



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

**EDUCATION**

**2018-19 SCHOOL YEAR**

## **SCHOOL HEALTH PROFILE FORM**

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### **Healthy Schools Act of 2010**

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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.

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Any public school or public charter school that fails to complete and submit its SHP form to OSSE **on or before Feb. 15** of each year will be out of compliance with Section 602 of the Healthy Schools Act of 2010. The School Health Profile is used by OSSE to inform the School Report Card. Non-compliant schools will not include data from their School Health Profile on their School Report Card.

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## 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.

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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.

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Complete all sections of the form with responses for the 2018-2019 school year.

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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.

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## Submission Deadline

The online form must be completed **on or before Feb. 15, 2019**. OSSE will post each completed SHP on the OSSE website within 30 days of receipt for public review. **If your school has not completed the form by Feb. 15, your school will be listed on the OSSE website as out of compliance with Section 602 of the *Healthy Schools Act of 2010*.** OSSE also reports compliance with the SHP to the Mayor, the DC Council, and the Healthy Youth and Schools Commission.

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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.

The SHP form must be submitted through <https://octo.quickbase.com>

- When completing the online form, please do not use commas, quotes, or press “enter” in text boxes.
- Due to skip patterns in the online form, you may not have to answer all the questions. For example, if your school does not have a website, you will move automatically to question 7.

### Need assistance with the online form?

Call (202) 719-6500 | Email [OSSE.callcenter@dc.gov](mailto:OSSE.callcenter@dc.gov) | See FAQs in this doc

## Section 1: School Profile

### 1. Type of School\*

Public School       Public Charter School       Private School

2. LEA ID: Pre-filled

3. School Code: Pre-filled

4. Ward: Pre-filled

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\* \_\_\_\_\_

7a. Contact E-mail\* \_\_\_\_\_

8. Contact Job Title\* \_\_\_\_\_

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

## Section 2: Health Services

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

### **Important Definitions for this Section:**

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 auto-injector that is not assigned to a specific student by prescription.

### **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 10a, please state the funding source:\***

<b>Nurse</b>	<b>Yes</b>	<b>No</b>	<b>Allied health professional</b>	<b>Yes</b>	<b>No</b>
Self-funded	<input type="checkbox"/>	<input type="checkbox"/>	Self-funded	<input type="checkbox"/>	<input type="checkbox"/>
Provided by the Department of Health	<input type="checkbox"/>	<input type="checkbox"/>	Provided by the Department of Health	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>

### **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.)
- 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.)

Other \_\_\_\_\_

**10a. If your school partners with any outside programs or organizations to provide health services to students, please specify their name below (including Community Based Organizations, DC Health, etc.).**

- Name of agency or organization: \_\_\_\_\_
- No current partnership(s)

**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:**

- |                          |  |
|--------------------------|--|
| <b>11bw. Name:</b> _____ | <b>11bwi. Date of Certification:</b> _____ |
| <b>11bx. Name:</b> _____ | <b>11bxi. Date of Certification:</b> _____ |
| <b>11by. Name:</b> _____ | <b>11byi. Date of Certification:</b> _____ |
| <b>11bz. Name:</b> _____ | <b>11bzi. Date of Certification:</b> _____ |

**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 (0 – 10) | ___ #part time (0 – 10) |
| Licensed Professional Counselor (LPC)               | ___ # full time (0 – 10) | ___ #part time (0 – 10) |
| Psychologist  | ___ # full time (0 – 10) | ___ #part time (0 – 10) |
| Psychiatrist  | ___ # full time (0 – 10) | ___ #part time (0 – 10) |

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

Office of the State Superintendent of Education  
Division of Health and Wellness  
1050 First Street, NE, Fourth Floor  
Washington, DC 20002

14a. Contact Name\* \_\_\_\_\_

14b. Contact E-mail\* \_\_\_\_\_

15. Does your school offer mental health services to students in the general education setting (students that don't receive services through a 504 Plan or an IEP)?

Yes

No

16. If your school partners with any outside programs or organizations to provide mental health services to students, please specify their name below (including Community Based Organizations, Department of Behavioral Health, etc.).

Name of agency or organization: \_\_\_\_\_

No current partnership(s)

17. 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. How is your school facilitating parent engagement?

PTO

PTA

Other: \_\_\_\_\_

18. Does your school offer any health and wellness education for parents? *Select all that apply*

Health risks related education (e.g. managing student asthma, blood pressure screenings)

Mental 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)

Other: \_\_\_\_\_

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

Opportunities for self-care during the school day (wellness rooms, lactation rooms, welcoming break rooms, etc.)

- Staff wellness retreats for positive self-care skills like (yoga, meditation, stress management, etc.)
- Trauma informed self-care training (e.g. Vicarious trauma training)
- Other: \_\_\_\_\_

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

Health Education Minutes: This number should represent the average number of minutes over the course of the year. If a student only receives health education for one semester or one quarter, please average the minutes for the whole year. Do NOT include physical education instruction time in this figure. This average should only include time that a particular student in each grade would receive health education instruction taught with a curriculum specifically designed for health education. For this question, please indicate an average between 0 and 125 minutes of health education that your school provides per grade for every week of the school year. The Healthy Schools Act sets requirements for health education by grade band. For students in grades K – 8, schools shall provide an average of at least 75 minutes per week (DC Official Code § 38–824.02)

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

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

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

**20a. Name of Health Education Instructor 1**

\_\_\_\_\_

**20ai. Health Education Instructor 1 E-mail**

\_\_\_\_\_

**20b. Name of Health Education Instructor 1**

\_\_\_\_\_

**20bi. Health Education Instructor 1 E-mail**

\_\_\_\_\_

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

**21a. Name of Physical Education Instructor 1**

\_\_\_\_\_

**21ai. Physical Education Instructor 1 E-mail**

\_\_\_\_\_

**21b. Name of Physical Education Instructor 2**

Office of the State Superintendent of Education  
Division of Health and Wellness  
1050 First Street, NE, Fourth Floor  
Washington, DC 20002

**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. If your school partners with any outside programs or organizations to satisfy the health education requirements (including nutrition, alcohol, tobacco and other drugs, sexual health, etc.), please specify their name(s) below.\***

Name of agency or organization: \_\_\_\_\_

No current partnership(s)

**24. 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:\***<sup>^</sup>

Grades: Pre-K3 and Pre-K4      Minutes/Week: \_\_\_\_\_

Grades: K – 5                      Minutes/Week: \_\_\_\_\_

Grades: 6 – 8                     Minutes/Week: \_\_\_\_\_

Grades: 9 – 12                  Minutes/Week: \_\_\_\_\_

**25. Does your school provide CPR instruction in at least one health class necessary for graduation? (This applies only to schools serving students in grades 9 through 12)."**

     **Yes**

     **No**

**26. "Does your school require high school students to take 0.5 units in Health Education prior to graduation?"**

     **Yes**

     **No**

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

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

**Grades: K – 5**

**Mental and Emotional Health Curriculum:**

- None
- Other: \_\_\_\_\_

**Sexual and Personal Health Curriculum:** Drop down Menu of the following options:

- BART
- Be Proud! Be Responsible!
- FLASH
- Making Proud Choices
- Other: \_\_\_\_\_
- None

**Nutrition Curriculum:** Drop down Menu of the following options:

- CATCH
- Healthy Kids
- Eat Well and Keep Moving
- Life Series
- Other: \_\_\_\_\_
- None

**Alcohol, Tobacco and Other Drugs Curriculum:** Drop down Menu of the following options:

- Across Ages
- Keepin' It Real
- PALS
- Other: \_\_\_\_\_
- None

**Grades: 6 - 8**

**Mental and Emotional Health Curriculum:**

- None
- Other: \_\_\_\_\_

**Sexual and Personal Health Curriculum:** Drop down Menu of the following options:

- BART
- Be Proud! Be Responsible!
- FLASH
- Making Proud Choices
- Other: \_\_\_\_\_
- None

**Nutrition Curriculum:** Drop down Menu of the following options:

- CATCH
- Healthy Kids
- Eat Well and Keep Moving
- Life Series
- Other: \_\_\_\_\_
- None

**Alcohol, Tobacco and Other Drugs Curriculum:** Drop down Menu of the following options:

- Across Ages
- Keepin' It Real
- PALS

- Other: \_\_\_\_\_
- None

**Grades: 9- 12**

**Mental and Emotional Health Curriculum:**

- None
- Other: \_\_\_\_\_

**Sexual and Personal Health Curriculum:** Drop down Menu of the following options:

- BART
- Be Proud! Be Responsible!
- FLASH
- Making Proud Choices
- Other: \_\_\_\_\_
- None

**Nutrition Curriculum:** Drop down Menu of the following options:

- CATCH
- Healthy Kids
- Eat Well and Keep Moving
- Life Series
- Other: \_\_\_\_\_
- None

**Alcohol, Tobacco and Other Drugs Curriculum:** Drop down Menu of the following options:

- Across Ages
- Keepin' It Real
- PALS
- Other: \_\_\_\_\_
- None

## Section 4: Physical Education Instruction

*Recommended point of contact for this section: Physical Education Teacher*

### **Important Definitions for this Section:**

**Physical Education:** Physical education (PE) provides students with a structured, sequential, standards-based program of instruction designed to: develop knowledge on motor skills, health-related benefits of active living, and physical activity; increase self-esteem and social responsibility; build a foundation of practices that promote and facilitate the attainment of movement skills, fitness, and physical activities that can be maintained throughout life.

**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. 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).

**Physical Activity:** Any bodily movement produced by the contraction of skeletal muscle that increases energy expenditure above a resting level. Physical activity can be repetitive, structured, and planned movement; leisurely; sports-focused; work-related; or transportation-related. This may include walking, dancing, and gardening. For students in grades K – 8, it shall be the goal to provide 60 minutes of physical activity per day (DC Official Code § 38–824.01).

**Moderate-to-Vigorous Physical Activity:** Any bodily movement resulting in a substantially increased heart rate and breathing.

**Moderate-to-Vigorous Physical Activity Minutes:** This number should include the time that students are participating in moderate-to-vigorous physical activity. It should **NOT** include time devoted to administrative tasks, transitions, or breaks. The number reported in question 30 cannot exceed the number in question 28. For students in grades K – 8, 50 percent of physical education time shall be spent on moderate-to-vigorous physical activity (DC Official Code § 38–824.02). For students in grades Pre-K3 and Pre-K4, schools shall provide an average of 45 minutes of moderate-to-vigorous physical activity per day, with a goal to provide 90 minutes of moderate-to-vigorous physical activity per day. (DC Official Code § 38–824.01) For this question, please indicate a daily average between 0 and 135 for grades Pre-K3 and Pre-K4, a weekly average between 0 and 225 for grades K – 5, and a weekly average between 0 and 300 for grades 6 – 8.

**28. For each grade span in your school, please indicate the average number of minutes 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: \_\_\_\_\_

Office of the State Superintendent of Education  
Division of Health and Wellness  
1050 First Street, NE, Fourth Floor  
Washington, DC 20002

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

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

Grades: K – 5 Curriculum: \_\_\_\_\_

Grades: 6 – 8 Curriculum: \_\_\_\_\_

Grades: 9 – 12 Curriculum: \_\_\_\_\_

**30. For each grade span in your school, please indicate the average number of minutes per week during the regular instructional school week devoted to actual moderate-to-vigorous physical activity within the physical education course. This does NOT include recess or after school activities.\*^**

Grades: K – 5 Minutes/Week: \_\_\_\_\_

Grades: 6 – 8 Minutes/Week: \_\_\_\_\_

Grade: 9 – 12 Minutes/Week: \_\_\_\_\_

**31. For each grade band in your school, please indicate the average number of minutes per day of moderate-to-vigorous physical activity offered for pre-K3 and pre-K4 students:**

Grades Pre-K3 and Pre-K4 Minutes/Day: \_\_\_\_\_

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

Grades: K – 5 Minutes/Week: \_\_\_\_\_

Grades: 6 – 8 Minutes/Week: \_\_\_\_\_

Grades: 9 – 12 Minutes/Week: \_\_\_\_\_

**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 that provide physical activity outside of the 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**

**34. Is cold, filtered water available to students during meal times?\***

Yes  No

**35. How many vending machines are available to students?\*** \_\_\_\_\_ (0 – 10)

**35a. What hours are student vending machines available? *Select all that apply***

	Yes	No
Before and/or after school	<input type="checkbox"/>	<input type="checkbox"/>
During school hours	<input type="checkbox"/>	<input type="checkbox"/>
During school hours, excluding meal times	<input type="checkbox"/>	<input type="checkbox"/>
During school hours, only at meal times	<input type="checkbox"/>	<input type="checkbox"/>

**35b. What items are sold from student vending machines? *Select all that apply***

- |   |   |
|---|---|
| <input type="checkbox"/> 100% fruit and/or vegetable juice<br><input type="checkbox"/> Baked chips, lower calorie and/or fat snacks<br><input type="checkbox"/> Fresh fruits and/or non-fried vegetables<br><input type="checkbox"/> Milk and dairy products<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Regular chips, pretzels and snack mixes<br><input type="checkbox"/> Sodas and/or fruit drinks<br><input type="checkbox"/> Whole grain products<br><input type="checkbox"/> Water |
|---|---|

**36. If you have a school store, what are the hours of operation? *Select all that apply\****

	Yes	No	N/A
Before and/or after school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During school hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During school hours, excluding meal times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During school hours, only at meal times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**37. What food and/or beverages are sold in the school store? *Select all that apply***

- 100% fruit and/or vegetable juice
- Baked chips, lower calorie and/or fat snacks
- Fresh fruits and/or non-fried vegetables
- Milk and dairy products
- Other: \_\_\_\_\_
- Regular chips, pretzels and snack mixes
- Sodas and/or fruit flavored drinks
- Whole grain products
- Water

## 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).

### **38. Does your school have a wellness committee, school health council, or team?\***

Yes

No

### **39. Please provide the contact information of two members of the wellness committee, school health council, or team.**

**39a. Contact Name\*** \_\_\_\_\_

**39ai. Contact E-mail\*** \_\_\_\_\_

**39b. Contact Name\*** \_\_\_\_\_

**39bi. Contact E-mail\*** \_\_\_\_\_

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

#### ***LEA's Local Wellness Policy***

- |   |   |
|---|---|
| <input type="checkbox"/> School Website                   | <input type="checkbox"/> School Main Office                                 |
| <input type="checkbox"/> School Cafeteria or Eating Areas | <input type="checkbox"/> To parent/teacher organization                     |
| <input type="checkbox"/> To foodservice staff             | <input type="checkbox"/> To administrators                                  |
| <input type="checkbox"/> To students                      | <input type="checkbox"/> This information is not available for distribution |
| <input type="checkbox"/> Other: _____                     | <input type="checkbox"/> School does not have a Local Wellness Policy       |

#### ***School Menu for Breakfast and Lunch***

- |   |   |
|---|---|
| <input type="checkbox"/> School Website | <input type="checkbox"/> School Main Office |
|---|---|



- School Cafeteria or Eating Areas
- To foodservice staff
- To students
- Other: \_\_\_\_\_

- To parent/teacher organization
- To administrators
- This information is not available for distribution
- School does not offer school menu

***Nutritional Content of Each Menu Item***

- School Website
- School Cafeteria or Eating Areas
- To foodservice staff
- To students
- Other: \_\_\_\_\_

- 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
- Other: \_\_\_\_\_

- School Main Office
- To parent/teacher organization
- To administrators
- This information is not available for distribution
- School does not have the 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
- Other: \_\_\_\_\_

- 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 Food Options Are Not Available       Other: \_\_\_\_\_

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

- Yes       No       Milk alternatives are not available

## Section 7: Environment

**Recommended point of contact for this section: Principal, Lead Science Teacher**

Data from the School Health Profile will be used to complete the Environmental Literacy Indicator Tool, a biennial survey used to determine progress on environmental literacy goals in the Chesapeake Bay Watershed Agreement. In the future, compiled results will be available on the [chesapeakebayprogress.com](http://chesapeakebayprogress.com) website.

### **Important Definitions for this Section:**

**School Gardens:** outdoor spaces that engage students through hands-on lessons that enhance learning.

**Meaningful Watershed Educational Experience (MWEE's):** Provide students with a better understanding of the natural environment by connecting classroom learning with outdoor field investigations. MWEE's encourage students to define an environmental issue, investigate the issue by collecting data through outdoor field experiences, take action to address the environmental issue at the personal or societal level, and then analyze and evaluate the results of the investigation to communicate findings to an audience. More information about MWEE's can be found at [http://www.chesapeakebay.net/publications/title/meaningful\\_watershed\\_educational\\_experience](http://www.chesapeakebay.net/publications/title/meaningful_watershed_educational_experience).

### **43. Does your school currently have a School Garden?\***

Yes

No

**43a. Name of Garden Contact\*** \_\_\_\_\_

**43b. Garden Contact E-mail\*** \_\_\_\_\_

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

Yes

No

**44a. How many students attended a farm field trip?** \_\_\_\_\_

### **44b. What farm(s) did the students visit? *Select all that apply***

- |  |  |
|--|--|
| <input type="checkbox"/> Alice Ferguson Foundation's Hard Bargain Farm       | <input type="checkbox"/> Common Good City Farm   |
| <input type="checkbox"/> Arcadia Center for Sustainable Food and Agriculture | <input type="checkbox"/> Red Wiggler Farm        |
| <input type="checkbox"/> Calleva Farm  | <input type="checkbox"/> Rocklands Farm          |
| <input type="checkbox"/> City Blossoms Community Green Spaces                | <input type="checkbox"/> Washington Youth Garden |
| <input type="checkbox"/> Other: _____  |  |

**45. Does your school offer an Environmental Science Class?\***

Yes  No

**45a. How many students are enrolled in this course in the 2017-18 school year? \_\_\_\_\_**

**46. Name of Lead Science Teacher/Environmental Literacy Instructor\***

\_\_\_\_\_

**46a. Lead Science Teacher/Environmental Literacy Instructor E-mail\***

\_\_\_\_\_

**47. 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. If teachers in your school create their own curricula/lesson plans, please include the resources, standards, and/or websites used to create the curriculum.*

**Grades: K – 5**

**No curriculum is used**

Air (quality, climate change)

Course: \_\_\_\_\_

Curriculum: \_\_\_\_\_

Water (stormwater, rivers, aquatic wildlife)

Course: \_\_\_\_\_

Curriculum: \_\_\_\_\_

Land (plants, soil, urban planning, terrestrial wildlife)

Course: \_\_\_\_\_

Curriculum: \_\_\_\_\_

Resource Conservation (energy, waste, recycling)

Course: \_\_\_\_\_

Curriculum: \_\_\_\_\_

Health (nutrition, gardens, food)

Course: \_\_\_\_\_

Curriculum: \_\_\_\_\_

Other: ( \_\_\_\_\_ )

Course: \_\_\_\_\_

Curriculum: \_\_\_\_\_

**Grades: 6 – 8**

**No curriculum is used**

Air (quality, climate change)

Course: \_\_\_\_\_

Curriculum: \_\_\_\_\_

Water (stormwater, rivers, aquatic wildlife)

Course: \_\_\_\_\_

Curriculum: \_\_\_\_\_

Land (plants, soil, urban planning, terrestrial wildlife)

Course: \_\_\_\_\_

Curriculum: \_\_\_\_\_

Resource Conservation (energy, waste, recycling)

Course: \_\_\_\_\_

Curriculum: \_\_\_\_\_

Health (nutrition, gardens, food)

Course: \_\_\_\_\_

Curriculum: \_\_\_\_\_

Other: ( \_\_\_\_\_ )

Course: \_\_\_\_\_

Curriculum: \_\_\_\_\_

**Grades: 9 – 12**

**No curriculum is used**

Air (quality, climate change)

Course: \_\_\_\_\_

Curriculum: \_\_\_\_\_

Water (stormwater, rivers, aquatic wildlife)

Course: \_\_\_\_\_

Curriculum: \_\_\_\_\_

Land (plants, soil, urban planning, terrestrial wildlife)

Course: \_\_\_\_\_

Curriculum: \_\_\_\_\_

Resource Conservation (energy, waste, recycling)

Course: \_\_\_\_\_

Curriculum: \_\_\_\_\_

Health (nutrition, gardens, food)

Course: \_\_\_\_\_

Curriculum: \_\_\_\_\_

Other: ( \_\_\_\_\_ )

Course: \_\_\_\_\_

Curriculum: \_\_\_\_\_

**48. 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.

**49. What practices is your LEA implementing related to sustainable, green schools? *Select all that apply***

- School-wide Recycling Program
- Lead testing of water
- On-site Composting
- 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)

- Sprint to Savings/Green Schools Energy Challenge
- Other \_\_\_\_\_

**50. 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

**51. 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 \_\_\_\_\_
- Don't Compost

**52. 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                                       Don't know

**53. Does your school purchase environmentally-friendly cleaning supplies?**

- Yes                                       No                                       Don't know

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

- Yes                                       No                                       Don't know

## Healthy Schools Act School Health Profile Frequently Asked Questions

1. **What is the Healthy Schools Act School Health Profile?** The School Health Profile (SHP) is an online questionnaire that must be completed by each District of Columbia public school and public charter school according to Section 602 of the *Healthy Schools Act of 2010* (HSA). The contact person listed in the SHP will receive a PDF copy of the Profile that is required to be made available online if the school has a website and available to parents or guardians in the main office. The Office of the State Superintendent of Education (OSSE) will post completed profiles on our website within 30 days of submission.
  
2. **How is the information in the SHP used?** Information collected in the SHP is used to inform OSSE, the Mayor, City Council, and the Healthy Youth and Schools Commission on the extent to which the Districts schools are achieving the goals of the HSA. A report is required by Section 405 of the HSA and is submitted by OSSE to the Mayor, City Council, and Healthy Youth and Schools Commission. Reports on the HSA may be found at: <http://osse.dc.gov/service/healthy-schools-act>.
  
3. **When is the SHP due?** The SHP is due by Feb. 15 of each year. The SHP should be submitted electronically no later than 5 p.m. on Friday, Feb. 15, 2019. Schools that do not completed the SHP by Feb. 15 will be listed on the OSSE website as out of compliance with Section 602 of the *Healthy Schools Act of 2010*.
  
4. **Who should complete the SHP?** The Principal and contact person from the 2018-19 HSA SHP are automatically given access to the SHP; however, the SHP asks for information pertinent to the entire school. OSSE recommends that the Principal serve as the lead and distribute the printable SHP form to school staff who are most knowledgeable about each section (see chart below for suggestions). The Principal will then collect the information and enter the responses into the SHP online form. If the Principal wishes to designate another staff member as the lead, he/she must send an email to OSSE.callcenter@dc.gov and include the designee' name, title, and email address along with the local education agency and school name. Login information will then be sent directly to the designee.

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



**5. How do I complete the SHP online form?**

- a. Log in to Quickbase (<http://octo.quickbase.com>):
  - DC.gov Users: sign in with your network email and password.
  - If you do not have a dc.gov email but have used Quickbase before, use your previous login and password (usually your school email address and password).
  - If you have not used Quickbase before but have been granted access via an email notification from Quickbase, click the link in the email and follow the instructions.
- b. Click on the application “2018-19 OSSE HSA School Health Profile”.
- c. Select “Click to Complete” to be taken to your school’s profile.
- d. Once you start a page, you must complete the entire page to be able to save it; partially completed pages will not be saved.
- e. Click the pencil icon to edit your Profile and the eye icon to view the form as it will be submitted.
- f. Complete the questions on page 1. At the end of the page, click the “completed” box and then “save” to save the form.
- g. Repeat the process for the rest of the pages to complete them.
- h. Many questions are required and you cannot save the form until all required questions on any one page are completed.
- i. Your Profile cannot be submitted unless all three “completed” boxes are checked.
- j. Do not use commas, quotes, or press “enter” in text boxes.
- k. Due to skip patterns, you may not answer all the questions. For example, if you do not have a school nurse, you will move automatically to question 12.

6. **Can I see all of the SHP questions in one document?** Yes, a printable version of the SHP is available in the Quickbase application and our webpage: <http://osse.dc.gov/node/722242> . We suggest that you share this with members of staff that are helping complete the Profile.

7. **What if I have other questions?** Please consult with other school staff if you are not sure of an answer on the profile. OSSE will hold a webinar to review the login process, how to request access for new users, navigate through the application, and answer certain questions.

A recording of the webinar will be made available at: <http://osse.dc.gov/node/722242>.

If this FAQ page does not answer your question, please call OSSE Customer Service Center at (202) 719-6500 Monday-Friday 8 a.m. – 5:30 p.m. or email [OSSE.callcenter@dc.gov](mailto:OSSE.callcenter@dc.gov).