   |  |                      |
| Water (storm w<br>Course:<br>Curriculum:     | ater, rivers, aq | uatic wildlife)      |            |   |  |                      |
| Land (plants, so<br>Course:<br>Curriculum:   | il, urban plann  | ing, terrestrial wil | dlife)     |   |  |                      |
| Resource Conse<br>Course:<br>Curriculum:     | ervation (energ  | y, waste, recycling  | g)         |   |  |                      |
| Health (nutritio<br>Course:<br>Curriculum:   | n, gardens, foo  | d)                   |            |   |  |                      |
| Other: (<br>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: Environmental Science  Curriculum: DCPS Science Curriculum; AP Environmental Science   | No curriculum is used |
| Course: Environmental Science   | No curriculum is used |
| Course: Environmental Science Curriculum: DCPS Science Curriculum; AP Environmental Science  Water (storm water, rivers, aquatic wildlife) Course: Environmental Science  | No curriculum is used |
| Course: Environmental Science Curriculum: DCPS Science Curriculum; AP Environmental Science  Water (storm water, rivers, aquatic wildlife) Course: Environmental Science Curriculum: DCPS Science Curriculum; AP Environmental Science  Land (plants, soil, urban planning, terrestrial wildlife) Course: Environmental Science   | No curriculum is used |
| Course: Environmental Science Curriculum: DCPS Science Curriculum; AP Environmental Science  Water (storm water, rivers, aquatic wildlife) Course: Environmental Science Curriculum: DCPS Science Curriculum; AP Environmental Science  Land (plants, soil, urban planning, terrestrial wildlife) Course: Environmental Science Curriculum: DCPS Science Curriculum; AP Environmental Science  Resource Conservation (energy, waste, recycling) Course: Environmental Science | No curriculum is used |

**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.): 12th grade AP Environmental Science: Stever 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

|                     | Cardboard only                         |                             |  |  |
|---------------------|--|-----------------------------|--|--|
|                     | Paper and cardboard only               |                             |  |  |
|                     | Mixed recyclables (plastic,            | metals, glass) only         |  |  |
| <b>~</b>            | Co-mingled paper, cardbo               | ard, and mixed recyclable   | s together ("single-stream")   |  |
| <b>~</b>            | Organics                               |                             |  |  |
|                     | Other                                  |                             |  |  |
|                     | None of these                          |                             |  |  |
| 51. Does y          | our school compost? <i>Select</i>      | all that apply              |  |  |
|                     | Yes, we participate in an o            | rganics recycling (off-site | composting) program  |  |
|                     | Yes, on-site outdoors (e.g. in garden) |                             |  |  |
| <u> </u>            | Yes, on-site indoors (e.g. w           | orm bin in classroom)       |  |  |
| 一                   | Other method                           |                             |  |  |
|                     | Don't Compost                          |                             |  |  |
| -                   | •                                      |                             | gency's Indoor Air Quality Tools for Schools<br>t impact asthma among children and adults in |  |
| public              | schools?                               |                             |  |  |
| O Y                 | es                                     | No                          | ) Don't know   |  |
| 53. Does y          | our school purchase enviro             | nmentally-friendly clean    | ng supplies?   |  |
| O Y                 | es                                     | No C                        | ) Don't know   |  |
| 54. Does y          | our school cleaning/mainte             | enance staff follow green   | cleaning procedures?   |  |
| <ul><li>Y</li></ul> | es                                     | No C                        | ) 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>.