



Office of the



State Superintendent of Education

**SCHOOL HEALTH PROFILE FORM**

**Section 1: School Profile**

|  |   |
|--|---|
| Type of School:                                | Public Charter School   |
| LEA Name:                                      | Cesar Chavez  |
| School Name:                                   | Parkside Lower  |
| Street Address                                 | 3701 Hayes Street NE Washington, DC 20019   |
| Does your school curently have a website?      | Yes   |
| If yes, what is your school's website address? | www.chavezschools.org   |
| Current number of students enrolled:           | 277   |
| 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 type="checkbox"/> 5 <input type="checkbox"/> 9 <input type="checkbox"/> Adult <input type="checkbox"/> Other |
| Contact Name:                                  | Yvonne Waller   |
| Contact Job Title                              | Principal   |
| Contact Email:                                 | yvonne.waller@chavezschools.org   |

What type of nurse coverage does your school have?

Part Time

How many school nurses are available at your school?

One

Name of School Nurse 1:

Temp

School Nurse 1 Phone

(202) 398-2230

School Nurse 1 E-mail:

cheryl.greene@chavezschools.org

Suite/Room Location:

School Nurse 1 Credentials:

LPN

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?

Yes

Does your school currently have a School Mental Health Program or similar services on site for students?

No

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

No Coverage

How many mental health clinicians are available at your school?

|   |                              |                                  |            |              |
|---|------------------------------|----------------------------------|------------|--------------|
| Are any students required to take health education at your school?  | Yes                          |                                  |            |              |
| How many health education teachers does your school currently have on staff?  | One                          |                                  |            |              |
| Does your school currently have at least one certified or highly qualified health teacher on staff?   | [Redacted]                   |                                  |            |              |
| Does one (or more) health education instructor also serve as physical education instructor?   | [Redacted]                   |                                  |            |              |
| Name of Health Ed Instructor 1:   | Health Ed Instructor 1 Phone | Health Ed Instructor 1 E-mail    |            |              |
| Sarah Ackerman  | (202) 398-2230               | sarah.ackerman@chavezschools.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)   |                              |                                  |            |              |
| MS Health Promotion Mgmt  |                              |                                  |            |              |
| Name of Health Ed Instructor 2:   | Health Ed Instructor 2 Phone | Health Ed Instructor 2 Phone     |            |              |
| [Redacted]  | [Redacted]                   | [Redacted]                       |            |              |
| Did this health education instructor have a concentration in health OR physical education in college?   | [Redacted]                   |                                  |            |              |
| Please list any Health Education Certification or training received by this Health Education Instructor (i.e. Masters, CHES, other health certifications)   |                              |                                  |            |              |
| [Redacted]  |                              |                                  |            |              |
| 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  | [Redacted] Minutes/Week      | Grade 7                          | 180        | Minutes/Week |
| PK  | [Redacted] Minutes/Week      | Grade 8                          | 180        | Minutes/Week |
| K   | [Redacted] Minutes/Week      | Grade 9                          | [Redacted] | Minutes/Week |
| Grade 1   | [Redacted] Minutes/Week      | Grade 10                         | [Redacted] | Minutes/Week |
| Grade 2   | [Redacted] Minutes/Week      | Grade 11                         | [Redacted] | Minutes/Week |
| Grade 3   | [Redacted] Minutes/Week      | Grade 12                         | [Redacted] | Minutes/Week |
| Grade 4   | [Redacted] Minutes/Week      | Adult                            | [Redacted] | Minutes/Week |
| Grade 5   | [Redacted] Minutes/Week      | Other                            | [Redacted] | Minutes/Week |
| How is health education instruction provided (select all that apply):   |                              |                                  |            |              |
| <input checked="" type="checkbox"/> Health education course <input type="checkbox"/> Incorporated into another course<br><input type="checkbox"/> Assemblies or presentations <input type="checkbox"/> Other (please specify): [Redacted]<br><input type="checkbox"/> No health education is provided |                              |                                  |            |              |
| Is the health education instruction based on the OSSE's health education standards?   |                              |                                  |            |              |
| [Redacted]  |                              |                                  |            |              |
| Which health education curriculum (or curricula) is your school currently using for instruction?  |                              |                                  |            |              |
| [Redacted]  |                              |                                  |            |              |
| Does your school partner with any outside programs or organizations to satisfy the health education requirements?   |                              |                                  |            |              |
| [Redacted]  |                              |                                  |            |              |
| If yes, what programs or organizations does your school use?  |                              |                                  |            |              |
| [Redacted]  |                              |                                  |            |              |







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)?  No

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?

Does your school have vending machines?  Yes

If yes, are these vending machines available only to faculty and staff members?  Yes

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?  No

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.

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): no

Does your school currently have a School Garden?

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  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 : 3/28/2012 11:47:00 A

Submitter's Name : Joshua Symonette