



2013-2014 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 15th 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 15th 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 2013-2014 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.

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 at the end of this document.

Submission Deadlines

Forms must be received on or before February 15th of each year. OSSE will post each completed SHP form on the OSSE website for public review within 30 days of receipt. If your school has not completed the form by February 15th, 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 online. Please visit your principal portal or contact OSSE.HSAhealthform@dc.gov for more information.

For more information, see the School Health Profile FAQs page and the end of this document.

For assistance, please call 202-727-3467 or email OSSE.HSAhealthform@dc.gov.



SCHOOL HEALTH PROFILE FORM

Section 1: School Profile	
Type of School*	
<input type="checkbox"/> Public School <input type="checkbox"/> Public Charter School	
School Name*	
Street Address*	
Does your school currently have a website?*	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 _____	
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?*

 Full-time Part-time No coverage

How many nurses are available at your school?*

 One Two 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?*

 Yes No

Does your school currently have a School Mental Health Program or similar services on site for students?*

 Yes No

How many of the following clinical staff does your school currently employ?

Psychiatrist ___ # full time ___#part timePsychologist ___ # full time ___#part timeLicensed Independent Clinical Social Worker (LICSW) ___ # full time ___#part timeLicensed Professional Counselor (LPC) ___ # full time ___#part time

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?

 Yes No

Please specify the agency or organization: _____

Does your school see a need for more school-based behavioral/mental health services than you currently have? Yes No

Has your school ever used the Child and Adolescent Mobile Psychiatric Services (ChAMPS) or the Department of Mental Health's Access Helpline? Yes No

Does your school currently have an anti-bullying policy? Yes No Don't know

Section 3: Health Education Instruction

Recommended point of contact for this section: Health Education Teacher

Are students required to take health education at your school?*

- Yes No

How many health education teachers does your school currently have on staff?*

- None One Two Three or more

Does your school currently have at least one certified or highly qualified health teacher on staff?

- Yes 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? (*select all that apply*):

- Health education course Incorporated into another course
 Assemblies or presentations Other: _____
 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 students receive 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 OSSE's health education standards?*

- Yes No

For the health topics listed, please specify which health education curriculum (or curricula) your school uses for instruction:

- | | |
|---|-------------------|
| <input type="checkbox"/> Communication and Emotional Health | Curriculum: _____ |
| <input type="checkbox"/> Safety Skills | Curriculum: _____ |
| <input type="checkbox"/> Human Body and Personal Health | Curriculum: _____ |
| <input type="checkbox"/> Human Growth and Development | Curriculum: _____ |
| <input type="checkbox"/> Disease Prevention | Curriculum: _____ |
| <input type="checkbox"/> Nutrition | Curriculum: _____ |
| <input type="checkbox"/> Alcohol, Tobacco and Other Drugs | Curriculum: _____ |
| <input type="checkbox"/> Healthy Decision Making | Curriculum: _____ |
| <input type="checkbox"/> Sexuality and Reproduction | Curriculum: _____ |

Does your school partner with any outside programs or organizations to satisfy the health education requirements?*

Yes No

Please specify the agency or organization: _____

Section 4: Physical Education Instruction

Recommended point of contact for this section: Physical Education Teacher

Are students required to take physical education at your school?*

- Yes No

How many physical education teachers does your school have on staff?*

- None One Two 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? (select all that apply)

- Active Recess Movement in the Classroom Walk or Bike to School
 After-School Activities Athletic Programs Safe Routes to School
 None Other: _____

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 **actual physical activity within the physical education course**.*

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 OSSE's physical education standards?*

- Yes No

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

Which physical activity curriculum (or curricula) is your school currently using for instruction?

Does your school use a physical education or fitness assessment tool?* (e.g., Fitnessgram, President's Physical Fitness Test, etc.)

- Yes No

What is the name of the tool? _____

Does your school partner with any outside programs or organizations to satisfy the physical education or physical activity requirements?*

- Yes No

Please specify the agency or organization: _____

How many times per week do students get recess?*

How many minutes per week do students have recess?*
_____ minutes
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? <i>(select all that apply)*</i>
<input type="checkbox"/> None <input type="checkbox"/> Multimedia <input type="checkbox"/> Vendor-provided nutrition education <input type="checkbox"/> Posters <input type="checkbox"/> Meal time presentations <input type="checkbox"/> Classroom Instruction <input type="checkbox"/> Outside speakers <input type="checkbox"/> Handouts/brochures <input type="checkbox"/> Other <i>(please specify if a specific nutrition curricula is used)</i> : _____
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?*
<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your school offer breakfast in the classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify the grades for which breakfast is served in the classroom:
Grade(s): _____
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)?
<input type="checkbox"/> Cafeteria <input type="checkbox"/> Grab and Go cart <input type="checkbox"/> Other <i>(please specify)</i> : _____
Where is your Grab and Go cart located? (check all that apply)
<input type="checkbox"/> In the cafeteria <input type="checkbox"/> In/near the main entrance of the school <input type="checkbox"/> Other If other, please specify: _____
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?
<i>These requirements (for lunch) include: a different vegetable every day; dark green, red/orange, dry beans/peas, starchy, and other vegetables each week; a different fruit every day; fresh fruit at least 3 times per week; 100% juice only once per week; a whole grain-rich serving every day; 3 different types of whole-grain rich foods each week; only low-fat (1% or less) or fat-free (skim) fluid milk each day.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No
How many minutes does your school allow students to eat lunch?*

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

<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are these items served at breakfast?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are these items served at lunch?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Is water available to students during meal times?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is it available via (<i>check all that apply</i>):</p> <p><input type="checkbox"/> Water fountain in the cafeteria <input type="checkbox"/> Water fountain in another location</p> <p><input type="checkbox"/> Water pitcher and cups <input type="checkbox"/> Students bring water</p> <p><input type="checkbox"/> Other (<i>please specify</i>): _____</p>

Section 6: Local Wellness Policy

Recommended point of contact for this section: Principal, Chair of School Wellness Council/Committee

All Local Education Agencies (LEAs) in DC have a local wellness policy. Has your LEAs local wellness policy been distributed to the following? (check all that apply)

- Parent/teacher organization
- Wellness committee/council
- Foodservice staff
- Administrators
- Students
- None
- Other _____

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

How many vending machines do you have: _____

What are the hours of operation of these vending machines? _____

What items are sold from these vending machines? _____

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

What are the hours of operation for the school store? _____

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: _____

School Menu for Breakfast and Lunch*

- This information is not available
 School Website School Main Office School Cafeteria or Eating Areas
 Other: _____

Nutritional Content of Each Menu Item*

- This information is not available
 School Website School Main Office School Cafeteria or Eating Areas
 Other: _____

Ingredients of Each Menu Item*

- This information is not available
 School Website School Main Office School Cafeteria or Eating Areas
 Other : _____

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: _____

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

- Yes No Vegetarian food options are not available

Where can they find this information?

- School Website School Main Office School Cafeteria or Eating Areas
 Other: _____

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

Where can they find these options?

- School Website School Main Office School Cafeteria or Eating Areas
 Other: _____

Section 8: School Gardens	
Recommended point of contact for this section: School Garden Coordinator	
Does your school currently have a School Garden?*	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Garden Contact	Garden Contact E-mail
Did your school participate in Growing Healthy Schools Week or Strawberries and Salad Greens?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 9: Environmental Literacy
Recommended point of contact for this section: Lead Science Teacher
Does your school offer an Environmental Science Class?*
<input type="checkbox"/> Yes <input type="checkbox"/> No
How many students are enrolled in this course in the 2013-2014 school year?

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:
<input type="checkbox"/> Air (quality, climate change) Course: _____ Curriculum: _____ <input type="checkbox"/> Water (stormwater, rivers, aquatic wildlife) Course: _____ Curriculum: _____ <input type="checkbox"/> Land (plants, soil, urban planning, terrestrial wildlife) Course: _____ Curriculum: _____ <input type="checkbox"/> Resource Conservation (energy, waste, recycling)) Course: _____ Curriculum: _____ <input type="checkbox"/> Health (nutrition, gardens, food)) Course: _____ Curriculum: _____ <input type="checkbox"/> Other: _____) Course: _____ Curriculum: _____ <input type="checkbox"/> None
Name of Lead Science Teacher/Environmental Literacy Instructor
Lead Science Teacher/Environmental Literacy Instructor Email

Section 10: Posting and Form Availability to Parents
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 (please specify): _____
Is your school sharing information about the Healthy Schools Act in any other ways?*
<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain. _____

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* (Healthy Schools Act or HSA). Each school is required to make the completed SHP 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 School Health Profiles 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 Healthy Schools Act. A report is required by Section 405 of the Healthy Schools Act and is submitted by OSSE to the Mayor and City Council. Reports on the Healthy Schools Act may be found at: <http://osse.dc.gov/service/healthy-schools-act>

3. **When is the School Health Profile (SHP) due?** The SHP should be submitted electronically no later than 5:00 pm on Saturday, February 15, 2014.

4. **Who should complete the SHP?** Currently only the Principal has 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.HSAhealthform@dc.gov and include the name, title, school name and campus, and email for the designee. 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	Nurse, Mental Health Counselor
3: Health Education Instruction	Health Education Teacher, Lead Health Educator
4: Physical Education Instruction	Physical Education 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: Environmental Literacy	Environmental Science, Biology, or Science Teacher
10: Posting and Form Availability to Parents	Principal, Administrator, Administrative Assistant

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.
- If you have not used Quickbase before but have been granted access click the link “create a log-in” and follow the registration instructions.

b. Click on the application “**OSSE School Health 2014**”.

c. Click “survey” to be taken to a list of schools.

Once you start a page in the online format, you must complete the entire page to be able to save; partially complete pages will not be saved. “Edit” allows you to enter your responses. “View” allows you to see the form as it will be submitted.

d. Complete the questions on page one. At the end of the page, click the “completed” box and then “save” to save the form.

e. After clicking “save,” you will be taken back to the beginning of the first page and will be in “view” format. Scroll down to the bottom and click “go to page 2” to move on. Once you are on page 2, click “edit” to edit page 2.

f. Repeat these steps for pages 2 and 3. Note that many questions are required and you cannot save the form until all required questions on any one page are completed. Be sure to check the “completed” box at the end of each page. Your profile cannot be submitted unless all three “completed” boxes are checked.

6. **Can I see all of the SHP questions in one document?** Yes, a printable version of the SHP is available here. We suggest that you share this with members of staff that are helping complete the profile.

7. **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.

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

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

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.

8. **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 two conference calls to review the form and answer questions. Dates, times, and dial-in information are below and RSVP is not required.

Dial in number: (712) 775-7200
Access Code 504477#

Dates and times:

- Option 1: Thursday, January 16, 2014 at 10:00am
- Option 2: Wednesday, February 5, 2014 at 3:00pm

If this FAQ page does not answer your question, please call OSSE Wellness and Nutrition Services Division at 202-727-3467 or email OSSE.HSAhealthform@dc.gov.