



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 at 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 2011-2012 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.

The 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 page.

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 14 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, City Council and the Healthy Youth and Schools Commission.

The School Health Profile form can be completed and submitted on-line. Please visit your principal portal or contact OSSE.HSAhealthform@dc.gov for more information.

For more information, see the School Health Profile FAQs page.

For assistance, please call 202-654-6115 or email OSSE.HSAhealthform@dc.gov.



Office of the



State Superintendent of Education

SCHOOL HEALTH PROFILE FORM

Section 1: School Profile	
Type of School*	
<input checked="" type="checkbox"/> Public School <input type="checkbox"/> Public Charter School	
School Name*	
Columbia Heights Educational Campus (Bell/Lincoln)	
Street Address*	
3101 16th Street NW, Washington DC 20010	
Does your school currently have a Website?*	If yes, what is your school's website address?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	www.checdc.org
Current number of students enrolled* <u>1250</u>	
Grades Served (<i>select all that apply</i>)*	
<input type="checkbox"/> PS <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 10 <input type="checkbox"/> PK <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 11 <input type="checkbox"/> K <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 9 <input type="checkbox"/> Adult <input type="checkbox"/> Other (<i>please specify</i>) _____	
Contact Name*	
Marcus Lucas	
Contact Job Title*	
Facilities Advisor	
Contact Email*	
Marcus.Lucas@dc.gov	

Section 2: Health Services

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

Camille Wheeler

School Nurse 1 Phone

202-939-7700

School Nurse 1 E-mail

Camille.Wheller@dc.gov

Suite/Room Location

A138

School Nurse 1 Credentials

RN LPN Other: _____

Name of School Nurse 2

Susan Hoffman

School Nurse 2 Phone

202-939-6680

School Nurse 2 E-mail

Susan.Hoffman@dc.gov

Suite/Room Location

C128

School Nurse 2 Credentials

RN LPN Other: _____

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

What type of mental health clinician coverage does your school have?*

Full-time Part-time No coverage

How many mental health clinicians are available at your school?

One Two Three or more

Section 3: Health Education Instruction

Are any 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

Does one (or more) health education instructor also serve as physical education instructor?

Yes No

Name of Health Ed Instructor 1 Leslie Gaetjens	Health Ed Instructor 1 Phone 202-939-7700	Health Ed Instructor 1 E-mail Leslie.Gaetjens@dc.gov
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Did this health education instructor have a concentration in health OR physical education in college?

Yes No

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 Brittany Yates	Health Ed Instructor 2 Phone 202-939-7700	Health Ed Instructor 2 E-mail Brittany.Yates@dc.gov
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Did this health education instructor have a concentration in health OR physical education in college?

Yes No

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.*

Grade: 6 Minutes/Week: 45-60 Grade: _____ Minutes/Week: _____

Grade: 7 Minutes/Week: 45-60 Grade: _____ Minutes/Week: _____

Grade: 8 Minutes/Week: 45-60 Grade: _____ Minutes/Week: _____

Grade: 9-12 Minutes/Week: 415 Grade: _____ Minutes/Week: _____

Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____

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

Health education course Incorporated into another course (for middle school only)

Assemblies or presentations Other (*please specify*): _____

No health education is provided

Is the health education instruction based on the OSSE's health education standards?

Yes No

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

Health and Wellness

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

Yes No

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

Section 4: Physical Education Instruction		
Are any students required to take physical education at your school?*		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
How many physical education teachers does your school have on staff?		
<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two <input checked="" type="checkbox"/> Three or more		
Name of Phys. Ed. Instructor 1 Leslie Gaetjens	Phys. Ed. Instructor 1 Phone 202-939-7700	Phys. Ed. Instructor 1 E-mail Leslie.Gaetjens@dc.gov
Did this physical education instructor have a concentration in physical education in college?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Please list any physical education certifications or training received by this physical education instructor.		
Name of Phys. Ed. Instructor 2 Brittany Yates	Phys. Ed. Instructor 2 Phone 202-939-7700	Phys. Ed. Instructor 2 E-mail Brittany.Yates@dc.gov
Did this physical education instructor have a concentration in physical education in college?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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.		
Grade: <u>6</u> Minutes/Week: <u>300</u>	Grade: _____ Minutes/Week: _____	
Grade: <u>7</u> Minutes/Week: <u>300</u>	Grade: _____ Minutes/Week: _____	
Grade: <u>8</u> Minutes/Week: <u>300</u>	Grade: _____ Minutes/Week: _____	
Grade: <u>9-12</u> Minutes/Week: <u>415</u>	Grade: _____ Minutes/Week: _____	
Grade: _____ Minutes/Week: _____	Grade: _____ 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.		
Grade: <u>6-8</u> Minutes/Week: <u>200</u>	Grade: _____ Minutes/Week: _____	
Grade: <u>9-12</u> Minutes/Week: <u>280</u>	Grade: _____ Minutes/Week: _____	
Grade: _____ Minutes/Week: _____	Grade: _____ Minutes/Week: _____	
Grade: _____ Minutes/Week: _____	Grade: _____ Minutes/Week: _____	
Grade: _____ Minutes/Week: _____	Grade: _____ Minutes/Week: _____	
Is the physical education instruction based on the OSSE's physical education standards?*		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Which physical education curriculum (or curricula) is your school currently using for instruction? Adapting DCPS curriculum with CHECs curriculum		
Does your school use a physical education or fitness assessment tool?*		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No FitnessGrams		
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?*		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> Active Recess	<input type="checkbox"/> Movement in the Classroom	<input checked="" type="checkbox"/> Walk or Bike to School
<input checked="" type="checkbox"/> After-School Activities	<input checked="" type="checkbox"/> Athletic Programs	<input type="checkbox"/> Safe Routes to School
<input type="checkbox"/> None	<input type="checkbox"/> Other (please specify): _____	

Section 5: Nutrition Programs

Name of Food Service Vendor*
Chartwells

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

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

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

Free Meals* 978 Reduced Price Meals* 156 Full Price Meals* 142

Does your school offer breakfast to all students?*

- Yes No

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 participation (number of students) for the following meals:

Breakfast – Free Meals* 126
Breakfast – Reduced Price Meals* _____
Breakfast – Full Price Meals* _____

Lunch – Free Meals* 724
Lunch – Reduced Price Meals* 2
Lunch – Full Price Meals* _____

Please indicate which of the following *lunch menu components* your school provides.*

- A different vegetable every day of the week? Yes No
- Dark green and/or orange vegetables at least three times a week? Yes No
- Cooked dry beans or peas at least once a week? Yes No
- A different fruit every day of the week? Yes No
- Fresh fruit at least twice a week? Yes No
- A whole grain food serving every day of the week? Yes No
- Milk each day? Yes No
 - If yes, specify which type(s) of milk are available (*select all that apply*):
 - 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 No

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
- Other (*please specify*): _____

Does your school participate in the Afterschool Snack Program?*

Yes No

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

Does your school participate in the Afterschool Supper Program?*

Yes No

If yes, please indicate the average daily participation for November 2011. 180 _____

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

Yes No

Does your school participate in the DC Free Summer Meals Program?*

Yes No

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

Breakfast: _____ Lunch: _____ Supper: _____ Snack: _____

Does your school serve locally grown and/or locally processed and unprocessed foods at meal times from growers engaged in sustainable agricultural practices?

Yes 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): _____

Section 6: Local Wellness Policy
<p>Has your LEA's local wellness policy been submitted to OSSE for review?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Don't Know</p>
<p>Has your LEA's local wellness policy been distributed to your school's foodservice staff members?*</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has your LEA's local wellness policy been distributed to your school's parent/teacher organization (PTO)?*</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't have a PTO</p>
<p>Please indicate which of the following is covered by your LEA's local wellness policy (<i>check all that apply</i>):*</p> <p><input checked="" type="checkbox"/> goals for nutrition education, physical activity, and other school-based activities</p> <p><input checked="" type="checkbox"/> nutritional guidelines for all competitive foods served and sold on campus during the school day</p> <p><input checked="" type="checkbox"/> guidelines for school meals, that are not less restrictive than those set at the federal level</p> <p><input checked="" type="checkbox"/> plan for measuring implementation of the local wellness policy</p> <p><input checked="" type="checkbox"/> goals to improve the environmental sustainability of schools</p> <p><input checked="" type="checkbox"/> none of these is covered in our LEA's local wellness policy</p>
<p>Who at your school is responsible for implementing your LEA's local wellness policy?*</p> <p style="text-align: right;"><u>Facilities</u> <u>Manager</u></p>
<p>Does your school have vending machines?*</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, are these vending machines available only to faculty and staff members?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how many vending machines do you have: _____</p> <p>If yes, what are the hours of operation of these vending machines? _____</p> <p>If yes, what items are sold from these vending machines? _____</p>
<p>Does your school have a school store?*</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, what are the hours of operation for the school store? _____</p> <p>If yes, what food and beverages are sold? _____</p>
<p>Does your school have a school wellness council?*</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Does your school solicit input from students, parents, staff or community members about foods that are offered for meals or snack?*</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please explain how input is solicited and received.</p>
<p>Is your school in compliance with your LEA's local wellness policy?*</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>

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 (please specify): DCPS Main Website

School Menu for Breakfast and Lunch*

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

Nutritional Content of each Menu Item*

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

Ingredients of each Menu Item*

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

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

- This information is not available.
- School Website School Main Office School Cafeteria or Eating Areas
- Other (please specify): Chartwells Food Service

Information on whether growers are engaged in sustainable agriculture practices*

- This information is not available.
- School Website School Main Office School Cafeteria or Eating Areas
- Other (please specify): Chartwells Food Service

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

- Yes No Vegetarian food options are not available

If yes, where can they find this information?

- School Website School Main Office School Cafeteria or Eating Areas
- Other (please specify): _____

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

If yes, where can they find these options?

- School Website School Main Office School Cafeteria or Eating Areas
- Other (please specify): _____

Section 8: School Gardens	
Does your school currently have a School Garden?*	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Garden Contact CHEC Community Garden	Garden Contact E-mail Suzanne.Dadzie@dc.gov
How many students benefited from the school garden during the 2010-2011 school year? <u>N/A</u>	
How many students have benefited from the school garden thus far during the 2011-2012 school year? <u>N/A</u>	
How is your school garden used? <i>(select all that apply)</i>	
<input type="checkbox"/> Outdoor classroom <input checked="" type="checkbox"/> Afterschool club/program <input type="checkbox"/> Summer enrichment <input type="checkbox"/> Currently this garden is not used <input checked="" type="checkbox"/> Other <i>(please specify)</i> : <u>Community Initiative</u>	
Do students eat food from the school garden?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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. <u>Munde Verde Public Charter, Capital City Public Charter</u>	
Which of the following components are included in your school garden? <i>(select all that apply)</i>	
<input checked="" type="checkbox"/> Raised beds for edibles <input type="checkbox"/> In-ground edibles <input type="checkbox"/> Native plants <input type="checkbox"/> Rain garden <input type="checkbox"/> Community garden plots <input type="checkbox"/> Compost bin/pile <input type="checkbox"/> Garden kitchen (outdoor or access to indoor) <input type="checkbox"/> Tool shed <input type="checkbox"/> Meeting space for a full class <input type="checkbox"/> Greenhouse <input type="checkbox"/> Rain Barrel(s) <input type="checkbox"/> Fruit tree(s) <input type="checkbox"/> Butterfly/Pollinator Garden <input type="checkbox"/> Other <i>(please specify)</i> : _____	
Has your school participated in any of the following farm-food education in the past year? <i>(select all that apply)</i>	
<input type="checkbox"/> Our school did not participate in farm-food education <input checked="" type="checkbox"/> Our school did not participate, but would like more information on farm-food education <input type="checkbox"/> Farm field trips <input type="checkbox"/> Chef demonstrations <input type="checkbox"/> Participation in DC Farm to School Week <input type="checkbox"/> Participation in DC School Garden Week <input type="checkbox"/> Other <i>(please specify)</i> : _____	

Section 9: Posting and Form Availability to Parents
According to section 602(c) of the <i>Healthy School Act of 2010</i> , “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?*
<input checked="" type="checkbox"/> Online <input checked="" type="checkbox"/> Copies Available at Main Office <input type="checkbox"/> Other <i>(please specify)</i> : _____
Is your school sharing information about the Healthy Schools Act in any other ways?*
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please explain. _____

Healthy Schools Act School Health Profile Frequently Asked Questions

1. **When is the School Health Profile (SHP) due?** The SHP should be submitted electronically no later than 5pm on Wednesday, February 15, 2012.

2. **Who should complete the SHP?** The SHP asks for a variety of information from across the school. The OSSE recommends that, to provide accurate information, one person at each school serve as the contact person and be responsible for disseminating the SHP form to school staff members who would be most knowledgeable about each section topic (e.g., health teacher, nurse, food services manager, etc.; see chart below for suggestions). This responsible staff person would collect the completed data forms and submit the information using the online SHP website.

Section	Recommended to be completed by
1: School Profile	Principal, administrative assistant
2: Health Services	Nurse, mental health counselor
3: Health Education Instruction	Health education teacher, lead health educator
4: Physical Education Instruction	PE teacher
5: Nutrition Programs	Cafeteria manager, head of food services
6: Local Wellness Policy	Principal, chair of school wellness council
7: Distributing Information	Principal?
8: School Gardens	School gardens specialist, teacher in charge
9: Posting and Form Availability to Parents	Principal, administrator, administrative assistant

3. **What do you mean by “school-based health center”?** The definitions and other clarifying information for some questions can be found by hovering your mouse over the term in the online form. Also, important definitions are given below:

School-based health center: School-based health centers bring the services of a doctor’s office to schools so students can prevent health-related absences. The centers are open during school hours and staffed with health professionals. (From DCPS website)

OSSE Health Education Standards: specify what each student should know and be able to do to improve and maintain their health by the end of each grade level. They can be found at <http://osse.dc.gov/seocwp/view,a,1274,q,561249.asp>.

OSSE Physical Education Standards: specify what each student should know and be able to by the end of each grade level. They can be found at <http://osse.dc.gov/seocwp/view,a,1274,q,561249.asp>.

Locally-grown: grown in Washington, DC, Maryland, Virginia, Delaware, West Virginia, Pennsylvania, North Carolina, and New Jersey.

Sustainable Agriculture: an integrated system of plant and animal production practices having a site-specific application that will, over the long-term: (a) Satisfy human food and fiber needs; (b)

Enhance environmental quality and the natural resources base upon which the agriculture economy depends; (c) Make the most efficient use of non renewable resources and on-farm resources and integrate, where appropriate, natural biological cycles and controls; (d) Sustain the economic viability of farm operations and (e) Enhance the quality of life for farmers and society as a whole.

4. **What if I have other questions?** If this FAQ page does not answer your questions, please call OSSE Wellness and Nutrition Services Division at 202-654-6115 or email OSSE.HSAhealthform@dc.gov.