# 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.

# 2013-2014 SCHOOL HEALTH PROFILE FORM

## Section 1: School Profile

Type of School *

☐ Public School ☑ Public Charter School

| | |
|---|---|
| Lea Name | Community Academy |
| School Name* | Amos II |

Street Address*

33 Riggs Road, NE, Washington, DC 20011

| Does your school currently have a website?* | What is your school's website address? |
|---|---|
| ☑ Yes ☐ No | www.capcs.org |

Current number of students enrolled* 294

Grades Served (*select all that apply*)*

| | | | | |
|---|---|---|---|---|
| ☑ PS | ☐ 2 | ☐ 6 | ☐ 10 | |
| ☑ PK | ☐ 3 | ☐ 7 | ☐ 11 | |
| ☑ K | ☐ 4 | ☐ 8 | ☐ 12 | |
| ☐ 1 | ☐ 5 | ☐ 9 | ☐ Adult | ☐ Other |

Number of weeks in your academic year* 40

Contact Name*

**Tanya Morgan**

Contact Job Title*

Principal

Contact Email*

tanyamorgan@capcs.org

## 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 |
|---|---|
| Ondjelle Hemby | Ohemby@childrensnational.org |
| 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 ☐ 0 # full time 0 # part time

Psychologist ☑ 0 # full time 1 # part time

Licensed Independent Clinical Social Worker (LICSW) ☐ 0 # full time 0 # part time

Licensed Professional Counselor (LPC) ☐ 0 # full time 0 # 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: The Mecca Group

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 |
|---|---|
| Melanie Cathey | melaniecathey@capcs.org |
| 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
☐ Assemblies or presentations
☐ No health education is provided
☑ Incorporated into another course
☐ 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 health education instruction:*

| | | | | | |
|---|---|---|---|---|---|
| Grade: PS | Minutes/Week: 15 | Grade: 4 | Minutes/Week: 0 | Grade: 10 | Minutes/Week: 0 |
| Grade: PK | Minutes/Week: 15 | Grade: 5 | Minutes/Week: 0 | Grade: 11 | Minutes/Week: 0 |
| Grade: K | Minutes/Week: 15 | Grade: 6 | Minutes/Week: 0 | Grade: 12 | Minutes/Week: 0 |
| Grade: 1 | Minutes/Week: 0 | Grade: 7 | Minutes/Week: 0 | Adult : | Minutes/Week: 0 |
| Grade: 2 | Minutes/Week: 0 | Grade: 8 | Minutes/Week: 0 | Other : | Minutes/Week: 0 |
| Grade: 3 | Minutes/Week: 0 | Grade: 9 | Minutes/Week: 0 | | |

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:

| | |
|---|---|
| ☑ Communication and Emotional Health | Curriculum: SPARK WAY |
| ☑ Safety Skills | Curriculum: SPARK WAY |
| ☑ Human Body and Personal Health | Curriculum: SPARK WAY |
| ☑ Human Growth and Development | Curriculum: SPARK WAY |
| ☐ Disease Prevention | Curriculum: |
| ☑ Nutrition | Curriculum: SPARK WAY |
| ☐ Alcohol, Tobacco and Other Drugs | Curriculum: |
| ☑ Healthy Decision Making | Curriculum: SPARK WAY |
| ☑ Sexuality and Reproduction | Curriculum: Good Touch Bad Touch |

Does your school partner with any outside programs or organizations to satisfy the health education requirements?* ☑ Yes ☐ No

Please specify the agency or organization: Institute for America's Health (IAH)/Action For Healthy Kids(AFHK)/SPARK

## 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 Physical Education Instructor 1 | Physical Education Instructor 1 E-mail |
|---|---|
| Melanie Cathey | melaniecathey@capcs.org |
| Name of Physical Education Instructor 2 | Physical Education 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: PE class

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: PS | Minutes/Week: 80 | Grade: 4 | Minutes/Week: 0 | Grade: 10 | Minutes/Week: 0 |
| Grade: PK | Minutes/Week: 80 | Grade: 5 | Minutes/Week: 0 | Grade: 11 | Minutes/Week: 0 |
| Grade: K | Minutes/Week: 80 | Grade: 6 | Minutes/Week: 0 | Grade: 12 | Minutes/Week: 0 |
| Grade: 1 | Minutes/Week: 0 | Grade: 7 | Minutes/Week: 0 | Adult : | Minutes/Week: 0 |
| Grade: 2 | Minutes/Week: 0 | Grade: 8 | Minutes/Week: 0 | Other : | Minutes/Week: 0 |
| Grade: 3 | Minutes/Week: 0 | Grade: 9 | Minutes/Week: 0 | | |

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: PS | Minutes/Week: 60 | Grade: 4 | Minutes/Week: 0 | Grade: 10 | Minutes/Week: 0 |
| Grade: PK | Minutes/Week: 60 | Grade: 5 | Minutes/Week: 0 | Grade: 11 | Minutes/Week: 0 |
| Grade: K | Minutes/Week: 60 | Grade: 6 | Minutes/Week: 0 | Grade: 12 | Minutes/Week: 0 |
| Grade: 1 | Minutes/Week: 0 | Grade: 7 | Minutes/Week: 0 | Adult : | Minutes/Week: 0 |
| Grade: 2 | Minutes/Week: 0 | Grade: 8 | Minutes/Week: 0 | Other : | Minutes/Week: 0 |
| Grade: 3 | Minutes/Week: 0 | Grade: 9 | Minutes/Week: 0 | | |

| **Section 4 (Continued…): Physical Education Instruction**<br>**Recommended point of contact for this section: Physical Education Teacher** |
|---|
| Is the physical education instruction based on OSSE's physical education standards?*<br>☑ Yes ☐ No |
| Which physical education curriculum (or curricula) is your school currently using for instruction?<br>SPARK |
| Which physical activity curriculum (or curricula) is your school currently using for instruction?<br>SPARK |
| Does your school use a physical education or fitness assessment tool?* (e.g., Fitnessgram, President's Physical Fitness Test, etc.)<br>☑ Yes ☐ No<br>What is the name of the tool? President's Fitness Test |
| Does your school partner with any outside programs or organizations to satisfy the physical Education or physical activity requirements?*<br>☑ Yes ☐ No<br>Please specify the agency or organization: Institute for America's Health (IAH)/Action For Healthy Kids/SPARK |
| How many times per week do students get recess?* 10 |
| How many minutes per week do students have recess?* 300 Minutes |

## Section 5: Nutrition Programs

**Recommended point of contact for this section: Food Services Director, Cafeteria Manager**

Name of Food Service Vendor*

Preferred Meal Systems, Inc

What types of nutrition promotion does your vendor provide? (*select all that apply*)*

- [ ] None
- [ ] Vendor-provided nutrition education
- [ ] Meal time presentations
- [ ] Outside speakers
- [ ] Other (*please specify if a specific nutrition curricula is used*):
- [ ] Multimedia
- [x] Posters
- [ ] Classroom Instruction
- [x] Handouts/brochures

Please comment on the quality and/or effectiveness of the nutrition promotion that your vendor provides:

Satisfactory

Does your school offer free breakfast to all students?* [x] Yes [ ] No

Does your school offer breakfast in the classroom? [x] Yes [ ] No

If yes, please specify the grades for which breakfast is served in the classroom:

Grade(s): PS PK K

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)?

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

Where is your Grab and Go cart located? (check all that apply)

- [ ] In the cafeteria
- [ ] In/near the main entrance of the school
- [ ] Other

If other, please specify:

## Section 5 (*Continued…*) : Nutrition Programs

**Recommended point of contact for this section: Food Services Director, Cafeteria Manager**

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?

*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.*

☑ Yes ☐ No

How many minutes does your school allow students to eat lunch?* 30

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

☑ Yes ☐ No

Are these items served at breakfast?

☐ Yes ☑ No

Are these items served at lunch?

☑ Yes ☐ No

Is water available to students during meal times?*

☑ Yes ☐ No

Is it available via (check all that apply):

☐ Water fountain in the cafeteria ☑ Water fountain in another location

☐ Water pitcher and cups ☑ Students bring water

☑ Other (*please specify*): water coolers with dispenser and cups throughout the school

## 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 LEA's local wellness policy been distributed to the following? (check all that apply)

- [x] Parent/teacher organization
- [x] Wellness committee/council
- [x] Foodservice staff
- [x] Administrators
- [ ] Students
- [ ] None
- [x] Other school website

Is your school implementing your LEA's local wellness policy? [x] Yes [ ] No

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

wellness council/food service department

Does your school have vending machines available to students?*

[ ] Yes [x] No

How many vending machines do you have: 0

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?

[ ] Y e s [ ] No

Does your school sell foods or beverages of any kind for fundraisers?

[ ] Yes [x] No

Does your school have a school store?*

[ ] Yes [x] 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: upon request

***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: lunch forms

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 lunch forms

## Section 8: School Gardens
**Recommended point of contact for this section: School Garden Coordinator**

Does your school currently have a School Garden?*

☐ Yes ☑ No

| Name of Garden Contact | Garden Contact E-mail |
|---|---|
| | |

Did your school participate in Growing Healthy Schools Week or Strawberries and Salad Greens?

☑ Yes ☐ No

## Section 9: Environmental Literacy
**Recommended point of contact for this section: Lead Science Teacher**

Does your school offer an Environmental Science Class?

☑ Yes ☐ No

How many students were enrolled in this course in the 2013-2014 school year? 0

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:*

☐ **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:

☑ **None:**

Name Lead Science Teacher/Environmental Literacy Contact:

E-mail Lead Science Teacher/Environmental Literacy Contact:

## Section 10: 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?*

- [x] Online
- [x] Copies Available at Main Office
- [ ] Other *(please specify)*:

Is your school sharing information about the Healthy Schools Act in any other ways?*

- [ ] Yes
- [x] No

Please explain:

| Date Modified: | Last Modified by: |
| --- | --- |
| 2/27/2014 12:07:37 | **ashakigoodall@capcs.org** |