



# 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 *			
<input type="checkbox"/> Public School	<input checked="" type="checkbox"/> Public Charter School		
Lea Name	<b>E.L. Haynes PCS</b>		
School Name*	<b>Georgia Ave</b>		
Street Address*			
<b>3600 Georgia Avenue NW Washington, DC 20010</b>			
Does your school currently have a website?*	What is your school's website address?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>www.elhaynes.org</b>		
Current number of students enrolled*			
<b>353</b>			
Grades Served ( <i>select all that apply</i> )*			
<input type="checkbox"/> PS	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 6	<input type="checkbox"/> 10
<input type="checkbox"/> PK	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 7	<input type="checkbox"/> 11
<input type="checkbox"/> K	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 8	<input type="checkbox"/> 12
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> Adult <input type="checkbox"/> Other
Number of weeks in your academic year* <b>38</b>			
Contact Name*			
<b>Vicki Koussoglou</b>			
Contact Job Title*			
<b>Business Manager</b>			
Contact Email*			
<b>vkoussoglou</b>			

## 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

**Mary Leahy**

School Nurse 1 E-mail

**mleahy@elhaynes.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: **Center for Student Support Services, CHAMPS**

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

**Kennon Goff**

Health Ed Instructor 1 E-mail

**kgoff@elhaynes.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  Incorporated into another course  
 Assemblies or presentations  Other:  
 No health education is provided

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: <u>PS</u> Minutes/Week: <u>0</u>	Grade: <u>4</u> Minutes/Week: <u>0</u>	Grade: <u>10</u> Minutes/Week: <u>0</u>
Grade: <u>PK</u> Minutes/Week: <u>0</u>	Grade: <u>5</u> Minutes/Week: <u>70</u>	Grade: <u>11</u> Minutes/Week: <u>0</u>
Grade: <u>K</u> Minutes/Week: <u>0</u>	Grade: <u>6</u> Minutes/Week: <u>70</u>	Grade: <u>12</u> Minutes/Week: <u>0</u>
Grade: <u>1</u> Minutes/Week: <u>0</u>	Grade: <u>7</u> Minutes/Week: <u>70</u>	Adult : Minutes/Week: <u>0</u>
Grade: <u>2</u> Minutes/Week: <u>0</u>	Grade: <u>8</u> Minutes/Week: <u>70</u>	Other : Minutes/Week: <u>0</u>
Grade: <u>3</u> Minutes/Week: <u>0</u>	Grade: <u>9</u> Minutes/Week: <u>0</u>	

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:

- |  |             |
|--|-------------|
| <input checked="" type="checkbox"/> Communication and Emotional Health | Curriculum: |
| <input type="checkbox"/> Safety Skills                                 | Curriculum: |
| <input checked="" type="checkbox"/> Human Body and Personal Health     | Curriculum: |
| <input checked="" type="checkbox"/> Human Growth and Development       | Curriculum: |
| <input checked="" type="checkbox"/> Disease Prevention                 | Curriculum: |
| <input checked="" type="checkbox"/> Nutrition                          | Curriculum: |
| <input checked="" type="checkbox"/> Alcohol, Tobacco and Other Drugs   | Curriculum: |
| <input checked="" type="checkbox"/> Healthy Decision Making            | Curriculum: |
| <input checked="" type="checkbox"/> Sexuality and Reproduction         | Curriculum: |

Does your school partner with any outside programs or organizations to satisfy the health education requirements?\*

Yes  No

Please specify the agency or organization: **LAYC, MetroTeenAIDS**

## 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

Kennon Goff

Physical Education Instructor 1 E-mail

kgoff@elhaynes.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:

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: <u>PS</u> Minutes/Week: 0	Grade: <u>4</u> Minutes/Week: 0	Grade: <u>10</u> Minutes/Week: 0
Grade: <u>PK</u> Minutes/Week: 0	Grade: <u>5</u> Minutes/Week: 0	Grade: <u>11</u> Minutes/Week: 0
Grade: <u>K</u> Minutes/Week: 0	Grade: <u>6</u> Minutes/Week: 0	Grade: <u>12</u> Minutes/Week: 0
Grade: <u>1</u> Minutes/Week: 0	Grade: <u>7</u> Minutes/Week: 0	Adult : Minutes/Week: 0
Grade: <u>2</u> Minutes/Week: 0	Grade: <u>8</u> Minutes/Week: 120	Other : Minutes/Week: 0
Grade: <u>3</u> Minutes/Week: 0	Grade: <u>9</u> 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: <u>PS</u> Minutes/Week: 0	Grade: <u>4</u> Minutes/Week: 0	Grade: <u>10</u> Minutes/Week: 0
Grade: <u>PK</u> Minutes/Week: 0	Grade: <u>5</u> Minutes/Week: 0	Grade: <u>11</u> Minutes/Week: 0
Grade: <u>K</u> Minutes/Week: 0	Grade: <u>6</u> Minutes/Week: 0	Grade: <u>12</u> Minutes/Week: 0
Grade: <u>1</u> Minutes/Week: 0	Grade: <u>7</u> Minutes/Week: 0	Adult : Minutes/Week: 0
Grade: <u>2</u> Minutes/Week: 0	Grade: <u>8</u> Minutes/Week: 105	Other : Minutes/Week: 0
Grade: <u>3</u> Minutes/Week: 0	Grade: <u>9</u> Minutes/Week: 0	

**Section 4 (Continued...): Physical Education Instruction**  
**Recommended point of contact for this section: Physical Education Teacher**

Is the physical education instruction based on OSSE's physical education standards?\*

Yes       No

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

**Combination Curriculum**

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

**Combination Curriculum**

Does your school use a physical education or fitness assessment tool?\* (e.g., Fitnessgram, President's Physical Fitness Test, etc.)

Yes       No

What is the name of the tool?

Does your school partner with any outside programs or organizations to satisfy the physical Education or physical activity requirements?\*

Yes       No

Please specify the agency or organization:

How many times per week do students get recess?\*

0

How many minutes per week do students have recess?\*

0

Minutes

## Section 5: Nutrition Programs

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

Name of Food Service Vendor\*

**Revolution Foods**

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

- |   |   |
|---|---|
| <input type="checkbox"/> None   | <input checked="" type="checkbox"/> Multimedia            |
| <input checked="" type="checkbox"/> Vendor-provided nutrition education                             | <input checked="" type="checkbox"/> Posters               |
| <input checked="" type="checkbox"/> Meal time presentations   | <input checked="" type="checkbox"/> Classroom Instruction |
| <input checked="" type="checkbox"/> Outside speakers  | <input checked="" type="checkbox"/> Handouts/brochures    |
| <input type="checkbox"/> Other ( <i>please specify if a specific nutrition curricula is used</i> ): |   |

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

Does your school offer free breakfast to all students?\*  Yes  No

Does your school offer breakfast in the classroom?  Yes  No

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

Grade(s):

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):



## 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)

- Parent/teacher organization
- Wellness committee/council
- Foodservice staff
- Administrators
- Students
- None
- Other

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

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

**Vicki Koussoglou**

Does your school have vending machines available to students?\*

- Yes  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?

- Yes  No

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

- Yes  No

Does your school have a school store?\*

- Yes  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: Lobby

### *School Menu for Breakfast and Lunch\**

- This information is not available.
- School Website       School Main Office       School Cafeteria or Eating Areas
- Other: Lobby

### *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:

### *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:

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

**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

Kate Hubbard

Garden Contact E-mail

khubbard@elhaynes.org

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?\*

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

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

- Yes                       No

Please explain:

**Signs & Posters, Twitter, Facebook**

Date Modified:

2/15/2014 3:51:00 P

Last Modified by:

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