SCHOOL HEALTH PROFILE FORM

Section 1: School Profile

Type of School

☐ Public School ☑ Public Charter School

LEA: Center City

School Name Trinidad Campus

School Address 1217 W. Virginia Ave NE Washington, DC 20002

Does your school currently have a Website?* ☑ Yes ☐ No

If yes, what is your school's website address? http://www.centercitypcs.org/

Current number of students enrolled* 224

Grades Served (*select all that apply*)*

☐ PS	☑ 2	☑ 6	☐ 10				
☑ PK	☑ 3	☑ 7	☐ 11				
☑ K	☑ 4	☑ 8	☐ 12				
☑ 1	☑ 5	☐ 9	☐ Adult	☐ Other (please specify)			

Contact Name* Duane Thomas

Contact Job Title* Business Manager

Contact Email* dthomas@centercitypcs.org

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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	School Nurse 1 E-mail
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

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

☐ Full-time ☐ Part-time ☑ No coverage

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

If yes, please specify the agency or organization:

Deprtment of health

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

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	Health Ed Instructor 1 E-mail
Morgan Davis	mdavis@centercitypcs.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
☐ Assemblies or presentations
☐ No health education is provided
☐ Incorporated into another course
☐ Other (*please specify*):

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:	Minutes/Week	Converted To Hours	Grade:	Minutes/Week	Converted To Hours	Grade:	Minutes/Week	Converted To Hours
PS			**4**	30	0.50	**10**		
PK	30	0.50	**5**	45	0.75	**11**		
K	30	0.50	**6**	30	0.50	**12**		
1	30	0.50	**7**	29	0.48			
2	30	0.50	**8**	45	0.75	**Adult**		
3	30	0.50	**9**			**Other**		

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 (please specify by concept or health topic area, such as "nutrition," if applicable)?

Dc Health Standards

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?

OSSE

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 Phys. Ed. Instructor 1	Phys. Ed. Instructor 1 E-mail
Morgan Davis	mdavis@centercitypcs.org
Name of Phys. Ed. Instructor 2	**Phys. Ed. 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 *(please specify)*:

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:	Minutes/Week	Converted To Hours	Grade:	Minutes/Week	Converted To Hours	Grade:	Minutes/Week	Converted To Hours
PS			4	45	0.75	10		
PK	30	0.50	5	75	1.25	11		
K	30	0.50	6	45	0.75	12		
1	30	0.50	7	75	1.25			
2	45	0.75	8	75	1.25	Adult		
3	45	0.75	9			Other		

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:	Minutes/Week	Converted To Hours	Grade:	Minutes/Week	Converted To Hours	Grade:	Minutes/Week	Converted To Hours
PS			4	45	0.75	10		
PK	30	0.50	5	75	1.25	11		
K	30	0.50	6	45	0.75	12		
1	45	0.75	7	75	1.25			
2	45	0.75	8	75	1.25	Adult		
3	45	0.75	9			Other		

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

☑ Yes ☐ No

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

DC PE standards

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

☑ Yes ☐ No

If yes, what is the name of the tool? (e.g. FitnessGrams, President's Physical Fitness Test, etc.)

Presidential physical fitness test

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

☐ Yes ☑ No

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

OSSE

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*)*

- [ ] None
- [x] Vendor-provided nutrition education
- [x] Meal time presentations
- [ ] Outside speakers
- [ ] Other (*please specify if a specific nutrition curricula is used*):
- [ ] Multimedia
- [x] Posters
- [ ] Classroom Instruction
- [ ] Handouts/brochures

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

Very effective

Does your school offer free breakfast to all students?* [x] Yes [ ] No

Does your school offer breakfast in the classroom? [x] Yes [ ] No

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

Grade: PS	[x] Yes [ ] No	**Grade:** 4	[x] Yes [ ] No	**Grade:** 10	[ ] Yes [ ] No
Grade: PK	[x] Yes [ ] No	**Grade:** 5	[x] Yes [ ] No	**Grade:** 11	[ ] Yes [ ] No
Grade: K	[x] Yes [ ] No	**Grade:** 6	[x] Yes [ ] No	**Grade:** 12	[ ] Yes [ ] No
Grade: 1	[x] Yes [ ] No	**Grade:** 7	[x] Yes [ ] No		
Grade: 2	[x] Yes [ ] No	**Grade:** 8	[x] Yes [ ] No	**Grade:** Adult	[ ] Yes [ ] No
Grade: 3	[x] Yes [ ] No	**Grade:** 9	[ ] Yes [ ] No	**Grade:** Other	[ ] Yes [ ] No

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*):

Is your Grab and Go cart located (check all that apply):

- [ ] In the cafeteria
- [ ] In/near the main entrance of the school
- [ ] Other (*Please specify*)

Is your school a **Community Eligibility Option** (CEO) School? [x] Yes [ ] No

If Your School is CEO:

If yes, please indicate your CEO percent free and CEO percent paid below:

CEO free percent: 74% % CEO paid percent: 26% %

If you are a CEO school, please indicate your average daily meal participation for November 2012 (this is the total meals served, as reported on your November 2012 NSLP meals claimed, divided by the number of serving days in the month).

Breakfast meals: 175 Lunch meals: 180

OSSE

If you are **not** a **CEO** school, please indicate the number of students who qualify for the following:

Free Meals: _____ Reduced Price Meals: _____ Full Price Meals: _____

If you are **not** a **CEO** school, for November 2012, please indicate the average daily participation (number of students) for the following meals (this information is based on your November 2012 Edit Checks):

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

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

Lunch menu components

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?

☑ Yes ☐ No

These requirements include: a different vegetable every day, dark green and/or orange vegetables at least three times per week, cooked dry beans/peas at least once a week, a different fruit every day, fresh fruit at least twice a week, a whole grain serving every day, and two different milk options.

Does your school serve locally grown and/or locally processed and unprocessed foods at meal times?

☑ Yes ☐ No

If yes, are these items served at breakfast?

☐ Yes ☑ No

If yes, are these items served at lunch?

☑ Yes ☐ No

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 2012. 45

Does your school participate in the Afterschool Supper Program?*

☐ Yes ☑ No

If yes, please indicate the average daily participation for November 2012: _____

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Does your school participate in the Fresh Fruit and Vegetable 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 2012:

Breakfast: 110 **Lunch:** 110 **Supper:** **Snack:**

Section 6: Local Wellness Policy

Recommended point of contact for this section: principal, chair of school wellness council/committee

Has your LEA's local wellness policy been submitted to OSSE for review?*

☑ Yes ☐ No ☐ Don't Know

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 (please specify)

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?*

Travis Bouldin

Does your school have vending machines available to students?*

☐ Yes ☑ No

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?

If yes, 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

If yes, what are the hours of operation for the school store?

If yes, what food and beverages are sold?

OSSE

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)*:

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 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 *(please specify)*:

Information - Vegetarian Options

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)*:

Information – Milk Options

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)*:

OSSE

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	Garden Contact E-mail
Chantay Heath	cheath@centercitypcs.org

Does your school participate in the School Garden Program through any of the following (check all that apply)?

- ☐ Teacher/staff professional development
- ☐ Onsite technical support
- ☐ School garden grant
- ☐ We have not participated

Included in your School Garden

Which of the following components are included in your school garden? (*select all that apply*)

- ☑ Edible garden
- ☐ Native plant garden
- ☐ Storm-water
- ☐ Greenhouse
- ☐ Butterfly/Pollinator Garden
- ☐ School yard greening project
- ☐ Wildlife habitat garden
- ☐ Other (*please specify*):

If you have an edible garden, have you conducted a soil toxicity test in the past year?

☐ Yes ☑ No

Did your school participate in Growing Healthy Schools Week or **Strawberries** and **Salad Greens**?

☐ Yes ☑ No

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?*

☑ Yes ☐ No

If yes, please explain: School newsletter/parent meetings

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