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 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.
### 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 2021-22 school year.

For definitions and clarifications, or more information on how to complete the online SHP form, please see our Frequently Asked Questions (FAQs) 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, 2022**. OSSE will post each completed and final 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.

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The SHP form must be submitted through [https://octo.quickbase.com](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.

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Need assistance with the online form?

**Call (202) 719-6500 | Email OSSE.callcenter@dc.gov | See FAQs in this doc**
Section 1: School Profile

1. Type of School*

[ ] Public School  [ ] Public Charter School  [ ] Private School


5. LEA Name* ______________________________________________________

5a. School Name* ___________________________________________________

6. Grades Served. Select all that apply*

[ ] Pre-K-3 and Pre-K4  [ ] 3  [ ] 7  [ ] 11

[ ] K  [ ] 4  [ ] 8  [ ] 12

[ ] 1  [ ] 5  [ ] 9  [ ] Adult

[ ] 2  [ ] 6  [ ] 10  [ ] Other: ____________

7. Contact Name of Person Completing and verifying the School Health Profile (SHP)*

_________________________________________________________________

7a. E-mail of person completing the SHP* _________________________________

8. Job Title of person completing the SHP* _________________________________

This person will be contacted by OSSE if there are questions about the SHP and will also 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 and School Behavioral Health Professional

The following section asks your school to provide information on the physical and behavioral health services provided to students, parents, and staff at your school.

Important Definitions for this Section:

Nursing: Registered nurses (RN) or licensed practical nurses (LPN).

Allied health professional: Nursing assistants, medical technicians, or anyone who can support a nurse; it does not refer to related service providers for purposes of special education.

Undesignated Epinephrine Injector: An epinephrine autoinjector that is not assigned to a specific student by prescription.

Please note, any nurse or allied health professional within the school building for the sole purpose of administering COVID-19 testing or vaccinations should not be included in responses to questions 9, 9a, or 9b below.

9. Do you have nursing and/or allied health professional coverage in your school?*
   □ Yes  □ No

9a. Please state the coverage of nursing and/or allied health professional coverage in your school:*
   Nurse
   _____ # full time (0 – 10)  _____ # part time (0 – 10)
   Allied health professional
   _____ # full time (0 – 10)  _____ # part time (0 – 10)

9b. For the coverage you indicated in 9a, please state the funding source:

<table>
<thead>
<tr>
<th>Nurse</th>
<th>Yes</th>
<th>No</th>
<th>Allied health professional</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-funded</td>
<td>□</td>
<td>□</td>
<td>Self-funded</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Provided by DC Health</td>
<td>□</td>
<td>□</td>
<td>Provided by DC Health</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other _______________________</td>
<td>□</td>
<td>□</td>
<td>Other __________________________</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

10. What type(s) of health services does your school offer to students? Select all that apply
   □ Access and/or referrals to medical providers through a systematic process
   □ Prevention materials and resources for chronic diseases (diabetes, obesity, asthma, etc.)
☐ Screening, testing, and/or treatment for chronic diseases (diabetes, obesity, asthma, etc.)
☐ On-site COVID-19 testing
☐ Prevention materials and resources for sexually transmitted diseases (HIV/AIDS, gonorrhea, chlamydia, etc.)
☐ Screening, testing, and/or treatment for sexually transmitted diseases (HIV/AIDS, gonorrhea, chlamydia, etc.)
☐ Oral health services (dental screening, cleaning, counseling, etc.)
☐ Vision screenings
☐ Hearing screenings
☐ On-site COVID-19 vaccinations and routine pediatric immunizations

10a. Does your school partner with any outside programs or organizations to provide health services to students?
☐ Yes  ☐ No

10b. Please specify their name below (including community-based organizations, DC Health, etc.).

☐ Name of agency or organization: _______________________________________

11. Does your school have at least two unexpired undesignated epinephrine auto-injectors? *
☐ Yes  ☐ No

11a. Does your school have at least two employees or agents (outside of the school nurse) who are certified to administer both an undesignated and a designated epinephrine auto-injector during all hours of the school day in case of an anaphylactic emergency?
☐ Yes  ☐ No

11b. Please provide the names of AOM (Administration of Medication) certified personnel at your school and when they were certified, if applicable:

11bw. Name: _________________________  11bwi. Date of Certification: ________________
11bx. Name: _________________________  11bxi. Date of Certification: ________________
11by. Name: _________________________  11byi. Date of Certification: ________________
11bz. Name: _________________________  11bzi. Date of Certification: ________________
12. Does your school have an Automated External Defibrillator (AED)?

☐ Yes  ☐ No

13. How many of the following clinical staff are currently employed, work as a contractor, or volunteer at your school?*

Licensed Independent Clinical Social Worker (LICSW) ___ # full time ___ #part time funding: _______
Licensed Graduate Social Worker (LGSW) ___ # full time ___ #part time funding: _______
Licensed Professional Counselor (LPC) ___ # full time ___ #part time funding: _______
Licensed Graduate Professional Counselor (LGPC) ___ # full time ___ #part time funding: _______
Psychologist ___ # full time ___ #part time funding: _______
Psychiatrist ___ # full time ___ #part time funding: _______

14. Please provide the contact information of your school behavioral health point of contact:

14a. Contact Name* _________________________________

14b. Contact E-mail* ________________________________

15. Does your school provide access to behavioral health services to all enrolled students? (A ‘yes’ response indicates that behavioral health services are available to students in the general education setting as well as those who receive services through an IEP or 504 plan)

☐ Yes  ☐ No

16. Does your school partner with any outside programs or organizations to provide behavioral/mental health services to students?

☐ Yes  ☐ No

16a. Please specify their name(s) below (including Community Based Organizations, Department of Behavioral Health, etc.).

☐ Name of agency(ies) or organization(s): __________________________________________________________

17. Does your school facilitate parent engagement? (Parent engagement in schools is defined as parents and school staff working together to support and improve the learning, development, and health of children and adolescents. For example, PTO, PTA, Wellness Committee)

☐ Yes  ☐ No
18. Does your school offer any health and wellness education for parents?

☐ Yes ☐ No

18a. Which of the following health and wellness education options does your school offer to parents?
Select all that apply

☐ Health risks related education (e.g. managing student asthma, importance of annual well-child visits and routine pediatric immunizations, blood pressure screenings)
☐ Mental/behavioral health education (e.g. stress management, warning signs of youth suicide)
☐ Physical health education (e.g. nutrition or cooking classes, obesity prevention)
☐ Physical activity education (e.g. Zumba, yoga, parent-child exercise classes)
☐ Personal health education (e.g. how to talk to your child about appropriate touch, puberty, healthy relationships, sexual health resources)
☐ COVID-19 risks related education (e.g. mitigation strategies, vaccination, etc.)
☐ Other: ______________________________________________

19. Does your school offer any health and wellness initiatives to staff that contribute to a positive school climate?

☐ Yes ☐ No

19a. What type of staff wellness initiatives does your school offer that contribute to a positive school climate?

☐ Organizational structures to support staff wellness (lactation rooms, welcoming break rooms, early dismissal days, opportunities to engage teacher voice and build trusting relationships, etc.)
☐ Staff wellness events (retreats, wellness days, workshops, campaigns, etc.) to promote positive self-care skills like fitness, nutrition, stress management, etc.
☐ Professional development (Trauma informed care, self-care, grief and loss, etc.)
☐ Mental/Behavioral health services offered through an Employee Assistance Program or partnering community-based organization
Section 3: Health Education Instruction

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

Important Definitions for this Section:

Health Education: Formal, structured health education as defined by the Centers for Disease Control and Prevention 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. Health education instruction of the District of Columbia Health Education Standards (DC Official Code § 38–821.01). 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).

Health Education Minutes (Grades 1-8): The average number of minutes per week during the school year that a student receives health education instruction. This average should only include time devoted exclusively to health education instruction that utilizes a health-specific curriculum. Do NOT include physical education instruction time in this figure. For this question, please indicate the average number of minutes per week that your school provides health education instruction to each grade level. Average number of minutes of health education instruction per week can range between 0 and 125 minutes.

Note: If your school provides more than 125 minutes of health education instruction in an average week, enter 125. If a student only receives health education for one semester or one quarter, please average the total weekly minutes for the whole school year.

Do you have questions regarding this calculation and need support? If so, please contact OSSE’s Division of Health and Wellness here: OSSE.HYDT@dc.gov

The Office of the State Superintendent of Education (OSSE) is committed to providing technical assistance to schools that do not meet the Health Education minute requirements. Schools that do not meet the required Health Education minutes will receive follow-up support from OSSE.

Health Education Requirement (Grades 9-12): According to the District of Columbia Municipal Regulations, prior to graduation, all students must have one and one half (1.5) Carnegie Units in Health/Physical Education.

Cardiopulmonary Resuscitation (CPR) Training: Cardiopulmonary resuscitation (CPR) is a lifesaving technique that is useful in many emergencies, such as a heart attack or near drowning, in which someone’s breathing or heartbeat has stopped. District of Columbia 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).
The following questions ask for the names and contact information for teachers who instruct 1) only health education, 2) only physical education, and 3) both health education and physical education at your school.

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

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

20a. Name of Health Education Instructor 1

___________________________________

20ai. Health Education Instructor 1 E-mail

___________________________________

20b. Name of Health Education Instructor 1

___________________________________

20bi. Health Education Instructor 1 E-mail

___________________________________

21. How many teachers instruct only physical education in your school?* _____ (0 – 10)

21a. Name of Physical Education Instructor 1

___________________________________

21ai. Physical Education Instructor 1 E-mail

___________________________________

21b. Name of Physical Education Instructor 2

___________________________________

21bi. Physical Education Instructor 2 E-mail

___________________________________

22. How many teachers instruct 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

___________________________________

23. For each grade span in your school, please indicate the average number of minutes per week during the regular instructional school week that students receive health education instruction:*

Grades: K – 5

Kindergarten Minutes/Week: ______________

Grade 1 Minutes/Week: ______________

Grade 2 Minutes/Week: ______________

Grade 3 Minutes/Week: ______________
Grade 4 Minutes/Week: ______________
Grade 5 Minutes/Week: ______________

Grades: 6 – 8
Grade 6 Minutes/Week: ______________
Grade 7 Minutes/Week: ______________
Grade 8 Minutes/Week: ______________

24. Does your school partner with any outside programs or organizations to supplement the health education topical instruction (including nutrition, alcohol, tobacco and other drugs, sexual health, oral health, etc.)? *
☐ Yes ☐ No

24a. If yes, please specify the name(s) of the partner program or organization below.*
Name of agency or organization: _______________________________________

25. Does your school include CPR instruction to students in grades 9 through 12 prior to graduation?
☐ Yes ☐ No

26. Do you require high school students to take 0.5 or more Carnegie Units in Health Education prior to graduation?
☐ Yes ☐ No

27. Does your school teach the following health education topics? Note: Please state the curriculum’s full name or note the curricula/lesson plan is teacher created.

Grades: K – 5 (Some topics may only be taught in older elementary grades. Please still answer “yes” in that case.)

Alcohol, Tobacco, and Other Drugs Prevention Education
☐ Yes If Yes, what curriculum do you use? _______________________
☐ No

Disease Prevention Education
☐ Yes If Yes, what curriculum do you use? _______________________
☐ No
Human Body and Personal Health Education

☐ Yes  If Yes, what curriculum do you use? _______________________

☐ No

Nutrition Education

☐ Yes  If Yes, what curriculum do you use? _______________________

☐ No

Mental and Emotional Health Education

☐ Yes  If Yes, what curriculum do you use? _______________________

☐ No

Safety Skills Education

☐ Yes  If Yes, what curriculum do you use? _______________________

☐ No

Suicide Prevention Education

☐ Yes  If Yes, what curriculum do you use? _______________________

☐ No

Grades: 6 - 8

Alcohol, Tobacco, and Other Drugs Prevention Education

☐ Yes  If Yes, what curriculum do you use? _______________________

☐ No

Disease Prevention Education

☐ Yes  If Yes, what curriculum do you use? _______________________

☐ No

Human Body and Personal Health Education

☐ Yes  If Yes, what curriculum do you use? _______________________

☐ No

HIV/STI Prevention Education
☐ Yes  If Yes, what curriculum do you use? _______________________
☐ No

Nutrition Education
☐ Yes  If Yes, what curriculum do you use? _______________________
☐ No

Mental and Emotional Health Education
☐ Yes  If Yes, what curriculum do you use? _______________________
☐ No

Safety Skills Education
☐ Yes  If Yes, what curriculum do you use? _______________________
☐ No

Suicide Prevention Education
☐ Yes  If Yes, what curriculum do you use? _______________________
☐ No

Grades: 9-12
Alcohol, Tobacco, and Other Drugs Prevention Education
☐ Yes  If Yes, what curriculum do you use? _______________________
☐ No

Disease Prevention Education
☐ Yes  If Yes, what curriculum do you use? _______________________
☐ No

Human Body and Personal Health Education
☐ Yes  If Yes, what curriculum do you use? _______________________
☐ No

HIV/STI Prevention Education
☒ Yes If Yes, what curriculum do you use? _______________________
☒ No

Nutrition Education
☐ Yes If Yes, what curriculum do you use? _______________________
☐ No

Mental and Emotional Health Education
☐ Yes If Yes, what curriculum do you use? _______________________
☐ No

Safety Skills Education
☐ Yes If Yes, what curriculum do you use? _______________________
☐ No

Suicide Prevention Education
☐ Yes If Yes, what curriculum do you use? _______________________
☐ No
Important Definitions for this Section:

**Physical Activity:** Physical activity means bodily movement, including walking, dancing, or gardening (DC Official Code § 38–821.01). Physical activity promotes normal and healthy growth and development. It can help reduce the risk of chronic disease and improve general health and overall daily function in people who do it regularly.

**Moderate-to-Vigorous Physical Activity:** Movement resulting in a substantially increased heart rate and breathing (DC Official Code § 38–821.01). 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.

**Physical Education:** Physical education (PE) is instruction based on the District of Columbia Physical Education Standards, of which at least 50% of the time is spent in moderate to vigorous physical activity (DC Official Code § 38–821.01). As SHAPE America explains, “physical education provides students with a planned, sequential, K through 12 standards-based program of curricula and instruction designed to develop motor skills, knowledge and behaviors for active living, physical fitness, sportsmanship, self-efficacy and emotional intelligence.”

**Recess and Outdoor Physical Activity:** Recess and outdoor physical activity is a regularly scheduled period in the school day for physical activity and play that is monitored by trained staff or volunteers. During this time, students are encouraged to be physically active and engaged with their peers in structured physical activities or activities of their choice, at all grade levels.

Legislative Requirements and Instructions:

**Physical Activity:** 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). For students in grades Pre-K3 and Pre-K4, schools shall provide an average of 60 minutes of physical activity per day, with a goal to provide 90 minutes of physical activity per day. (DC Official Code § 38–824.02). For this question, please indicate a daily average between 0 and 135 for grades Pre-K3 and Pre-K4.

**Physical Education Minutes:** 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. At least 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).

The Office of the State Superintendent of Education (OSSE) is committed to providing technical assistance to schools that do not meet the Physical Education minute requirements. Schools that do not meet the required Physical Education minutes will receive follow-up support from OSSE.
**Moderate-to-Vigorous Physical Activity Minutes:** For students in grades K – 8, at least 50 percent of physical education time shall be spent on moderate-to-vigorous physical activity (DC Official Code § 38–824.02). For this question, please indicate a weekly average between 0 and 225 for grades K – 5, and a weekly average between 0 and 300 for grades 6 – 8.

**Recess and Outdoor Physical Activity:** Schools shall provide recess and outdoor physical activity for all students on a daily basis (weather and space permitting). For students in grades K – 8, it shall be the goal to provide at least one recess of at least 20 minutes per day. For students in grades Pre-K3 and Pre-K4, it shall be the goal to provide at least two 20-minute sessions of outdoor physical activity per day (DC Official Code § 38–824.02).

28. For each grade span 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. This does NOT include recess or after school activities.*

| Grades: K – 5 | Minutes/Week: ________ |
| Grades: 6 – 8 | Minutes/Week: ________ |
| Grades: 9 – 12 | Minutes/Week: ________ |

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

*Note: Please state the curriculum’s full official name or note if the curricula/lesson plan is teacher created.*

| Grades: K – 5 | Curriculum: ____________________________ |
| Grades: 6 – 8 | Curriculum: ____________________________ |
| Grades: 9 – 12 | Curriculum: ____________________________ |

30. Within the physical education course during the regular instructional school week, how much time is devoted to actual moderate-to-vigorous physical activity. This does NOT include recess or after school activities.*

| Grades: K – 5 | □ Less than 50%  
|               | □ 50% or more  |
| Grades: 6 – 8 | □ Less than 50%  
|               | □ 50% or more  |
| Grades: 9 – 12| □ Less than 50%  
|               | □ 50% or more  |
31. Please indicate the average number of minutes per day of physical activity offered for pre-K3 and pre-K4 students:

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

31a. Please indicate the number of sessions of outdoor physical activity per day: ____

31b. Please indicate the average minutes per session of outdoor physical activity per day: _____

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

Grades: K – 5 Minutes/Day: _________

Grades: 6 – 8 Minutes/Day: _________

33. What strategies does your school use, during or outside of regular school hours, to promote physical activity? Select all that apply

☐ Active Recess ☐ Movement in the Classroom ☐ Walk to School

☐ After-School Activities ☐ Athletic Programs ☐ Safe Routes to School

☐ Bike to School ☐ Playground/field on school campus ☐ Before-School Activities

☐ Playground/field off of school campus ☐ Reward for student achievement or good behavior

☐ Shared Use Agreement with organizations providing physical activity outside of normal school day

☐ Gardening ☐ Dancing or Dance Programs ☐ Other: ____________________
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

Important Definition for this Section:

Alternative Breakfast Serving Model: An alternative breakfast serving model is a model of serving breakfast, such as breakfast in the classroom (BIC) or breakfast on grab-and-go carts, in which breakfast is offered in one or more locations with high student traffic other than the cafeteria. With alternative breakfast serving models, breakfast is also available after the start of the school day or both before and after the start of the school day. The model must be proven to increase student participation in breakfast relative to the traditional serving model, in which breakfast is served in the cafeteria before the start of the school day. Other alternative serving models may be used but may require approval by OSSE.

Local Wellness Committee: An action-oriented advisory group that focuses on the health and well-being of students, staff, and families in a school community. The local wellness committee implements the local wellness policy and leads or supports health-related initiatives.

Share Table: A location where school community members can place an unopened or sealed foods to provide for other community members to take food that would otherwise be thrown away.

34. Does your school operate a share table?
   - [ ] Yes
   - [ ] No

34a. Please indicate the type of share table (select all that apply).
   - [ ] Refrigerated
   - [ ] Unrefrigerated

35. Is cold, filtered water available to students during meal times?*
   - [ ] Yes
   - [ ] No

36. How many vending machines are available to students?* _____ (0 – 10)

36a. What hours are student vending machines available? Select all that apply
   - Before and/or after school
     - [ ] Yes
     - [ ] No
   - During all school hours
     - [ ] Yes
     - [ ] No
   - During school hours, excluding meal times
     - [ ] Yes
     - [ ] No
During school hours, only at meal times  □ Yes  □ No

36b. What items are sold from student vending machines? 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
☐ Fruit snacks

37. Does your school have a school store?

☐ Yes  ☐ No

37a. What are the hours of operation? Select all that apply.*

Before and/or after school  □ Yes  □ No
During all school hours  □ Yes  □ No
During school hours, excluding meal times  □ Yes  □ No
During school hours, only at meal times  □ Yes  □ No

37b. What food and/or beverages are sold in the school store? 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 flavored drinks
☐ Fresh fruits and/or non-fried vegetables  ☐ Whole grain products
☐ Milk and dairy products  ☐ Water
☐ Fruit snacks

38. Does your school serve breakfast via an alternative serving model?

☐ Yes  ☐ No

38a. If yes, select all alternative serving models in operation:

☐ Breakfast in the Classroom (BIC)
□ Grab n Go (in-school)
□ Second Chance Breakfast
□ Home Delivery
□ Meal Pick Up (for students learning in a distance learning environment)

39. Does your school have a local wellness committee or school health council/team?*
   □ Yes       □ No
Section 6: Distributing Information

Recommended point of contact for this section:
Principal, Business Manager, Director of Operations

Important Definitions for this Section:

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 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.

Vegetarian Food Option: 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).

40. How and to whom are following items distributed at your school? Select all that apply

LEA’s Local Wellness Policy

- 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
- Upon request
- 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
- Upon request
- School does not have a school menu
Nutritional Content of Each Menu Item

☐ School website
☐ School cafeteria or eating areas
☐ To foodservice staff
☐ To students
☐ Upon request
☐ School main office
☐ To parent/teacher organization
☐ To administrators
☐ This information is not available for distribution
☐ School does not have nutritional content of menu items

Ingredients of Each Menu Item

☐ School website
☐ School cafeteria or eating areas
☐ To foodservice staff
☐ To students
☐ Upon request
☐ School main office
☐ To parent/teacher organization
☐ To administrators
☐ This information is not available for distribution
☐ School does not have ingredients of menu items

Information on where fruits and vegetables served in school are grown and whether growers are engaged in sustainable agriculture practices

☐ School website
☐ School cafeteria or eating areas
☐ To foodservice staff
☐ To students
☐ Upon request
☐ School main office
☐ To parent/teacher organization
☐ To administrators
☐ This information is not available for distribution
☐ School does not have this information

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

☐ Yes ☐ No ☐ Vegetarian food options are not available

41a. How are vegetarian food options made available to students at your school? Select all that apply
☐ Veg food options are available at Breakfast ☐ Veg food options are available at Lunch

☐ Veg food options are rotated daily to avoid repetition ☐ Veg food options are clearly labeled or identified

☐ Veg accommodations available through formal process or upon request

42. Are milk alternatives, such as soy milk, rice milk, lactose free milk, etc., available at your school?*

☐ Yes ☐ No

42a. Are students and parents informed about the availability of milk alternatives?

☐ Yes ☐ No
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 https://bit.ly/3cM1utm.

Environmental Literacy: Environmental literacy is the development of knowledge, attitudes, and skills necessary to make informed decisions concerning the relationships among natural and urban systems. An environmentally literate person will ultimately understand how to take actions that respect, restore, protect, and sustain the health and well-being of human communities and environmental systems.

Outdoor Learning: Engaging in various activities outside during the school day and out of school time. Many school staff can visualize meals, recess, and physical activity taking place outdoors. Outdoor learning activities might include, but are not limited to, morning meetings, reading circles, lessons across all subject areas, and social-emotional learning.

Outdoor learning space: Any outside area where students and teachers can work together to learn, discuss, and explore. Outdoor learning spaces can be the temporary conversion of areas of school grounds, or it can be part of a larger initiative to create new outdoor teaching structures or enhance existing areas. The space can also be used for other school activities, such as meals, school-based behavioral health services, or student activity club meetings.

43. Does your school have an outdoor learning space?

☐ Yes  ☐ No

43a. How many students are exposed to 10 or more hours of outdoor learning per school year? _____
43b. How is your outdoor learning space used for outdoor learning?

**Instruction**

- [ ] Yes
- [ ] No

- [ ] English
- [ ] Math
- [ ] Science
- [ ] Social Studies
- [ ] Art
- [ ] Music
- [ ] Physical Education
- [ ] Health Education
- [ ] Other: __________________

**School Meals**

- [ ] Yes
- [ ] No

- [ ] Breakfast
- [ ] Lunch
- [ ] Fresh Fruit and Vegetable Program (FFVP)
- [ ] Snack
- [ ] Supper
- [ ] Other: __________________

**Social Development**

- [ ] Yes
- [ ] No

- [ ] Morning Meetings
- [ ] After-School Activities
- [ ] Student Activity Club Meetings
- [ ] Wellness Breaks
- [ ] Educator Wellness Programs
- [ ] Other: ________________

43c. Name(s) of outdoor learning coordinator(s): ________________________________

43d. Email(s) of outdoor learning coordinator(s): ________________________________

44. Does your school currently have a School Garden?*

- [ ] Yes
- [ ] No
44a. Name of Garden Contact* ____________________________________________

44b. Garden Contact E-mail* _____________________________________________

45. Did any of your classes or student groups attend a farm field trip this year?*

☐ Yes  ☐ No

45a. How many students attended a farm field trip? __________________________

Kindergarten: _____  Grade 7: ______
Grade 1: ______  Grade 8: ______
Grade 2: ______  Grade 9: ______
Grade 3: ______  Grade 10: ______
Grade 4: ______  Grade 11: ______
Grade 5: ______  Grade 12: ______
Grade 6: ______

45b. What farm(s) did the students visit? Select all that apply.

☐ Alice Ferguson Foundation’s Hard Bargain Farm (MD)  ☐ Common Good City Farm (DC)
☐ Pierce Mill (DC)  ☐ DC Urban Greens’ Fort Stanton Farm (DC)
☐ Arcadia Center for Sustainable Food and Agriculture (VA)  ☐ Red Wiggler Farm (MD)
☐ Calleva Farm (MD)  ☐ Rocklands Farm (MD)
☐ City Blossoms Community Green Spaces (DC)  ☐ Washington Youth Garden (DC)
☐ Cox Farms (VA)  ☐ Other: ___________________

46. Does your school offer an Environmental Science Class?*

☐ Yes  ☐ No

46a. How many students are enrolled in this course in the 2021-22 school year? ________

47. Name of Lead Science Teacher/Environmental Literacy Instructor* ____________________________

47a. Lead Science Teacher/Environmental Literacy Instructor E-mail* ____________________________
48. Please select the environmental literacy topics currently addressed in your school. For each selection, indicate the course in which the topic is taught and the curriculum (or curricula) that your school is currently using for instruction:

Note: Please state the curriculum’s full name or note that the curricula/lesson plan is teacher created.

Grades: K – 5

**Air (e.g., quality, climate change)**

- Yes □  No □

  Course: ____________________________

  Curriculum: ____________________________

**Water (e.g., stormwater, rivers, aquatic wildlife)**

- Yes □  No □

  Course: ____________________________

  Curriculum: ____________________________

**Land (e.g., plants, soil, urban planning, terrestrial wildlife)**

- Yes □  No □

  Course: ____________________________

  Curriculum: ____________________________

**Resource Conservation (e.g., energy, waste, recycling)**

- Yes □  No □

  Course: ____________________________

  Curriculum: ____________________________

**Health (e.g., nutrition, gardens, food)**

- Yes □  No □

  Course: ____________________________

  Curriculum: ____________________________

**Other (Please share the topic)**

- Yes □  No □

  Course: ____________________________

  Curriculum: ____________________________

Grades: 6 – 8

**Air (e.g., quality, climate change)**

- Yes □  No □

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Division of Health and Wellness
1050 First Street, NE, Sixth Floor
Washington, DC 20002
Course: __________________________________________________
Curriculum: ______________________________________________

Water (e.g., stormwater, rivers, aquatic wildlife) □ Yes □ No
Course: __________________________________________________
Curriculum: ______________________________________________

Land (e.g., plants, soil, urban planning, terrestrial wildlife) □ Yes □ No
Course: __________________________________________________
Curriculum: ______________________________________________

Resource Conservation (e.g., energy, waste, recycling) □ Yes □ No
Course: __________________________________________________
Curriculum: ______________________________________________

Health (e.g., nutrition, gardens, food) □ Yes □ No
Course: __________________________________________________
Curriculum: ______________________________________________

Other (Please share the topic) ____________________________________ □ Yes □ No
Course: __________________________________________________
Curriculum: ________________________________________________

Grades: 9 – 12

Air (e.g., quality, climate change) □ Yes □ No
Course: __________________________________________________
Curriculum: ______________________________________________

Water (e.g., stormwater, rivers, aquatic wildlife) □ Yes □ No
Course: __________________________________________________
Curriculum: ______________________________________________
**Land (e.g., plants, soil, urban planning, terrestrial wildlife)**  
☐ Yes  ☐ No

Course: __________________________________________________

Curriculum: ________________________________________________

**Resource Conservation (e.g., energy, waste, recycling)**  
☐ Yes  ☐ No

Course: __________________________________________________

Curriculum: ________________________________________________

**Health (e.g., nutrition, gardens, food)**  
☐ Yes  ☐ No

Course: __________________________________________________

Curriculum: ________________________________________________

**Other (Please share the topic) ______________________________**  
☐ Yes  ☐ No

Course: __________________________________________________

Curriculum: ________________________________________________

49. Which of the following groups in your school participated in environmental education (EE) learning experiences provided by outside organizations or agencies?

49a. Teachers of Grades K – 5  
☐ Yes  ☐ No

Who was the provider?

☐ Informal EE organization (e.g., Anacostia Watershed Society)
☐ Higher Education (e.g., University of the District of Columbia)
☐ Local Education Agency (e.g., DC Public Schools)
☐ State Education Agency (OSSE)
☐ Other District Agency (e.g., DC Department of Energy & Environment)
☐ Federal Program (e.g., Smithsonian Institution)
☐ Other, please list: ________________________________________

49b. Teachers of Grades 6 – 8  
☐ Yes  ☐ No

Who was the provider?

☐ Informal EE organization (e.g., Anacostia Watershed Society)
☐ Higher Education (e.g., University of the District of Columbia)
☐ Local Education Agency (e.g., DC Public Schools)
☐ State Education Agency (OSSE)
Other District Agency (e.g., DC Department of Energy & Environment)
Federal Program (e.g., Smithsonian Institution)
Other, please list: ________________________________________________

49c. Teachers of Grades 9 – 12

Who was the provider?

Informal EE organization (e.g., Anacostia Watershed Society)
Higher Education (e.g., University of the District of Columbia)
Local Education Agency (e.g., DC Public Schools)
State Education Agency (OSSE)
Other District Agency (e.g., DC Department of Energy & Environment)
Federal Program (e.g., Smithsonian Institution)
Other, please list: ________________________________________________

49d. Administrators

If yes, who was the provider?

Informal EE organization (e.g., Anacostia Watershed Society)
Higher Education (e.g., University of the District of Columbia)
Local Education Agency (e.g., DC Public Schools)
State Education Agency (OSSE)
Other District Agency (e.g., DC Department of Energy & Environment)
Federal Program (e.g., Smithsonian Institution)
Other, please list: ________________________________________________

50. For each grade at your school, please indicate the level of participation in Meaningful Watershed Educational Experiences (MWEE).

Grades: K – 5

- A system wide Meaningful Watershed Educational Experience is in place. Please describe (i.e., grade, description of unit, partnerships, etc.): __________________________
- 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.

51. Does your LEA implement any practices related to sustainable, green schools? Select all that apply

☐ School-wide Recycling Program
☐ Lead testing of water
☐ On-site Composting
☐ LEED Certification Type: ___ Silver ___ Gold ___ Platinum
☐ Project Learning Tree Green Schools
☐ National Wildlife Federation Eco-Schools
☐ Environmentally friendly cleaning products
☐ Landscaping with native plants
☐ Stormwater reduction efforts (i.e., rain barrels, cisterns, rain gardens)
☐ Other: __________________________

☐ None of these

52. What type of recycling hauling services does your school receive? Select all that apply

☐ Cardboard only
☐ Paper and cardboard only
☐ Mixed recyclables (plastic, metals, glass) only
☐ Co-mingled paper, cardboard, and mixed recyclables together (“single-stream”)
☐ Organics
☐ Other: __________________________

☐ None of these

53. Does your school compost? Select all that apply

☐ Yes, we participate in an organics recycling (off-site composting) program
☐ Yes, on-site outdoors (e.g. in garden)
☐ Yes, on-site indoors (e.g. worm bin in classroom)
☐ Other method: __________________________

☐ No, we don’t compost
54. Does your school promote the Environmental Protection Agency’s Indoor Air Quality Tools for Schools Program to reduce exposure to environmental factors that impact asthma among children and adults in public schools?

☐ Yes  ☐ No

55. Does your school purchase environmentally friendly cleaning supplies?

☐ Yes  ☐ No

56. Does your school cleaning/maintenance staff follow green cleaning procedures?

☐ Yes  ☐ No
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.

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 District's 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](http://osse.dc.gov/service/healthy-schools-act).

3. **When is the SHP due?** The SHP must be submitted electronically no later than 5 p.m. on Tuesday, Feb. 15, 2022. Schools that do not completed the SHP by this date 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 2019-20 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’s name, title, and email address along with the local education agency and school name. Login information will then be sent directly to the designee.

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Office of the State Superintendent of Education
Division of Health and Wellness
1050 First Street, NE, Sixth Floor
Washington, DC 20002
5. **How do I complete the SHP online form?**  
   a. Log in to Quickbase ([http://octo.quickbase.com](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 “2021-22 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 be asked to answer all the questions. For example, if you do not have a school nurse, you will move automatically to Question 10.

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](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](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.