

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*					
C	Public School	Public Char	ter School	O P	rivate School
2. LEA ID: 120	3. School Code : 363	4. Ward:			
5. LEA Name*	riendship PCS				
5a. School Name*	riendship PCS Cham	berlain Element	ary		
6. Grades Served. Se	lect all that apply*				
✔ Pre-K-3 and	d Pre-K4	7	11		
✓ K	4	8	12		
1	5	9	Adult		
✓ 2	6	10	Other		
7. Contact Name*	Morrise Harbour				
7a. Contact E-mail*	MHarbour@friends	hipschools.org			
8. Contact Job Title*	Principal				

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

Section 2: Health Services

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

Important	Definitions	for this	Section:
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important Bennitions for this	<u> </u>			
Nursing: Registered nurses (R	N) or licensed practi	cal nurses (LPN	I).	
Allied health professional: Nu			•	support a nurse; it does
not refer to related service pr	oviders for purposes	s or special edu	cation.	
Undesignated Epinephrine In	<u>ector</u> : An epinephrir	ne auto-injecto	r that is not assigned	to a specific student by
prescription.				
9. Do you have nursing and/	or allied health profe	essional covera	age in your school?*	
Yes		\bigcirc	No	
9a. Please state the coverage	of nursing and/or a	ıllied health pr	ofessional coverage i	n your school:*
Nurse	# full time (0 – 1	0) 1	# part time (0 $-$ 10) ()
Allied health professional	# full time (0 – 1	0) 0	# part time (0 – 10)()
9b. For the coverage you ind	cated in 10a, please	state the fund	ling source:*	
Nurse	Yes N	o Allied hea	alth professional	Yes No
Self-funded	\circ	Self-funde	d	\bigcirc \bigcirc
Provided by the Department of	Health (Provided b	y the Department of He	ealth
Other	Ö	Other		\circ
10. What type(s) of health se	rvices does your sch	nool offer to st	udents? <i>Select all tha</i>	t apply
	rals to medical provi			
✓ Prevention materia	ls and resources for	chronic disease	es (diabetes, obesity, a	asthma, etc.)
Screening, testing,	and/or treatment for	r chronic diseas	ses (diabetes, obesity,	, asthma, etc.)
Prevention materials	and resources for sexu	ually transmitted	diseases (HIV/AIDS, go	norrhea, chlamydia, etc.)
Screening, testing, an	d/or treatment for sex	cually transmitte	d diseases (HIV/AIDS, go	onorrhea, chlamydia, etc.)
Other Speci	fy: Vision Screen	ings and De	ntal Screenings	

•	ise specify their name bel		•	ganizations, DC Health, et	
Name	e of agency or organizatio	n: The Pre	vention of Blindness	Society Metropolitan	Washir
O No cu	urrent partnership(s)				
11. Does your	school have at least two	unexpired u	ndesignated epinephrin	e auto-injectors? *	
\odot	Yes		lo		
to administer		d a designat	•	e school nurse) who are o	
ledo	Yes	\bigcirc	No		
•	ovide the names of AOM re certified, if applicable	•	tion of Medication) cert	ified personnel at your so	hool and
11bw. Name:	Linda Williamson	11b	wi. Date of Certification	: 9/13/2016	
11bx. Name:	Maurita Scranton	11b	xi. Date of Certification:	12/16/2016	
11by. Name:		11b	yi. Date of Certification:		
11bz. Name:		11b	zi. Date of Certification:		
12. Does your	school have an Automat	ed External [Defibrillator (AED)?		
\odot	Yes	O No			
13. How many your school?*		staff are curr	ently employed, work a	s a contractor, or volunte	er at
Licensed Indep	oendent Clinical Social Wo	orker (LICSW)	# full time (0 – 10) 1	#part time (0 – 10)	0
Licensed Profe	essional Counselor (LPC)		# full time (0 – 10)	#part time (0 – 10)	1
Psychologist			# full time (0 – 10) 1	#part time (0 – 10)	0
Psychiatrist			# full time (0 – 10)	#part time (0 – 10)	i
14. Please pro	vide the contact informa	tion of your	school mental health po	int of contact:	
14a. Contact N	Name* Dr. Bronwen N	Millet			
14b. Contact E	E-mail* BMillet@friend	dshipschoo	ls.org		

-		r mental health sei ough a 504 Plan or		ts in the general education setting (students	s that
(Yes	\circ	No		
-	•	•	-	ganizations to provide mental health service unity Based Organizations, Department of	s to
Behaviora	l Health, etc.).				
O N	ame of agency o	r organization:			
● N	o current partne	rship(s)			
17. Paren	t engagement ir	schools is defined	as parents and	school staff working together to support a	nd
impr	ove the learning	, development, an	d health of child	dren and adolescents. How is your school	
facili	tating parent en	gagement?			
P	го				
	ГА				
		duicent Council	(DAC)		
V 0	ther: Parent F	dvisory Council	(PAC)		
18. Does y	our school offe	any health and w	Ilness educatio	on for parents? Select all that apply	
✓	Health risks re	lated education (e.	g. managing stud	dent asthma, blood pressure screenings)	
•	Mental health	education (e.g. str	ess managemen	nt, warning signs of youth suicide)	
	Physical health	n education (e.g. nu	trition or cookir	ng classes, obesity prevention)	
	Physical activi	ty education (e.g. Z	umba, yoga, par	rent-child exercise classes)	
		h education (e.g. h sexual health resou	•	ur child about appropriate touch, puberty, he	ealth
'	Other:	Specify: AT			
19. What	type of staff we	lness initiatives do	es vour school o	offer that contribute to a positive school	
	imate?		,	·	
~	Opportunities	for self-care during	the school day	(wellness rooms, lactation rooms, welcomin	g
	break rooms, o	etc.)			
~	Staff wellness	retreats for positiv	e self-care skills	like (yoga, meditation, stress management,	etc.)
		ned self-care trainii			-
/	Other:			nations, Seizure Training	

Section 3: Health Education Instruction

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

Important Definitions for this Section:

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

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

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

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

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

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

Richard Little RLittle@friendshipschools.org

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

21. How many teachers instruct *only* physical education in you school?* (0-10) 2

21a. Name of Physical Education Instructor 1

Richard Little

RLittle@friendshipschools.org

21b. Name of Physical Education Instructor 2

Danyelle Piper

DPiper@friendshipschools.org

22. How many teachers instruct bo	oth health and physical education in your school?* $(0-10)$ 1
22a. Name of Dual Instructor 1 Richard Little	22ai. Dual Instructor 1 E-mail RLittle@friendshipschools.org
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 ation:
	hool, please indicate the average number of minutes <u>per week</u> during the hat students receive <u>health education</u> instruction:*^ Minutes/Week: 40
Grades: K – 5	Minutes/Week: 90
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? No
	dents to take 0.5 units in Health Education prior to graduation?
Yes	No

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

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

Grades: K – 5
Mental and Emotional Health Curriculum: None
Other: DC Health Education Standards
Sexual and Personal Health Curriculum: BART
Be Proud! Be Responsible! FLASH
Making Proud Choices Other: DC Health Education Standards None
Nutrition Curriculum:
CATCH 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
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:
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: 90

Grades: 6 – 8 Minutes/Week:

Grades: 9 – 12 Minutes/Week:

	n's full name. If teachers in your school on a name. If teachers in your school of the name. If teachers in your school of the name is a name of the n	•
Grades: K – 5	Curriculum: OSSE PE Standards	
Grades: 6 – 8	Curriculum:	
Grades: 9 – 12	Curriculum:	
regular instructional school wee	school, please indicate the average nu ek devoted to <u>actual moderate-to-vigor</u> does NOT include recess or after schoo	rous physical activity within the
Grades: K – 5	Minutes/Week: 90	
Grades: 6 – 8	Minutes/Week:	
Grade: 9 – 12	Minutes/Week:	
_	school, please indicate the average nu ered for pre-K3 and pre-K4 students:	mber of minutes <u>per day</u> of moderate-
Grades Pre-K3 and Pre-k	(4 Minutes/Day: 40	
32. How many minutes per wee	ek do students get recess on average?*	
Grades: K – 5	Minutes/Week: 20	
Grades: 6 – 8	Minutes/Week:	
Grades: 9 – 12	Minutes/Week:	
33. What strategies does your s activity? Select all that app	school use, during or outside of regular	school hours, to promote <u>physical</u>
Active Recess	Movement in the Classroom	Walk to School
After-School Activities	Athletic Programs	Safe Routes to School
Bike to School	Gardening	✓ Dancing or Dance Programs
Before-School Activiti	es Reward for student achievem	ent or good behavior
✔ Playground/field on s	chool campus Playgrou	nd/field off of school campus
Shared Use Agreement	with organizations that provide physical act	ivity 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	; meal times?*
Yes No	
35. How many vending machines are available to stud	dents?* (0 – 10) 1
35a. What hours are student vending machines availa	able? Select all that apply
Before and/or after school	Yes No
During school hours	\odot
During school hours, excluding meal times	\odot
During school hours, only at meal times	
35b. What items are sold from student vending mach	nines? Select all that apply
100% fruit and/or vegetable juice	Regular chips, pretzels and snack mixes
Baked chips, lower calorie and/or fat snacks	Sodas and/or fruit drinks
Fresh fruits and/or non-fried vegetables	Whole grain products
Milk and dairy products	Water
Other: Specify:	

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	
Please provide the contact information council, or team.	n of two members of the wellness committee, school health	
39a. Contact Name* Danyelle Piper	39ai. Contact E-mail* DPiper@friendshipschools.org	
39b. Contact Name* Richard Little 39bi. Contact E-mail* RLittle@friendshipschols.org		
40. How and to whom are following items	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/Student Handbook	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:		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:		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 serve sustainable agriculture^ practices	ed 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	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		✓ Veg Food Options are available at Lunch✓ Veg Food Options Are Clearly Labeled or Identified
	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?*^				
O Y	es	\odot	No	
43a. Name of Gard	den Contact*			
43b. Garden Cont	act E-mail*			
44. Did any of you	r classes or studer	nt groups atte	end a farm	i field trip this year?*
• Y	es	\bigcirc	No	
44a. How many st	udents attended a	ı farm field tr	ip? 350	
44b. What farm(s)	did the students	visit? <i>Select d</i>	ıll that apı	oly
Alice Ferguso	on Foundation's Ha	ard Bargain Fa	ırm	Common Good City Farm
Arcadia Cent	er for Sustainable	Food and Agr	iculture	Red Wiggler Farm
Calleva Farm	l			Rocklands Farm
City Blossom	s Community Gree	n Spaces		Washington Youth Garden
Other:	Specify: Co	x Farm		

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** Silver Gold Platinum LEED Certification Type: **Project Learning Tree Green Schools** National Wildlife Federation Eco-Schools Environmentally-friendly cleaning products Landscaping with native plants Storm water reduction efforts (i.e., rain barrels, cisterns, rain gardens) Sprint to Savings/Green Schools Energy Challenge Other

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

50. What	type of recycling haulin	g services does your scho	ol rec	eive? Select all that apply
	Cardboard only			
~	Paper and cardboard	only		
	Mixed recyclables (plastic, metals, glass) only			
	Co-mingled paper, car	dboard, and mixed recycle	ables t	ogether ("single-stream")
	Organics			
	Other			
	None of these			
5 4 5				
51. Does y	our school compost? So			
	Yes, we participate in an organics recycling (off-site composting) program			
	Yes, on-site outdoors (e.g. in garden)			
		.g. worm bin in classroom)	
	Other method			
/	Don't Compost			
Progr	•		_	ency's Indoor Air Quality Tools for Schools impact asthma among children and adults in
Y	es (No	\bigcirc	Don't know
53. Does y	our school purchase er	nvironmentally-friendly cl	eaninį	g supplies?
(A) v	es (No	\bigcirc	Don't know
	C 3) NO		DOIL KILOW
54. Does y	our school cleaning/ma	aintenance staff follow gr	een cl	eaning procedures?
OY	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: http://osse.dc.gov/service/healthy-schools-act.
- 3. When is the SHP due? The SHP is due by Feb. 15 of each year. The SHP should be submitted electronically no later than 5 p.m. on Friday, Feb. 15, 2019. Schools that do not completed the SHP by Feb. 15 will be listed on the OSSE website as out of compliance with Section 602 of the *Healthy Schools Act of 2010*.
- 4. Who should complete the SHP? The Principal and contact person from the 2018-19 HSA SHP are automatically given access to the SHP; however, the SHP asks for information pertinent to the entire school. OSSE recommends that the Principal serve as the lead and distribute the printable SHP form to school staff who are most knowledgeable about each section (see chart below for suggestions). The Principal will then collect the information and enter the responses into the SHP online form. If the Principal wishes to designate another staff member as the lead, he/she must send an email to OSSE.callcenter@dc.gov and include the designee' name, title, and email address along with the local education agency and school name. Login information will then be sent directly to the designee.

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

5. How do I complete the SHP online form?

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

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