★ ★ ★ Office of the State Superintendent of Education

SCHOOL HEALTH PROFILE FORM

Section 1: School Profile								
Type of School:	Type of School: Public School							
LEA Name:	District of Columbia I	District of Columbia Public Schools						
School Name:	Drew Elementary Sch	ool						
Street Address	5600 Eads St. NE Wa	shington, DC 20019						
Does your school	curently have a websit	e? No						
If yes, what is you	r school's website add	ress?						
Current number o	f students enrolled:	175						
Grades Served	(select all that apply							
✓ PS	2	6	□ 10					
✓ PK	☑ 3	□ 7	□ 11					
✓ K	☑ 4		□ 12					
✓ 1	5	9	□ Adult	□ Other				
Contact Name:	Kimberly Davis							
Contact Job Title	Principal							
Contact Email:	kimberly.davis2@d	c.gov						

Section 2: Health Services			page 2	
What type of nurse coverage does yo	our school have?	Full Time		
How many school nurses are availab	ble at your school?	One		
Name of School Nurse 1:	Rose Moore	School Nurse 1 Phone	(202) 671-6040	
School Nurse 1 E-mail:	rose.moore@dc.gov	Suite/Room Location:		
School Nurse 1 Credentials:	RN	I		
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 s	school-based health center?	No		
Does your school currently have a School Mental Health Program or similar services on site for students? No				
What type of mental health clinician coverage does your school have? No Coverage				
How many mental health clinicians	are available at your school?			

Section 3: Health Ed	ucation Inst	ruction				page 3
Are any students requ	ired to take	health education	n at your school?			No
How many health education teachers does your school currently have on staff? None						
Does your school cur	rently have a	t least one certi	fied or highly qual	ified health tea	cher on staff?	
Does one (or more) h	ealth educati	on instructor als	so serve as physica	l education ins	structor?	
Name of Health Ed I	Instructor 1:		Health Ed Instruct	tor 1 Phone	Health E	d Instructor 1 E-mail
Did this health education college?	tion instructo	r have a concer	ntration in health O	R physical edu	ication	
Please list any Health Education Instructor						
Name of Health Ed I	Instructor 2:		Health Ed Instruct	tor 2 Phone	Health E	d Instructor 2 Phone
Did this health education in college?	tion instructo	r have a concer	ntration in health O	R physical edu	ication	
Please list any Health Education Instructor	(i.e. Masters,	CHES, other h	ealth certifications)	week during the reg	gular instructional
PS	45	Minutes/Week		Grade 7	Minute	s/Week
РК	45	Minutes/Week		Grade 8	Minute	s/Week
к	45	Minutes/Week		Grade 9	Minute	s/Week
Grade 1	45	Minutes/Week		Grade 10	Minute	s/Week
Grade 2	45	Minutes/Week		Grade 11	Minute	s/Week
Grade 3	45	Minutes/Week		Grade 12	Minute	s/Week
Grade 4	45	Minutes/Week		Adult	Minute	s/Week
Grade 5	45	Minutes/Week		Other	Minute	s/Week
How is health educa	ation instruct	ion provided (se	elect all that apply)	:		
Health educat	tion course		🗌 Incorpo	rated into anot	her course	
\Box Assemblies o	r presentation	ns	\Box Other (j	please specify)	:	
🗌 No health edu	acation is pro	vided				
Is the health education	instruction ba	sed on the OSSE	's health education st	andards?	Ye	es l
Which health educatio	n curriculum (c	or curricula) is you	r school currently usi	ng for instruction		
Does your school partr	ner with any ou	tside programs o	r organizations to sati	sfy the health ed		
If yes, what programs	-		-			NU
	-	-				

Section 4: Physica	l Educati	on Instruction			page 4
Are any students re	equired to	take physical educ	ation at your school?		Yes
How many physica	al education	on teachers does yo	ur school have on staff?		One
Name of Phys. Ed.	Instructo	r 1	Phys. Ed. Instructor 1 Phone	Phys. E	d. Instructor 1 E-mail
Dr. Melvin Johnso	on		(202) 671-6040	melvin	.johnson3@dc.gov
Did this physical a	ducation i	natruator have a co	ncentration in physical educatio	n in college?	Yes
				0	
Please list any phy physical education			or training received by this	Degree in Physic	cal Education
Name of Phys. Ed.	Instructo	r 2	Phys. Ed. Instructor 2 Phone	Phys. Ec	l. Instructor 2 E-mail
Did this physical e	ducation i	nstructor have a co	ncentration in physical educatio	n in college?	
Please list any phy physical education			or training received by your		
		, please indicate the a education instruction	average number of minutes per week	< during the regular in	nstructional school week
PS	45	Minutes/Week	Grade 7	Minutes/	Week
PK	45	Minutes/Week	Grade 8	Minutes/	
ĸ		Minutes/Week	Grade 9	Minutes/	
Grade 1	45	Minutes/Week	Grade 10	Minutes/	
Grade 2	45	Minutes/Week	Grade 11	Minutes/	
Grade 3	45	Minutes/Week	Grade 12	Minutes/	
Grade 4	45	Minutes/Week	Adult	45 Minutes/	
Grade 5	45	Minutes/Week	Other	Minutes/	
Grade 6		Minutes/Week			
			struction, please indicate the average physical activity within the physical e		per week during the
					14/ I
PS	45	Minutes/Week	Grade 7	Minutes/	
PK	45	Minutes/Week	Grade 8	Minutes/	
K Create 1	45	Minutes/Week	Grade 9	Minutes/	
Grade 1 Grade 2	45 45	Minutes/Week Minutes/Week	Grade 10 Grade 11	Minutes/	
Grade 3	45	Minutes/Week	Grade 12	Minutes/ Minutes/	
Grade 3	45	Minutes/Week	Adult	45 Minutes/	
Grade 5	45	Minutes/Week	Other	Minutes/	
Grade 6	40	Minutes/Week	other	Windles	HEER
Is the physical education	ation instruc	ction based on the OS	SE's physical education standards?		Yes
Which physical educ	cation curric	culum (or curricula) is	your school currently using for instru	ction? DCPS	guidance
Does your school us	e a physica	al education or fitness	assessment tool?		Yes
If yes, what is the na	ame of the t	ool? (e.g. FitnessGrar	ns, President's Physical Fitness Tes	t, etc.) Presid	lent's Physical Fitness Test
Does your school pa education or physica			or organizations to satisfy the physic	al	No
If yes, what program	is or organi	zations does your sch	ool use?		
What strategies does	s your scho	ol use, during or outs	ide of regular school hours, to promo	ote physical activity?	(select all that apply)
Active Recess		Movement in the	Classroom	Walk or Bike to Sch	ool
After-School A		Athletic Programs		Safe Routes to Sch	
		Other (please spe			

Section 5: Nutrition Programs	page 5
Name of Food Service Vendor Chartwells Inc.	
What types of nutrition education services does your school provide	? (select all that apply)
None	✓ Multimedia
Vendor-provided nutrition education	
Meal time presentations	✓ Posters
Outside speakers	Classroom Instruction
Other (please specify):	✓ Handouts/brochures
Please indicate the number of students that qualify for the following:	
Free Meals 175 Reduced Price Meals	Full Price Meals
Does your school offer breakfast to all students?* Yes	
If yes, where is breakfast offered (select all that apply):	
✓ Classroom Cafeteria Grab and Go cart	Other (please specify):
For November 2011, please indicate the average daily participati	on (number of students) for the following meale:
Breakfast - Free Meals 175	Lunch - Free Meals 175
Breakfast - Reduced Price Meals 0 Breakfast - Full Price Meals 0	Lunch - Reduced Price Meals 0 Lunch - Full Price Meals 0
Breakfast - Full Price Meals 0	Lunch - Full Price Meals 0
Does your school offer lunch components that meet the Health please specify if you serve the following:	y Schools Act of 2010 lunch menu criteria, if so
A different vegetable each day of the week?	Yes
A dark green and/or orange vegetables at least three time:	s 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	
✓ Low-fat (1%) unflavored milk	
Fat-free (skim) flavored milk	
Fat-free (skim) unflavored milk	
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 fountain in another location
Water pitcher and cups	Students bring water
Low-fat (1%) flavored milkOther (please spe	cify):

Section 5: Nutrition Programs (Con't) page 6
Does your school participate in the Afterschool Snack Program? No
If yes, please indicate the average daily participation for November 2011. 100%
Does your school participate in the Afterschool Supper Program? Yes
If yes, please indicate the average daily participation for November 2011. 100%
Does your school participate in the Fresh Fruit and Vegetable Snack Program?* Yes
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? Yes
If yes, how often?
□ Once or twice per day
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):

Section 6: Local Wellness Policy	page 7
Has your LEA's local wellness policy been submitted to OSSE for review? Don't Know	
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):	
✓ 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	
guidelines for school meals, that are not less restrictive than those set at the federal level	
plan for measuring implementation of the local wellness policy	
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? no	
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?	
If yes, please explain how input is solicited and received.	
Is your school in compliance with your LEA's local wellness policy? Yes	

Section 7: Distributing Information			page 8
Where are the following items locate	ed at your school?		
LEA's Local Wellness Policy			
This information is not ava	ilable.		
School Website	School Main Office	School Cafeteria or Eating Areas	
Other (please specify):			
School Menu for Breakfast and Lunch			
This information is not ava	ilable.		
School Website	School Main Office	School Cafeteria or Eating Areas	
Other (please specify):			
Nutritional Content of each Menu Item			_
This information is not ava	ilable.		
School Website	School Main Office	School Cafeteria or Eating Areas	
Other (please specify):		C	
Ingredients of each Menu Item			
This information is not ava	ilable.		
School Website	School Main Office	School Cafeteria or Eating Areas	
Other (please specify):			
Information on where fruits and vegetables This information is not ava School Website Other (please specify):		orocessed ✓ School Cafeteria or Eating Areas	
Information on whether growers are engage		ices	
This information is not ava			
 School Website Other (please specify): 	School Main Office	School Cafeteria or Eating Areas	
Are students and parents informed about the lif yes, where can they find this information of the students in stude		otions at your school? Vegetarian foc are not availab	
School Website	School Main Office	School Cafeteria or Eating Areas	
Other (please specify):	Milk alternatives are not available		
Are students and parents informed about th school?	ne availability of milk alternatives, s no	such as soy milk, lactose free milk, etc., at j	/our
If yes, where can they find these option	ns?		
School Website	School Main Office	School Cafeteria or Eating Areas	
Other (please specify):	no		

Section 8: School Gardens					page
Does your school currently have a School Garden?		No			
Name of Garden Contact		Garden C	ontact E-mail		
How many students benefited from the school garden of	during the	2010-2011 so	hool year?		
How many students have benefited from the school ga	rden thus	far during the	2011-2012 sc	hool year?	
How is your school garden used? (select all that app	oly)				
Outdoor classroom	fterschool	club/program			
Summer enrichment	urrently th	is garden is r	ot used		
Other (please specify):				I	
Do students eat food from the school garden?					
If yes, please describe the events and/or programs the lessons, etc.)	at facilitate	this experier	ice. (e.g. scł	nool lunch, snack time, incor	porated into
Please list any outside organizations that you have pa programs.	irtnered wi	th in developi	ng your schoo	l garden and/or school gard	en
Which of the following components are included in you	r school ga	arden? (sele	ct all that apply	y)	
Raised beds for edibles	🗌 In-g	round edibles		Native plants	
Rain garden	Con	nmunity garde	en plots	Compost bin/pile	
Garden kitchen (outdoor or access to indoor)	Gre	enhouse		Tool shed	
Meeting space for a full class	Butt	erfly/Pollinato	r Garden	Rain Barrel(s)	
Fruit tree(s)					
Other (please specify):					
Has your school participated in any of the following farm	m-food edu	ucation in the	past year? (se	elect all that apply)	
Our school did not participate in farm-food educ	cation				
Our school did not participate, but would like mo	ore informa	ation on farm-	food educatio	n	
Earm field trips	Che	f demonstrati	ons		
Participation in DC Farm to School Week	Part	icipation in D	C School Gar	den Week	
Other (please specify):					
ection 9: Posting and Form Availability to Pa	arents				
According to section 602(c) of the Healthy School Act information required by subsection (a) online if the sch					
How will you make this information available to parent	s?				
	🖌 Cop	ies Available	at Main Office		
Other (please specify):					
Is your school sharing information about the Healthy S	Schools Ac	t in any other	ways?	Yes	
If yes, please explain. School Nurse Sup	oport				
Submitted Date : 2/15/2012 17:26		Submi	tter's Name :	Kimberly (ES) Davis	