



# Office of the State Superintendent of Education

## SCHOOL HEALTH PROFILE FORM

Section 1: School Profile				
Type of School:	Public Charter School			
LEA Name:	KIPP DC			
School Name:	AIM Academy			
Street Address	2600 Douglass Road SE Washington, DC 20020			
Does your school curently have a website?	Yes			
If yes, what is your school's website address?	www.kippdc.org			
Current number of students enrolled:	320			
Grades Served (select all that apply)				
<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
Contact Name:	Kristy Ochs			
Contact Job Title	Principal			
Contact Email:	kristy.ochs@kippdc.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:	Brenda Norris	School Nurse 1 Phone	(202) 610-6546
School Nurse 1 E-mail:	nursedouglass@kipfdc.org	Suite/Room Location:	117
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?	Full Time		
How many mental health clinicians are available at your school?	Two		

Are any students required to take health education at your school?	Yes	
How many health education teachers does your school currently have on staff?	Two	
Does your school currently have at least one certified or highly qualified health teacher on staff?	Yes	
Does one (or more) health education instructor also serve as physical education instructor?	Yes	
Name of Health Ed Instructor 1:	Health Ed Instructor 1 Phone	Health Ed Instructor 1 E-mail
Decius Brown	(202) 207-7379	decius.brown@kipfdc.org
Did this health education instructor have a concentration in health OR physical education in college?	Yes	
Please list any Health Education Certification or training received by this Health Education Instructor (i.e. Masters, CHES, other health certifications)	Bachelors of Science in Community Recreation	
Name of Health Ed Instructor 2:	Health Ed Instructor 2 Phone	Health Ed Instructor 2 Phone
Jua Fluellen	(202) 534-7009	jua.fluellen@kipfdc.org
Did this health education instructor have a concentration in health OR physical education in college?	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.		
PS	Minutes/Week	Grade 7
PK	Minutes/Week	Grade 8
K	Minutes/Week	Grade 9
Grade 1	Minutes/Week	Grade 10
Grade 2	Minutes/Week	Grade 11
Grade 3	Minutes/Week	Grade 12
Grade 4	Minutes/Week	Adult
Grade 5	Minutes/Week	Other
	15	90
		15
How is health education instruction provided (select all that apply):		
<input type="checkbox"/> Health education course	<input checked="" type="checkbox"/> Incorporated into another course	
<input type="checkbox"/> Assemblies or presentations	<input checked="" type="checkbox"/> Other (please specify): Grassroots Project health educators regularly participate in PE	
<input type="checkbox"/> No health education is provided		
Is the health education instruction based on the OSSE's health education standards?	Yes	
Which health education curriculum (or curricula) is your school currently using for instruction?	KIPP DC Physical Education Standa	
Does your school partner with any outside programs or organizations to satisfy the health education requirements?	Yes	
If yes, what programs or organizations does your school use?	Revolution Foods, Grassroots Project	

Are any students required to take physical education at your school?

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
<input type="text" value="Decius Brown"/>	<input type="text" value="(202) 207-7379"/>	<input type="text" value="decius.brown@kipfdc.org"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

<b>PS</b>	<input type="text"/>	<b>Minutes/Week</b>	<b>Grade 7</b>	<input type="text" value="105"/>	<b>Minutes/Week</b>
<b>PK</b>	<input type="text"/>	<b>Minutes/Week</b>	<b>Grade 8</b>	<input type="text" value="60"/>	<b>Minutes/Week</b>
<b>K</b>	<input type="text"/>	<b>Minutes/Week</b>	<b>Grade 9</b>	<input type="text"/>	<b>Minutes/Week</b>
<b>Grade 1</b>	<input type="text"/>	<b>Minutes/Week</b>	<b>Grade 10</b>	<input type="text"/>	<b>Minutes/Week</b>
<b>Grade 2</b>	<input type="text"/>	<b>Minutes/Week</b>	<b>Grade 11</b>	<input type="text"/>	<b>Minutes/Week</b>
<b>Grade 3</b>	<input type="text"/>	<b>Minutes/Week</b>	<b>Grade 12</b>	<input type="text"/>	<b>Minutes/Week</b>
<b>Grade 4</b>	<input type="text"/>	<b>Minutes/Week</b>	<b>Adult</b>	<input type="text"/>	<b>Minutes/Week</b>
<b>Grade 5</b>	<input type="text" value="100"/>	<b>Minutes/Week</b>	<b>Other</b>	<input type="text"/>	<b>Minutes/Week</b>
<b>Grade 6</b>	<input type="text" value="110"/>	<b>Minutes/Week</b>			

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.

<b>PS</b>	<input type="text"/>	<b>Minutes/Week</b>	<b>Grade 7</b>	<input type="text" value="79"/>	<b>Minutes/Week</b>
<b>PK</b>	<input type="text"/>	<b>Minutes/Week</b>	<b>Grade 8</b>	<input type="text" value="45"/>	<b>Minutes/Week</b>
<b>K</b>	<input type="text"/>	<b>Minutes/Week</b>	<b>Grade 9</b>	<input type="text"/>	<b>Minutes/Week</b>
<b>Grade 1</b>	<input type="text"/>	<b>Minutes/Week</b>	<b>Grade 10</b>	<input type="text"/>	<b>Minutes/Week</b>
<b>Grade 2</b>	<input type="text"/>	<b>Minutes/Week</b>	<b>Grade 11</b>	<input type="text"/>	<b>Minutes/Week</b>
<b>Grade 3</b>	<input type="text"/>	<b>Minutes/Week</b>	<b>Grade 12</b>	<input type="text"/>	<b>Minutes/Week</b>
<b>Grade 4</b>	<input type="text"/>	<b>Minutes/Week</b>	<b>Adult</b>	<input type="text"/>	<b>Minutes/Week</b>
<b>Grade 5</b>	<input type="text" value="75"/>	<b>Minutes/Week</b>	<b>Other</b>	<input type="text"/>	<b>Minutes/Week</b>
<b>Grade 6</b>	<input type="text" value="82"/>	<b>Minutes/Week</b>			

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

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

Does your school use a physical education or fitness assessment tool?   
 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?

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 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 checked="" type="checkbox"/> Other (please specify): Active Saturday School activities	

Name of Food Service Vendor **Revolution Food Services**

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 **242**      Reduced Price Meals **38**      Full Price Meals **40**

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 participation (number of students) for the following meals:**

Breakfast - Free Meals	<b>188.6</b>	Lunch - Free Meals	<b>222.3</b>
Breakfast - Reduced Price Meals	<b>27.8</b>	Lunch - Reduced Price Meals	<b>33.3</b>
Breakfast - Full Price Meals	<b>27.1</b>	Lunch - Full Price Meals	<b>23.3</b>

**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
  - 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 pitcher and cups
- Low-fat (1%) flavored milk
- Water fountain in another location
- Students bring water
- Other (please specify):

Does your school participate in the Afterschool Snack Program?

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

Does your school participate in the Afterschool Supper Program?

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?

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?

**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):

- 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?  Accountability Manager

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?  Yes

Does your school solicit input from students, parents, staff or community members about foods that are offered for meals or snack?  Yes

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

Revolution Foods participates in Back to School Night. Parent feedback is regularly solicited and directed to Accountability Team

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

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):

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):

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

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?

If yes, where can they find these options?

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



Does your school currently have a School Garden?

Name of Garden Contact <input type="text"/>	Garden Contact E-mail <input type="text"/>
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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?

If yes, please explain.

Submitted Date :

Submitter's Name :