

**DC Healthy Schools Act Title IV
 Physical and Health Education**

Contact Type:	Site Visit <input type="checkbox"/>	Corrective Action <input type="checkbox"/>
Date:		
Facility/School:		
School Contact:		

COMPLIANCE DETERMINATION

Based on the Healthy Schools Act LWP Implementation TA Site Visit, are program operations in compliance with the requirements set forth in Title IV?

Yes No N/A

- School promotes the goal for children to engage in physical activity for 60 minutes each day?
- School seeks to maximize physical activity by means including (1) Promoting active recess, (2) Including physical activity in after-school activities, and (3) Integrating movement into classroom instruction?
- For students in Kindergarten through Grade 5, physical education is provided an average of at least 150 minutes per week?
- For students in Grades 6 through 8, physical education is provided an average of at least 225 minutes per week?
- At least 50% of physical education class time is devoted to actual physical activity?
- For students in Grades Kindergarten through 8, health education is provided an average of at least 75 minutes per week?
- A student with disabilities has suitably adapted physical education incorporated as part of the IEP developed for the student?
- Requiring or withholding physical activity is *not* used to punish students?

_____ # of Health Education minutes grades K-8

_____ # of PE minutes grades K-5

_____ # of PE minutes grades 6-8

Standard: Any "No" answers require a corrective action plan. Use the attached Corrective Action Plan Form to describe the problem and the action to be taken. A follow-up review must be conducted with 45 calendar days. Anticipated date of follow-up review: _____

Other Notes:

Follow-Up Needed: Yes No

Dates of Follow-Up: On-Site _____ Email _____ Letter _____

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CORRECTIVE ACTION PLAN

Name of School: _____ Date of First Review: _____

Columns 1 and 2 are to be completed by the person conducting the review. Acknowledgement statement must be signed by the school representative and a copy sent to him/her at the close of the first review. Column 3 is to be completed by the responsible school/site representative.

Problem(s)	Corrective Action Plan and Timeframe	Date Corrective Action Completed

Acknowledgement: I acknowledge that the reviewer has discussed this Corrective Action Plan with me and I understand that all corrective action must be completed:

 School/Site Representative (Name & Title)

 DC-OSSE Reviewer (Name & Title)

 Date

To Be Completed By Reviewer During Follow-up Review:

Date Follow-up conducted: _____

Corrective Action Plan has been fully implemented? Yes No

 School/Site Representative (Name & Title)

 DC-OSSE Reviewer (Name & Title)

 Date