



SCHOOL HEALTH PROFILE FORM

Section 1: School Profile																	
Type of School	<input type="checkbox"/> Public School <input checked="" type="checkbox"/> Public Charter School																
LEA:	Washington Latin PCS																
School Name	Washington Latin PCS - Middle																
School Address	4115 16th Street NW Washington, DC 20011																
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 <input type="text" value="http://www.latinpcs.org"/>																
Current number of students enrolled*	352																
Grades Served (select all that apply)*	<table><tr><td><input type="checkbox"/> PS</td><td><input type="checkbox"/> 2</td><td><input checked="" type="checkbox"/> 6</td><td><input type="checkbox"/> 10</td></tr><tr><td><input type="checkbox"/> PK</td><td><input type="checkbox"/> 3</td><td><input checked="" type="checkbox"/> 7</td><td><input type="checkbox"/> 11</td></tr><tr><td><input type="checkbox"/> K</td><td><input type="checkbox"/> 4</td><td><input checked="" type="checkbox"/> 8</td><td><input type="checkbox"/> 12</td></tr><tr><td><input type="checkbox"/> 1</td><td><input checked="" type="checkbox"/> 5</td><td><input type="checkbox"/> 9</td><td><input type="checkbox"/> Adult <input type="checkbox"/> Other (please specify) <input type="text"/></td></tr></table>	<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 (please specify) <input type="text"/>
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<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 (please specify) <input type="text"/>														
Contact Name*	Martita Fleming																
Contact Job Title*	Director of Operations																
Contact Email*	mffleming@latinpcs.org																



Section 2: Health Services	
Recommended point of contact for this section: school health providers	
What type of nurse coverage does your school have?* <input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time <input type="checkbox"/> No Coverage	
How many nurses are available at your school? <input type="checkbox"/> One <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three or more	
Name of School Nurse 1 Nurse Chittams	School Nurse 1 E-mail
Name of School Nurse 2 Nurse Campanella	School Nurse 2 E-mail
Does your school currently have a school-based health center?* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does your school currently have a School Mental Health Program or similar services on site for students?* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
What type of mental health clinician coverage does your school have?* <input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify the agency or organization: <div style="background-color: #e0f0ff; padding: 2px;"> Various -- list available upon request </div>	
Does your school see a need for more school-based behavioral/mental health services than you currently have? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Has your school ever used the Child and Adolescent Mobile Psychiatric Services (ChAMPS) or the Department of Mental Health's Access Helpline? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does your School currently have an anti-bullying policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

Ms. Nickens

Health Ed Instructor 1 E-mail

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 (*please specify*):
 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:	Minutes/Week	Converted To Hours	Grade:	Minutes/Week	Converted To Hours	Grade:	Minutes/Week	Converted To Hours
PS			4			10		
PK			5	50	0.83	11		
K			6	50	0.83	12		
1			7	0	0.00			
2			8	0	0.00	Adult		
3			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)?

Healthy Lifestyle Choices

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?



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

Mr. Bettancourt

Phys. Ed. Instructor 1 E-mail

rbettancourt@latinpcs.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			10		
PK			5	100	1.67	11		
K			6	100	1.67	12		
1			7	180	3.00			
2			8	180	3.00	Adult		
3			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			10		
PK			5	90	1.50	11		
K			6	90	1.50	12		
1			7	160	2.67			
2			8	160	2.67	Adult		
3			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?

DCPS - Sparks PE

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.)

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?



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
- Vendor-provided nutrition education
- Meal time presentations
- Outside speakers
- Other *(please specify if a specific nutrition curricula is used):*
- Multimedia
- Posters
- Classroom Instruction
- Handouts/brochures

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

Very satisfied

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: PS <input type="checkbox"/> Yes <input type="checkbox"/> No | Grade: 4 <input type="checkbox"/> Yes <input type="checkbox"/> No | Grade: 10 <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Grade: PK <input type="checkbox"/> Yes <input type="checkbox"/> No | Grade: 5 <input type="checkbox"/> Yes <input type="checkbox"/> No | Grade: 11 <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Grade: K <input type="checkbox"/> Yes <input type="checkbox"/> No | Grade: 6 <input type="checkbox"/> Yes <input type="checkbox"/> No | Grade: 12 <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Grade: 1 <input type="checkbox"/> Yes <input type="checkbox"/> No | Grade: 7 <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Grade: 2 <input type="checkbox"/> Yes <input type="checkbox"/> No | Grade: 8 <input type="checkbox"/> Yes <input type="checkbox"/> No | Grade: Adult <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Grade: 3 <input type="checkbox"/> Yes <input type="checkbox"/> No | Grade: 9 <input type="checkbox"/> Yes <input type="checkbox"/> No | Grade: Other <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you do not offer breakfast in the classroom, please explain why (i.e., not required):

More sanitary to offer in a central location; very low demand for breakfast

Does your school offer any alternative breakfast models (check all that apply)?

- Cafeteria Grab and Go cart Other *(please specify):*
Available at front desk

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**? Yes No

If Your School is CEO:

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

CEO free percent: % CEO paid percent: %

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: Lunch meals:



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

Free Meals: **60** Reduced Price Meals: **19** Full Price Meals: **273**

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*	3
Breakfast – Reduced Price Meals*	1
Breakfast – Full Price Meals*	13
Lunch – Free Meals*	31
Lunch – Reduced Price Meals*	7
Lunch – Full Price Meals*	53

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. _____

Does your school participate in the Afterschool Supper Program?*

Yes No

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



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: Lunch: 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?*

Wellness Committee

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?



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): **On request**

Ingredients of each Menu Item*

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

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): **On request**

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): _____



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

Mr. Figueroa

Garden Contact E-mail

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): **Outdoor classroom**

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: