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## SCHOOL HEALTH PROFILE FORM

### Healthy Schools Act of 2010

Under Section 602 of the *Healthy Schools Act of 2010* (L18-0209), each public school and public charter school within the District of Columbia is required to complete and submit the School Health Profile (SHP) form to the Office of the State Superintendent of Education (OSSE) on or before February 15<sup>th</sup> of each year. Schools are also required to post the information requested in this School Health Profile form online, if the school has a website, and make the information available to parents in the main office.

*Any public school or public charter school that fails to complete and submit its School Health Profile form to OSSE on or before February 15<sup>th</sup> of each year will be out of compliance with Section 602 of the Healthy Schools Act of 2010.*

### Instructions

This SHP form must be completed by each school. For example, if your local education agency (LEA) includes five campuses, each campus must complete a SHP. Complete all sections of the form with responses for the 2012-2013 school year, unless otherwise noted. Once submitted, each school is required to post the information requested in this SHP form online, if the school has a website, and make the information available to parents at the main office.

The OSSE recommends that one person at each school be responsible for disseminating the SHP form to school staff members (health teacher, nurse, food services manager, etc.) and then collecting the data and submitting the form online. For more information on how to complete the SHP form, please see the FAQ page.

#### **Submission Deadlines**

Forms must be received on or before February 15<sup>th</sup> of each year. OSSE will post each completed SHP form on the OSSE website for public review within 14 days of receipt. If your school has not completed the form by February 15<sup>th</sup>, 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 City Council, and the Healthy Youth and Schools Commission.

The School Health Profile form can be completed and submitted on-line. Please visit your principal portal or contact [OSSE.HSAhealthform@dc.gov](mailto:OSSE.HSAhealthform@dc.gov) for more information.

For more information, see the School Health Profile FAQs page.

**For assistance, please call 202-481-3755 or email [OSSE.HSAhealthform@dc.gov](mailto:OSSE.HSAhealthform@dc.gov).**



## SCHOOL HEALTH PROFILE FORM

<b>Section 1: School Profile</b>	
Type of School*	
<input type="checkbox"/> Public School <span style="margin-left: 200px;"><input type="checkbox"/> Public Charter School</span>	
School Name*	
Street Address*	
Does your school currently have a Website?*	If yes, what is your school's website address?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current number of students enrolled* _____	
Grades Served ( <i>select all that apply</i> )*	
<input type="checkbox"/> PS <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> PK <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 11 <input type="checkbox"/> K <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 12 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 9 <input type="checkbox"/> Adult <input type="checkbox"/> Other ( <i>please specify</i> ) _____	
Number of weeks in your academic year* _____	
Contact Name*	
Contact Job Title*	
Contact Email*	



Section 2: Health Services	
Recommended point of contact for this section: school health providers	
What type of nurse coverage does your school have?*	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No coverage	
How many nurses are available at your school?	
<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three or more	
Name of School Nurse 1	
School Nurse 1 E-mail	
Name of School Nurse 2	
School Nurse 2 E-mail	
Does your school currently have a school-based health center?*	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your school currently have a School Mental Health Program or similar services on site for students?*	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of mental health clinician coverage does your school have?*	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No coverage	
Do you partner with any outside organizations or agencies to address social-emotional needs, improve school climate around mental health, and/or provide for mental health needs?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify the agency or organization: _____	



Does your school see a need for more school-based behavioral/mental health services than you currently have? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your school ever used the Child and Adolescent Mobile Psychiatric Services (ChAMPS) or the Department of Mental Health's Access Helpline? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your school currently have an anti-bullying policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know



<b>Section 3: Health Education Instruction</b> <b>Recommended point of contact for this section: health education teacher</b>		
Are students required to take health education at your school?* <input type="checkbox"/> Yes <input type="checkbox"/> No		
How many health education teachers does your school currently have on staff?* <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three or more		
Does your school currently have at least one certified or highly qualified health teacher on staff? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Health Ed Instructor 1		Health Ed Instructor 1 E-mail
Name of Health Ed Instructor 2		Health Ed Instructor 2 E-mail
How is health education instruction provided ( <i>select all that apply</i> ): <input type="checkbox"/> Health education course <input type="checkbox"/> Incorporated into another course <input type="checkbox"/> Assemblies or presentations <input type="checkbox"/> Other ( <i>please specify</i> ): _____ <input type="checkbox"/> No health education is provided		
For each grade in your school, please indicate the average number of minutes per week during the regular instructional school week that a student receives health education instruction.*  Grade: _____ Minutes/Week: _____      Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____      Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____      Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____      Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____      Grade: _____ Minutes/Week: _____		
Is the health education instruction based on the OSSE's health education standards? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Which health education curriculum (or curricula) is your school currently using for instruction (please specify by concept or health topic area, such as "nutrition," if applicable)?		
Does your school partner with any outside programs or organizations to satisfy the health education requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what programs or organizations does your school use? _____		



<b>Section 4: Physical Education Instruction</b> <b>Recommended point of contact for this section: physical education teacher</b>	
Are students required to take physical education at your school?* <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many physical education teachers does your school have on staff? <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three or more	
Name of Phys. Ed. Instructor 1	Phys. Ed. Instructor 1 E-mail
Name of Phys. Ed. Instructor 2	Phys. Ed. Instructor 2 E-mail
What strategies does your school use, during or outside of regular school hours, to promote physical activity? <i>(select all that apply)</i> <input type="checkbox"/> Active Recess <input type="checkbox"/> Movement in the Classroom <input type="checkbox"/> Walk or Bike to School <input type="checkbox"/> After-School Activities <input type="checkbox"/> Athletic Programs <input type="checkbox"/> Safe Routes to School <input type="checkbox"/> None <input type="checkbox"/> Other <i>(please specify):</i> _____	
For each grade in your school, please indicate the average number of minutes per week during the regular instructional school week that a student receives physical education instruction.  Grade: _____ Minutes/Week: _____      Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____      Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____      Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____      Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____      Grade: _____ Minutes/Week: _____	
For each grade that receives physical education instruction, please indicate the average number of minutes per week during the regular instructional school week devoted to <b>actual physical activity within the physical education course</b> .  Grade: _____ Minutes/Week: _____      Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____      Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____      Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____      Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____      Grade: _____ Minutes/Week: _____	
Is the physical education instruction based on the OSSE's physical education standards?* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Which physical education curriculum (or curricula) is your school currently using for instruction?	
Does your school use a physical education or fitness assessment tool?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name of the tool? (e.g. FitnessGrams, President's Physical Fitness Test, etc.)	
Does your school partner with any outside programs or organizations to satisfy the physical education or physical activity requirements?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what programs or organizations does your school use? _____	



**Section 5: Nutrition Programs**

**Recommended point of contact for this section: food services director, cafeteria manager**

Name of Food Service Vendor\*

What types of nutrition promotion does your vendor provide? *(select all that apply)\**

- None
- Vendor-provided nutrition education
- Meal time presentations
- Outside speakers
- Other *(please specify if a specific nutrition curricula is used):* \_\_\_\_\_
- Multimedia
- Posters
- Classroom Instruction
- Handouts/brochures

Please comment on the quality and/or effectiveness of the nutrition promotion that your vendor provides: \_\_\_\_\_

Does your school offer free breakfast to all students?\*

- Yes     No

Does your school offer breakfast in the classroom?  Yes     No

If yes, please specify the grades for which breakfast is served in the classroom:

Grade: \_\_\_\_\_  Yes     No

Grade: \_\_\_\_\_  Yes     No

Grade: \_\_\_\_\_  Yes     No

Grade: \_\_\_\_\_  Yes     No

If you do not offer breakfast in the classroom, please explain why (i.e., not required): \_\_\_\_\_

Does your school offer any alternative breakfast models (check all that apply)?

- Cafeteria     Grab and Go cart     Other *(please specify):* \_\_\_\_\_

Is your Grab and Go cart located (check all that apply):

- In the cafeteria
- In/near the main entrance of the school
- Other

If other, please specify: \_\_\_\_\_

Is your school a Community Eligibility Option (CEO) School?  Yes     No

If yes, please indicate your CEO percent free and CEO percent paid below:

CEO free percent: \_\_\_\_\_

CEO paid percent: \_\_\_\_\_

If you are a CEO school, please indicate your average daily meal participation for November 2012 (this is the total meals served, as reported on your November 2012 NSLP meals claimed, divided by the number of serving days in the month).

Breakfast meals: \_\_\_\_\_

Lunch meals: \_\_\_\_\_

If you are not a CEO school, please indicate the number of students who qualify for the following:

Free Meals \_\_\_\_\_    Reduced Price Meals \_\_\_\_\_    Full Price Meals \_\_\_\_\_



If you are **not** a CEO school, for November 2012, please indicate the average daily participation (number of students) for the following meals (this information is based on your November 2012 Edit Checks):

Breakfast – Free Meals\* \_\_\_\_\_  
Breakfast – Reduced Price Meals\* \_\_\_\_\_  
Breakfast – Full Price Meals\* \_\_\_\_\_  
  
Lunch – Free Meals\* \_\_\_\_\_  
Lunch – Reduced Price Meals\* \_\_\_\_\_  
Lunch – Full Price Meals\* \_\_\_\_\_

Does your school provide meals that meet the nutritional standards required by the federal and District laws, such as the Healthy Hunger-Free Kids Act and the Healthy Schools Act?

These requirements include: a different vegetable every day, dark green and/or orange vegetables at least three times per week, cooked dry beans/peas at least once a week, a different fruit every day, fresh fruit at least twice a week, a whole grain serving every day, and two different milk options.

Yes       No

Does your school serve locally grown and/or locally processed and unprocessed foods at meal times?

Yes       No

If yes, are these items served at breakfast?

Yes       No

If yes, are these items served at lunch?

Yes       No

Is water available to students during meal times?\*

Yes       No

If yes, is it available via (*check all that apply*):

Water fountain in the cafeteria       Water fountain in another location  
 Water pitcher and cups       Students bring water  
 Other (*please specify*): \_\_\_\_\_

Does your school participate in the Afterschool Snack Program?\*

Yes       No

If yes, please indicate the average daily participation for November 2012. \_\_\_\_\_

Does your school participate in the Afterschool Supper Program?\*

Yes       No

If yes, please indicate the average daily participation for November 2012. \_\_\_\_\_

Does your school participate in the Fresh Fruit and Vegetable Program?\*

Yes       No





Does your school participate in the DC Free Summer Meals Program?\*

Yes       No

If yes, please indicate the average daily participation for each of the following meals for the summer of 2012:

Breakfast: \_\_\_\_ Lunch: \_\_\_\_ Supper: \_\_\_\_ Snack: \_\_\_\_



**Section 6: Local Wellness Policy**

**Recommended point of contact for this section: principal, chair of school wellness council/committee**

Has your LEA's local wellness policy been submitted to OSSE for review?\*

- Yes  No  Don't Know

Has your LEA's local wellness policy been distributed to the following (check all that apply):

- Parent/teacher organization
- Wellness committee/council
- Foodservice staff
- Administrators
- Students
- None
- Other (please specify) \_\_\_\_\_

Is your school implementing your LEA's local wellness policy?  Yes  No

Who at your school is responsible for implementing your LEA's local wellness policy?\*

Does your school have vending machines available to students?\*

- Yes  No

If yes, how many vending machines do you have: \_\_\_\_\_

If yes, what are the hours of operation of these vending machines? \_\_\_\_\_

If yes, what items are sold from these vending machines? \_\_\_\_\_

If yes, do the items comply with the Healthy Schools Act?  Yes  No

Does your school sell foods or beverages of any kind for fundraisers?

- Yes  No

Does your school have a school store?\*

- Yes  No

If yes, what are the hours of operation for the school store? \_\_\_\_\_

If yes, what food and beverages are sold? \_\_\_\_\_



**Section 7: Distributing Information**

Where are the following items located at your school?

***LEA's Local Wellness Policy\****

- This information is not available.
- School Website    School Main Office    School Cafeteria or Eating Areas
- Other (please specify): \_\_\_\_\_

***School Menu for Breakfast and Lunch\****

- This information is not available.
- School Website    School Main Office    School Cafeteria or Eating Areas
- Other (please specify): \_\_\_\_\_

***Nutritional Content of each Menu Item\****

- This information is not available.
- School Website    School Main Office    School Cafeteria or Eating Areas
- Other (please specify): \_\_\_\_\_

***Ingredients of each Menu Item\****

- This information is not available.
- School Website    School Main Office    School Cafeteria or Eating Areas
- Other (please specify): \_\_\_\_\_

***Information on where fruits and vegetables served in schools are grown and processed and whether growers are engaged in sustainable agriculture practices\****

- This information is not available.
- School Website    School Main Office    School Cafeteria or Eating Areas
- Other (please specify): \_\_\_\_\_

Are students and parents informed about the availability of vegetarian food options at your school?\*

- Yes    No    Vegetarian food options are not available

If yes, where can they find this information?

- School Website    School Main Office    School Cafeteria or Eating Areas
- Other (please specify): \_\_\_\_\_

Are students and parents informed about the availability of milk alternatives, such as soy milk, lactose free milk, etc., at your school?\*

- Yes    No    Milk alternatives are not available

If yes, where can they find these options?

- School Website    School Main Office    School Cafeteria or Eating Areas
- Other (please specify): \_\_\_\_\_



<b>Section 8: School Gardens</b>	
<b>Recommended point of contact for this section: school garden coordinator</b>	
Does your school currently have a School Garden?*	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Garden Contact	Garden Contact E-mail
Does your school participate in the School Garden Program through any of the following (check all that apply)?	
<input type="checkbox"/> Teacher/staff professional development <input type="checkbox"/> Onsite technical support <input type="checkbox"/> School garden grant <input type="checkbox"/> We have not participated <input type="checkbox"/> Other (please specify): _____	
Which of the following components are included in your school garden? ( <i>select all that apply</i> )	
<input type="checkbox"/> Edible garden <input type="checkbox"/> Native plant garden <input type="checkbox"/> Stormwater <input type="checkbox"/> Greenhouse <input type="checkbox"/> Butterfly/Pollinator Garden <input type="checkbox"/> School yard greening project <input type="checkbox"/> Wildlife habitat garden <input type="checkbox"/> Other ( <i>please specify</i> ): _____	
If you have an edible garden, have you conducted a soil toxicity test in the past year?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did your school participate in Growing Healthy Schools Week or Strawberries and Salad Greens?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Section 9: Posting and Form Availability to Parents</b>
According to section 602(c) of the <i>Healthy School Act of 2010</i> , “each public school and public charter school shall post the information required by subsection (a) online if the school has a website and make the form available to parents in its office”.
How will you make this information available to parents?*
<input type="checkbox"/> Online <input type="checkbox"/> Copies Available at Main Office <input type="checkbox"/> Other ( <i>please specify</i> ): _____
Is your school sharing information about the Healthy Schools Act in any other ways?*
<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain. _____



## Healthy Schools Act School Health Profile Frequently Asked Questions

1. **When is the School Health Profile (SHP) due?** The SHP should be submitted electronically no later than 5pm on Friday, February 15, 2013.
  
2. **Who should complete the SHP?** The SHP asks for a variety of information from across the school. The OSSE recommends that, to provide accurate information, one person at each school serve as the contact person and be responsible for disseminating the SHP form to school staff members who would be most knowledgeable about each section topic (e.g., health teacher, nurse, food services manager, etc.; see chart below for suggestions). This responsible staff person would collect the completed data forms and submit the information using the online SHP website.

Section	Recommended to be completed by
1: School Profile	Principal, administrative assistant
2: Health Services	Nurse, mental health counselor
3: Health Education Instruction	Health education teacher, lead health educator
4: Physical Education Instruction	PE teacher
5: Nutrition Programs	Cafeteria manager, head of food services
6: Local Wellness Policy	Principal, chair of school wellness council
7: Distributing Information	Principal
8: School Gardens	School garden coordinator
9: Posting and Form Availability to Parents	Principal, administrator, administrative assistant

### 3. **Important Definitions:**

**School-based health center:** School-based health centers bring the services of a doctor’s office to schools so students can prevent health-related absences. The centers are open during school hours and staffed with health professionals. (From DCPS website)

**OSSE Health Education Standards:** specify what each student should know and be able to do to improve and maintain their health by the end of each grade level. They can be found at <http://osse.dc.gov/publication/health-education-standards>

**OSSE Physical Education Standards:** specify what each student should know and be able to by the end of each grade level. They can be found at <http://osse.dc.gov/publication/physical-education-standards>

**Locally-grown:** grown in Washington, DC, Maryland, Virginia, Delaware, West Virginia, Pennsylvania, North Carolina, and New Jersey.

**Sustainable Agriculture:** 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 non renewable 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.

**Community Eligibility Option:** Under the CEO provision, schools are required **to offer both breakfast and lunch**. Eligible schools under this provision will be able to count and claim meals ***without*** having to conduct the normal free and reduced price application process. All students will be able to walk through the serving line and receive a free breakfast and lunch without being charged for meals at those schools electing to participate in the CEO option. Schools that participate in CEO will no longer be required to collect Free and Reduced Price School Meals Family Applications. **Meals will still need to be counted at the Point of Service (POS). However, only a record of total meals served, not total meals served by category is required.**

Schools with an **identified** student (**direct certified, homeless, or foster care**) population of 40% or more according to data reported in the District of Columbia Direct Certification System report, via the State Agency Homeless Coordinator and the Department of Child and Family Services as of April 1 each year will be eligible to participate.

4. **What if I have other questions?** If this FAQ page does not answer your questions, please call OSSE Wellness and Nutrition Services Division at 202-481-3755 or email [OSSE.HSAhealthform@dc.gov](mailto:OSSE.HSAhealthform@dc.gov).