

## SCHOOL HEALTH PROFILE FORM

Section 1: School	Section 1: School Profile					
Type of School:	Public Charter School					
LEA Name:	KIPP DC					
School Name:	Discover Academy					
Street Address	2600 Douglass Road S	E Washington, DO	C 20020			
Does your school	curently have a website	? Yes				
If yes, what is you	r school's website addre	ess? www.kippo	lc.org			
Current number of students enrolled: 293						
Grades Served (	select all that apply					
<b>✓</b> PS	$\square$ 2	□ 6	□ 10			
<b>✓</b> PK	□ 3	□ 7	□ 11			
<b>✓</b> K	□ 4	□ 8	□ 12			
□ 1	□ 5	□ 9	☐ Adult	Other		
Contact Name:	Philonda Johnson					
Contact Job Title	Principal					
Contact Email:	philonda.johnson@kippdc.org					

Section 2: Health Services			page 2		
What type of nurse coverage d	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@kippdc.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?  One					

Section 3: Health Education Instruction					page 3
Are any students required to take health education at your school?					Yes
How many health educa-	tion teach	ers does your	school currently have on staff?		Two
Does your school curren	tly have a	at least one cer	tified or highly qualified health	teacher on staff?	Yes
Does one (or more) heal	th educat	ion instructor a	lso serve as physical education	instructor?	Yes
Name of Health Ed Inst Michelle Biby	ructor 1:	]	Health Ed Instructor 1 Phone (202) 520-6496	Health Ed Instruction michelle.biby@l	
Did this health education in college?	n instructo	or have a conce	entration in health OR physical	education Yes	
	Please list any Health Education Certification or training received by this Health Education Instructor (i.e. Masters, CHES, other health certifications)  Bachelor of Science in Kinesiology				
Name of Health Ed Inst Shana McNealy	ructor 2:	]	Health Ed Instructor 2 Phone (202) 520-6502	Health Ed Instruc shana.mcnealy@	
Did this health education in college?	n instructo	or have a conce	entration in health OR physical	education No	
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	15	Minutes/Wee	k Grade 7	Minut	es/Week
PK	15	Minutes/Wee	k Grade 8	Minut	es/Week
К	15	Minutes/Wee	k Grade 9	Minut	es/Week
Grade 1		Minutes/Wee	k Grade 10	Minut	es/Week
Grade 2		Minutes/Wee	k Grade 11	Minut	es/Week
Grade 3		Minutes/Wee	k Grade 12	Minut	es/Week
Grade 4		Minutes/Wee	k Adult	Minut	es/Week
Grade 5		Minutes/Wee	k Other	Minut	es/Week
How is health education instruction provided (select all that apply):  ☐ Health education course  ☑ Assemblies or presentations ☐ Other (please specify): ☐ No health education is provided					
Is the health education ins	struction ba	ased on the OSS	E's health education standards?		⁄es
Which health education curriculum (or curricula) is your school currently using for instruction?  KIPP DC Physical Education Standa					
Does your school partner	with any o	utside programs	or organizations to satisfy the health		•
If yes, what programs or o	-			Foods, Mr. Scott The M	100

Section 4: Physical Education Instruction page 4						
Are any students	required to	take physical edu	cation at your sch	nool?		Yes
How many physical education teachers does your school have on staff?  One						One
Name of Phys. Ed	or 1	Phys. Ed. Instru	ctor 1 Phone	Phys. Ed. Instruc	ctor 1 E-mail	
Michelle Biby			(202) 520-649	5	michelle.biby@	kippdc.org
Did this physical	education	instructor have a c	oncentration in pl	hysical educati	on in college?	Yes
		cation certifications	s or training recei	ved by this	Bachelor of Sci	ence in Kinesiology
physical education instructor.						
Name of Phys. Ed	d. Instructo	or 2	Phys. Ed. Instru	ctor 2 Phone	Phys. Ed. In	structor 2 E-mail
Did this physical	education	instructor have a c	oncentration in pl	hysical educati	on in college?	
Please list any physical education		cation certifications	s or training recei	ved by your		
		ol, please indicate the al education instruction		minutes per we	ek during the regular	instructional school week
PS	180	Minutes/Week		Grade 7	Minutes	/Week
PK	180	Minutes/Week		Grade 8	Minutes	/Week
K		Minutes/Week		Grade 9	Minutes	/Week
Grade 1		Minutes/Week		Grade 10	Minutes	/Week
Grade 2		Minutes/Week		Grade 11	Minutes	/Week
Grade 3		Minutes/Week		Grade 12	Minutes	
Grade 4		Minutes/Week		Adult	150 Minutes	
Grade 5 Grade 6		Minutes/Week		Other	Minutes	/Week
For each grade the regular instruction	nat receives nal school w	Minutes/Week physical education ir reek devoted to actua	nstruction, please in I physical activity w	dicate the averagithin the physical	ge number of minutes education course.	s per week during the
PS	135	Minutes/Week		Grade 7	Minutes	
PK	135	Minutes/Week		Grade 8	Minutes	
К		Minutes/Week		Grade 9	Minutes	
Grade 1		Minutes/Week		Grade 10	Minutes	
Grade 2		Minutes/Week		Grade 11	Minutes	
Grade 3		Minutes/Week		Grade 12	Minutes	
Grade 4		Minutes/Week		Adult	113 Minutes	
Grade 5 Grade 6		Minutes/Week		Other	Minutes	/week
		Minutes/Week				
. ,		iction based on the O	. ,			Yes
Which physical education curriculum (or curricula) is your school currently using for instruction?  KIPP DC Physical Education Standards and associated curricula						
Does your school u	use a physic	al education or fitnes	s assessment tool?		Υe	
If yes, what is th	ne name of	the tool? (e.g. Fitness	Grams, President's	Physical Fitness	s Test, etc.) Briga	ince
Does your school peducation or physic		any outside programs	s or organizations to	satisfy the phys	ical	Yes
If yes, what pro	grams or or	ganizations does you	r school use?	Revolution	Foods, Mr. Scott The	e Music Man, Zumba
What strategies do	es your sch	ool use, during or out	side of regular scho	ol hours, to pron	note physical activity	? (select all that apply)
✓ Active Reces	-	✓ Movement in the	_		<b>-</b>	
✓ After-School		✓ Athletic Program			Safe Routes to Sch	
None		Other (please sp				

Section 5: Nutrition Programs			page 5		
Name of Food Service Vendor Revolution Food Se	rvices				
What types of nutrition education services does your scho	ol provide? (selec	et all that apply)			
☐ None ☐ Multimedia					
✓ Vendor-provided nutrition education	<b>✓</b>	Posters			
✓ Meal time presentations	<b>✓</b>	Classroom Instruction			
Outside speakers	V	Handouts/brochures			
✓ Other (please specify):					
Please indicate the number of students that qualify for the	following:				
Free Meals 209 Reduced Price	Meals	40 Full Price M	eals 44		
Does your school offer breakfast to all students?*	Yes				
If yes, where is breakfast offered (select all that a	apply):				
✓ Classroom ☐ Cafeteria ☐ Grab and C	Go cart  Oth	er (please specify):			
For November 2011, please indicate the average daily p	articination (nur	nher of students) for the fall	owing meals:		
	0.2	Lunch - Free Meals	165.05		
Breakfast - Reduced Price Meals	24	Lunch - Reduced Price M			
	.65	Lunch - Full Price Meals	20.2		
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 ti	hree times a weel				
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	✓ 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 th	nat apply):				
☐ Water fountain in the cafeteria			in in another location		
☐ Water pitcher and cups		✓ Students brin	ng water		
Low-fat (1%) flavored milkOther (p	lease specify):				

Section 5: Nutrition Programs (Con't)	page 6			
Does your school participate in the Afterschool Snack Program?  Yes				
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?  Yes				
If yes, please indicate the average daily participation for each of the following meals for the summer of 2011:				
Breakfast: yes Lunch: yes 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	t			
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 week				
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?  Yes	
Has your LEA's local wellness policy been distributed to your school's foodservice staff members?	
Has your LEA's local wellness policy been distributed to your school's parent/teacher organization (PTO)?	'es
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?	
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?	
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.  Menus are sent home with children, presentati made at back to school night, feedback is direct Accountability Team	
Is your school in compliance with your LEA's local wellness policy?  Yes	

Section 7: Distributing Information	l		page 8		
Where are the following items loca	ted at your school?				
LEA's Local Wellness Policy					
☐ This information is not av	ailable.				
School Website	✓ School Main Office	School Cafeteria or Eating Areas			
Other (please specify):					
School Menu for Breakfast and Lunch					
☐ This information is not av	ailable.				
School Website	✓ School Main Office	School Cafeteria or Eating Areas			
Other (please specify):					
Nutritional Content of each Menu Item					
☐ This information is not av	ailable.				
☐ School Website	✓ School Main Office	School Cafeteria or Eating Areas			
Other (please specify):					
Ingredients of each Menu Item					
☐ This information is not av	ailable.				
☐ School Website	✓ School Main Office	School Cafeteria or Eating Areas			
Other (please specify):					
Information on where fruits and vegetables	s served in schools are grown and	processed			
☐ This information is not av	ailable.				
School Website	✓ School Main Office	School Cafeteria or Eating Areas			
Other (please specify):					
Information on whether growers are engag	ged in sustainable agriculture prac	tices			
☐ This information is not av	ailable.				
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?  Yes					
If yes, where can they find this inform	ation?				
✓ School Website	✓ School Main Office	School Cafeteria or Eating Areas			
Other (please specify):	Yes				
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 Cafetoria or Esting Areca			
Other (please specify):	no	School Cafeteria or Eating Areas			

Section 8: School Gardens	page 9
Does your school currently have a School Garden?	No
Name of Garden Contact	Garden Contact E-mail
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 Afterschoo	I club/program
☐ Summer enrichment ☐ Currently the	his 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 facilitat lessons, etc.)	e this experience. (e.g. school lunch, snack time, incorporated into
Please list any outside organizations that you have partnered w programs.	rith in developing your school garden and/or school garden
Which of the following components are included in your school g	garden? (select all that apply)
Raised beds for edibles	ground edibles
Rain garden Co	mmunity garden plots
Garden kitchen (outdoor or access to indoor)	eenhouse
☐ Meeting space for a full class ☐ But	tterfly/Pollinator Garden Rain Barrel(s)
☐ Fruit tree(s)	
Other (please specify):	
Has your school participated in any of the following farm-food ed	ducation 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 inform	nation on farm-food education
Farm field trips	ef demonstrations
Participation in DC Farm to School Week	rticipation 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, information required by subsection (a) online if the school has a	
How will you make this information available to parents?	
✓ Online ✓ Co	pies Available at Main Office
Other (please specify):	
Is your school sharing information about the Healthy Schools A	ct in any other ways?
If yes, please explain.	
Submitted Date : 2/15/2012 10:59:00 A	Submitter's Name : Irene Holtzman