

DC Healthy Schools Act Section 206

Healthy vending, fundraising, and prizes in public schools

Contact Type:	Site Visit <input type="checkbox"/>	Corrective Action <input type="checkbox"/>	Penalty <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 Sec. 206?

Yes No N/A

- Beverages and snack foods provided or sold in vending machines*?
- Beverages and snack foods provided or sold for fundraisers*?
- Beverages and snack foods provided or sold as snacks*?
- Beverages and snack foods provided or sold as after-school meals*?
- Foods and beverages sold in school stores?
- Foods and beverages used as incentives, prizes or awards?
- Food or beverages advertised or marketed in schools?
- Third parties not permitted to sell foods or beverages on school property from 90 minutes before the school day begins until 90 minutes after the school day ends?

*Exempt from the requirements of Sec. 206 (a)

- Food and drinks available only to faculty and staff members; provided that school employees shall be encouraged to model healthy eating;
- Food provided at no cost by parents;
- Food sold or provided at official after-school events;
- Adult education programs; and
- Food not consumed or marketed to students

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