Office of the
State Superintendent of Education

SCHOOL HEALTH PROFILE FORM

Section 1: School Profile	
Type of School:	Public Charter School
LEA Name:	AppleTree Early Learning
School Name:	Douglass Knoll
Street Address	2017 Savannah Terrace SE Washington, DC 20020
Does your school curently have a website?	Yes
If yes, what is your school's website address?	AppleTreePCS.org
Current number of students enrolled:	80
Grades Served (select all that apply	
☑ PS ☐ 2 ☐ 6 ☐ 10	
☑ PK ☐ 3 ☐ 7 ☐ 11	
☐ K ☐ 4 ☐ 8 ☐ 12	
☐ 1 ☐ 5 ☐ 9 ☐ Adult ☐ Other	
Contact Name:	Tiffany Green
Contact Job Title	Assistant Principal
Contact Email:	tgreen@appletreeinstitute.org

What type of nurse coverage does your school have?	Full Time
How many school nurses are available at your school?	One

Name of School Nurse 1:	Katrina Clarck	School Nurse 1 Phone	(202) 758-3302
School Nurse 1 E-mail:	kaclark@cnmc.org	Suite/Room Location:	217
School Nurse 1 Credentials:	RN		

Name of School Nurse 2:		School Nurse 2 Phone	
School Nurse 2 E-mail:		Suite/Room Location:	
School Nurse 2 Credentials:			

Does your school currently have a school-based health center?	No
Does your school currently have a School Mental Health Program or similar services on site for students?	Yes
What type of mental health clinician coverage does your school have?	Part Time
How many mental health clinicians are available at your school?	One

Section 3: Health Education Instruction

Are any students required to take health education at your school?	No
How many health education teachers does your school currently have on staff?	None
Does your school currently have at least one certified or highly qualified health teacher on staff?	
Does one (or more) health education instructor also serve as physical education instructor?	

Name of Health Ed Instructor 1:	Health Ed Instructor 1 Phone	Health Ed Instructor 1 E-mail

Did this health education instructor have a concentration in health OR physical education in college?	
Please list any Health Education Certification or training received by this Health Education Instructor (i.e. Masters, CHES, other health certifications)	

Name of Health Ed Instructor 2:	Health Ed Instructor 2 Phone	Health Ed Instructor 2 Phone

Did this health education instructor have a concentration in health OR physical education in college?	
Please list any Health Education Certification or training received by this Health Education Instructor (i.e. Masters, CHES, other health certifications)	

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.

PS	0	**Minutes/Week**	**Grade 7**		**Minutes/Week**
PK	0	**Minutes/Week**	**Grade 8**		**Minutes/Week**
K		**Minutes/Week**	**Grade 9**		**Minutes/Week**
Grade 1		**Minutes/Week**	**Grade 10**		**Minutes/Week**
Grade 2		**Minutes/Week**	**Grade 11**		**Minutes/Week**
Grade 3		**Minutes/Week**	**Grade 12**		**Minutes/Week**
Grade 4		**Minutes/Week**	**Adult**		**Minutes/Week**
Grade 5		**Minutes/Week**	**Other**		**Minutes/Week**

How is health education instruction provided (select all that apply):

- ☐ Health education course
- ☐ Assemblies or presentations
- ☐ No health education is provided
- ☑ Incorporated into another course
- ☐ Other (please specify):

Is the health education instruction based on the OSSE's health education standards?	No
Which health education curriculum (or curricula) is your school currently using for instruction?	Incorporated through ECR (Every C
Does your school partner with any outside programs or organizations to satisfy the health education requirements?	No
If yes, what programs or organizations does your school use?	

Section 4: Physical Education Instruction

Are any students required to take physical education at your school? No

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

Name of Phys. Ed. Instructor 1	Phys. Ed. Instructor 1 Phone	Phys. Ed. Instructor 1 E-mail

Did this physical education instructor have a concentration in physical education in college?

Please list any physical education certifications or training received by this physical education instructor.

Name of Phys. Ed. Instructor 2	Phys. Ed. Instructor 2 Phone	Phys. Ed. Instructor 2 E-mail

Did this physical education instructor have a concentration in physical education in college?

Please list any physical education certifications or training received by your physical education instructor.

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

PS	0	**Minutes/Week**	**Grade 7**		**Minutes/Week**
PK		**Minutes/Week**	**Grade 8**		**Minutes/Week**
K		**Minutes/Week**	**Grade 9**		**Minutes/Week**
Grade 1		**Minutes/Week**	**Grade 10**		**Minutes/Week**
Grade 2		**Minutes/Week**	**Grade 11**		**Minutes/Week**
Grade 3		**Minutes/Week**	**Grade 12**		**Minutes/Week**
Grade 4		**Minutes/Week**	**Adult**	0	**Minutes/Week**
Grade 5		**Minutes/Week**	**Other**		**Minutes/Week**
Grade 6		**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.

PS	0	**Minutes/Week**	**Grade 7**		**Minutes/Week**
PK		**Minutes/Week**	**Grade 8**		**Minutes/Week**
K		**Minutes/Week**	**Grade 9**		**Minutes/Week**
Grade 1		**Minutes/Week**	**Grade 10**		**Minutes/Week**
Grade 2		**Minutes/Week**	**Grade 11**		**Minutes/Week**
Grade 3		**Minutes/Week**	**Grade 12**		**Minutes/Week**
Grade 4		**Minutes/Week**	**Adult**	0	**Minutes/Week**
Grade 5		**Minutes/Week**	**Other**		**Minutes/Week**
Grade 6		**Minutes/Week**			

Is the physical education instruction based on the OSSE's physical education standards? No

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

Does your school use a physical education or fitness assessment tool? No

If yes, what is the name of the tool? (e.g. FitnessGrams, President's Physical Fitness Test, etc.)

Does your school partner with any outside programs or organizations to satisfy the physical education or physical activity requirements?* No

If yes, what programs or organizations does your school use?

What strategies does your school use, during or outside of regular school hours, to promote physical activity? (select all that apply)

- [x] Active Recess
- [x] Movement in the Classroom
- [ ] Walk or Bike to School
- [ ] After-School Activities
- [ ] Athletic Programs
- [ ] Safe Routes to School
- [ ] None
- [ ] Other (please specify): no

Name of Food Service Vendor: Revolution Food Services

What types of nutrition education services does your school provide? (select all that apply)

- [ ] None
- [x] Vendor-provided nutrition education
- [ ] Meal time presentations
- [ ] Outside speakers
- [ ] Other (please specify):
- [ ] Multimedia
- [x] Posters
- [ ] Classroom Instruction
- [x] Handouts/brochures

Please indicate the number of students that qualify for the following:

Free Meals	74	Reduced Price Meals	5	Full Price Meals	1

Does your school offer breakfast to all students?* Yes

If yes, where is breakfast offered (select all that apply):

- [x] Classroom
- [ ] Cafeteria
- [ ] Grab and Go cart
- [ ] Other (please specify):

For November 2011, please indicate the average daily participation (number of students) for the following meals:

Breakfast - Free Meals	47	Lunch - Free Meals	57
Breakfast - Reduced Price Meals	2.6	Lunch - Reduced Price Meals	4
Breakfast - Full Price Meals	0.11	Lunch - Full Price Meals	0.06

Does your school offer lunch components that meet the Healthy Schools Act of 2010 lunch menu criteria, if so please specify if you serve the following:

A different vegetable each day of the week?	Yes
A dark green and/or orange vegetables at least three times a week?	Yes
Cooked dry beans or peas at least once a week?	Yes
A different fruit every day of the week?	Yes
Fresh fruit twice a week?	Yes
Whole grains at least once a day?	Yes
Milk each day? :	Yes

- [ ] Low-fat (1%) flavored milk
- [x] Low-fat (1%) unflavored milk
- [ ] Fat-free (skim) flavored milk
- [x] Fat-free (skim) unflavored milk
- [x] Soy milk
- [ ] Lactose-free milk
- [ ] Other (please specify):

Is water available to students during meal times? Yes

If yes, is it available via (check all that apply):

- [ ] Water fountain in the cafeteria
- [ ] Water pitcher and cups
- [ ] Low-fat (1%) flavored milkOther (please specify):
- [x] Water fountain in another location
- [ ] Students bring water

Does your school participate in the Afterschool Snack Program? Yes

If yes, please indicate the average daily participation for November 2011. 67

Does your school participate in the Afterschool Supper Program? No

If yes, please indicate the average daily participation for November 2011.

Does your school participate in the Fresh Fruit and Vegetable Snack Program?*

Does your school participate in the DC Free Summer Meals Program? No

If yes, please indicate the average daily participation for each of the following meals for the summer of 2011:

Breakfast: no Lunch: no Supper: no Snack: no

Does your school serve locally grown and/or locally processed and unprocessed foods at meal times from growers engaged in sustainable agricultural practices? No

If yes, how often?

- ☐ Once or twice per day
- ☐ Three or four times per week
- ☐ Once or twice per week
- ☐ Once or twice per month
- ☐ Other (please specify)

On average, how many school meals include a locally-grown produce item?*

- ☐ Every day
- ☐ Three or four times per week
- ☐ One or two times per week
- ☐ One or two times per month
- ☐ Other (please specify):

On average, how many meals include a sustainably-grown produce item?*

- ☐ Every day
- ☐ Three or four times per week
- ☐ One or two times per week
- ☐ One or two times per month
- ☐ Other (please specify):

Has your LEA's local wellness policy been submitted to OSSE for review? Yes

Has your LEA's local wellness policy been distributed to your school's foodservice staff members? Yes

Has your LEA's local wellness policy been distributed to your school's parent/teacher organization (PTO)? Yes

Please indicate which of the following is covered by your LEA's local wellness policy (check all that apply):

- [x] goals for nutrition education, physical activity, and other school-based activities
- [ ] nutritional guidelines for all competitive foods served and sold on campus during the school day
- [x] guidelines for school meals, that are not less restrictive than those set at the federal level
- [x] plan for measuring implementation of the local wellness policy
- [x] goals to improve the environmental sustainability of schools
- [ ] none of these is covered in our LEA's local wellness policy

Who at your school is responsible for implementing your LEA's local wellness policy? School Management

Does your school have vending machines? No

If yes, are these vending machines available only to faculty and staff members?

If yes, how many vending machines do you have:

If yes, what are the hours of operation of these vending machines?

If yes, what items are sold from these vending machines?

Does your school have a school store? No

If yes, what are the hours of operation for the school store?

If yes, what food and beverages are sold?

Does your school have a school wellness council? No

Does your school solicit input from students, parents, staff or community members about foods that are offered for meals or snack? No

If yes, please explain how input is solicited and received.

Is your school in compliance with your LEA's local wellness policy? Yes

Where are the following items located at your school?

LEA's Local Wellness Policy

- [ ] This information is not available.
- [ ] School Website
- [x] School Main Office
- [x] School Cafeteria or Eating Areas
- [ ] Other (please specify):

School Menu for Breakfast and Lunch

- [ ] This information is not available.
- [ ] School Website
- [x] School Main Office
- [x] School Cafeteria or Eating Areas
- [x] Other (please specify): Annoucement Board

Nutritional Content of each Menu Item

- [ ] This information is not available.
- [ ] School Website
- [x] School Main Office
- [ ] School Cafeteria or Eating Areas
- [ ] Other (please specify):

Ingredients of each Menu Item

- [ ] This information is not available.
- [ ] School Website
- [x] School Main Office
- [ ] School Cafeteria or Eating Areas
- [ ] Other (please specify):

Information on where fruits and vegetables served in schools are grown and processed

- [x] This information is not available.
- [ ] School Website
- [ ] School Main Office
- [ ] School Cafeteria or Eating Areas
- [ ] Other (please specify):

Information on whether growers are engaged in sustainable agriculture practices

- [x] This information is not available.
- [ ] School Website
- [ ] School Main Office
- [ ] School Cafeteria or Eating Areas
- [ ] Other (please specify):

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

If yes, where can they find this information?

- [x] School Website
- [ ] School Main Office
- [ ] School Cafeteria or Eating Areas
- [ ] Other (please specify): Yes

Are students and parents informed about the availability of milk alternatives, such as soy milk, lactose free milk, etc., at your school? no

If yes, where can they find these options?

- [x] School Website
- [ ] School Main Office
- [ ] School Cafeteria or Eating Areas
- [ ] Other (please specify): no

Section 8: School Gardens

Does your school currently have a School Garden? No

Name of Garden Contact	Garden Contact E-mail

How many students benefited from the school garden during the 2010-2011 school year?

How many students have benefited from the school garden thus far during the 2011-2012 school year?

How is your school garden used? (select all that apply)

- ☐ Outdoor classroom
- ☐ Afterschool club/program
- ☐ Summer enrichment
- ☐ Currently this garden is not used
- ☐ Other (please specify):

Do students eat food from the school garden?

If yes, please describe the events and/or programs that facilitate this experience. (e.g. school lunch, snack time, incorporated into lessons, etc.)

Please list any outside organizations that you have partnered with in developing your school garden and/or school garden programs.

Which of the following components are included in your school garden? (select all that apply)

- ☐ Raised beds for edibles
- ☐ In-ground edibles
- ☐ Native plants
- ☐ Rain garden
- ☐ Community garden plots
- ☐ Compost bin/pile
- ☐ Garden kitchen (outdoor or access to indoor)
- ☐ Greenhouse
- ☐ Tool shed
- ☐ Meeting space for a full class
- ☐ Butterfly/Pollinator Garden
- ☐ Rain Barrel(s)
- ☐ Fruit tree(s)
- ☐ Other (please specify):

Has your school participated in any of the following farm-food education in the past year? (select all that apply)

- ☐ Our school did not participate in farm-food education
- ☐ Our school did not participate, but would like more information on farm-food education
- ☐ Farm field trips
- ☐ Chef demonstrations
- ☐ Participation in DC Farm to School Week
- ☐ Participation in DC School Garden Week
- ☐ Other (please specify):

Section 9: Posting and Form Availability to Parents

According to section 602(c) of the Healthy School Act of 2010, “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?

- ☑ Online
- ☑ Copies Available at Main Office
- ☐ Other (please specify):

Is your school sharing information about the Healthy Schools Act in any other ways? No

If yes, please explain.

Submitted Date : 2/1/2012 2:57:00 PM

Submitter's Name : Tiffany Green