



## About Your Program

The information below is being collected to help match responses over time and to know a little bit more about the context of your program.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of your ECE program: \_\_\_\_\_

City where ECE program is located: \_\_\_\_\_

County where ECE program is located: \_\_\_\_\_

License number: \_\_\_\_\_

License Type: *(check one)*

- ☐ Center
- ☐ Family Type A
- ☐ Family Type B

Your title/role: *(check one)*

- ☐ Owner/operator of family child care program
- ☐ Center director, supervisor, manager or administrator
- ☐ Classroom teacher
- ☐ Food service staff
- ☐ Other \_\_\_\_\_

Number of children currently enrolled: \_\_\_\_\_

What age groups does your program care for? *(check all that apply)*

- ☐ Infants
- ☐ Toddlers
- ☐ Preschoolers
- ☐ School age children

How many meals and snacks do children eat on a typical day at your program? *(check one)*

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6

**Is your program designated as an Ohio Healthy Program?** (check one)

☐ No (continue below)



**Select the response that best describes your program's involvement with Ohio Healthy Programs.**

- ☐ My program is not currently working to apply for Ohio Healthy Programs designation
- ☐ My program is in the process of completing staff training and/or technical assistance for Ohio Healthy Programs designation
- ☐ My program has submitted an application for Ohio Healthy Programs designation

☐ Yes (continue below)



**Please enter the month and year your program was first designated as an Ohio Healthy Program.**

First designation month \_\_\_\_\_

First designation year \_\_\_\_\_

**Please enter the month and year your program is scheduled to renew Ohio Healthy Programs designation.**

Renewal month \_\_\_\_\_

Renewal year \_\_\_\_\_

**Do you have a technical assistance (TA) provider who works with you on Ohio Healthy Programs?** (check one)

☐ No (continue below)



**Would you like a report of your answers to this assessment sent to an Ohio Healthy Programs TA provider in your area? A TA provider can assist you with completing required trainings and help you apply for Ohio Healthy Programs designation.**

- ☐ No
- ☐ Yes

☐ Yes (continue below)



**If you would like a report of your answers to this assessment sent to your TA provider, please provide as much information as you know about your TA provider.**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_

**If you do not know any of this information, would you like your answers to be sent to an Ohio Healthy Programs TA provider in your area?**

- ☐ No
- ☐ Yes

**Is there any other information about your program that is important for us to know?** For example, multiple programs within the same center that follow different practices, programs that serve children with special health care needs.

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## Part 1 - Best Practices

This assessment contains three parts. First ([Part 1](#)), you will be asked about your current practices related to nutrition, physical activity, screen time, and related topics. In the next section ([Part 2](#)), you will identify the practices your program is not fully meeting at the best practice level. You will be asked to choose up to three practices from this list that you would like to work on in the next year. In [Part 3](#), you will be asked what resources or support you need to help you work on the practices you chose. You may need to talk to other staff such as a lead teacher or menu planner to find the answer to some questions. Practices in Part 1 marked with \*\*\* are related to Ohio Healthy programs designation.

### Nutrition

**Select the answer that best describes how often your program serves the following foods and beverages.**

	Never	No more than once per week	2-4 times per week	Every day
A whole grain food such as brown rice, oats, barley, buckwheat, oatmeal, popcorn, and foods where the first word on the ingredient list is whole.***	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
Fried and pre-fried foods such as breaded and frozen chicken nuggets and fish sticks.***	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>1</sub>
Highly processed meat, such as hot dogs, corn dogs, pepperoni, and sausage, is served. Include all types of processed meat from beef, pork, turkey, chicken, etc.***	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>1</sub>
	Never, not even at special events	Never during regular program activities, but sometimes at special events	Often	Always
Beverages with added sugar or sweeteners such as Kool-Aid, fruit drinks, sweet tea, sports drinks, soda, and flavored milk.***	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>1</sub>
Grain-based desserts such as cookies, cakes, and doughnuts.	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
	Never	No more than once per week	Most times it is served	Every time it is served
When 100% fruit juice is served, children receive a serving larger than 4-6 ounces.***	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>1</sub>
When breakfast cereal is served, it contains 6g or less of sugar per serving. An average serving size is 30 grams or 1 ounce.***	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>1</sub>
	Never	Some weeks	Most weeks	Every week
A different non-fried vegetable is offered every day of the week (ex: green beans on Monday, carrots on Tuesday, broccoli on Wednesday, etc.).***	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
A different fresh, canned, or frozen fruit is offered every day of the week (ex: peaches on Monday, apples on Tuesday, bananas on Wednesday, etc.).***	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
	Never	Sometimes	Often	Always
Drinking water is freely available. This means that water is always available to children such as in water bottles, pitchers, portable or stationary water coolers, or water fountains.	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>

**Select the answer that best describes how often your program does the following during meal and snack times.**

	Never	Sometimes	Often	Always
Infants and children of all ages are allowed to decide when to stop eating.	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>
Teachers encourage positive social interaction and conversation at mealtime.	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>
Meals and snack are served family-style (developmentally ready preschool-age and older children choose and serve most or all foods themselves).	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>
<input type="checkbox"/> Not applicable. Program does not serve preschool-age or older children.				
When in front of children, teachers and staff eat and drink only foods and beverages that meet nutrition standards for meals served to children.	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>
Seasonal and locally produced foods are incorporated into meals.	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>4</sub>
Food is used to reward good behavior or punish bad behavior. For example, children earn a treat for good behavior, children lose snack for bad behavior.	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>1</sub>

## Infant Nutrition

☐ If your program does not serve infants, check this box and skip to the Physical Activity section.

**Select the answer that best describes how often your program does the following.**

	Never	Sometimes	Often	Always
Infants are fed on cue (when they show signs of hunger) rather than on a set schedule.	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>
	<b>Never/do not have infant feeding plans</b>	<b>At time of enrollment</b>	<b>At certain times of year</b>	<b>As soon as feeding needs change</b>
Infant feeding plans are updated (for example, the type, amount, and feeding times or frequency of feeding food, formula, and/or breast milk).	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>
	<b>Never, unless written documentation from a health care provider supports giving food</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
Foods other than breastmilk or formula are provided to infant under 4 months of age (for example, prune juice to relieve constipation).	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>1</sub>

## Physical Activity

**Select the answer that best describes how often your program does the following.**

	Never	Some days	Most days	Every day
Preschoolers receive a total of at least 90 minutes of physical activity (45 minutes for half day programs) throughout the day.	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>
<input type="checkbox"/> Not applicable. Program does not serve preschoolers.				
Toddlers receive a total of at least 60 minutes of physical activity (30 minutes for half day programs) throughout the day.	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>
<input type="checkbox"/> Not applicable. Program does not serve toddlers.				
Non-crawling infants are offered tummy time. This is supervised time when an infant is awake and alert, lying on their belly.	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>
<input type="checkbox"/> Not applicable. Program does not serve infants.				
	Never	Sometimes	Often	Always
Physical activity is used to reward good behavior. For example, children earn outdoor time through good behavior; children lose outdoor time or are made to run laps for bad behavior.	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>1</sub>
	Never	Some days that outdoor play is not provided	Most days that outdoor play is not provided	Every day that outdoor play is not provided
Indoor active play is offered on days that outdoor play is not provided. This includes activities such as climbing, jumping, running, riding wheel toys, yoga, or music and movement.	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>

## Screen Time

**Select the answer choice that best describes your program's practices related to screen time.**

Screens can include television; desktop, laptop, or tablet computers; or smart phones. Screen time includes any time spent watching shows or playing games (including active video games and educational or learning games) on a screen.

Do not include screen time for adaptive technology (for children with disabilities) or time required for online assessments.

	Never	1-29 minutes per week	30-59 minutes per week	60 minutes or more per week
Screen time is provided for children under 2 years of age.	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>1</sub>
<input type="checkbox"/> Not applicable. Program does not serve children under 2 years of age.				
Screen time is provided for children age 2 years and older.	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>1</sub>
<input type="checkbox"/> Not applicable. Program does not serve children over 2 years of age.				
	Never	Sometimes	Often	Always
Screen time for children 2 years and older has an emphasis on educational programming or physical activity.	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>
<input type="checkbox"/> Not applicable. Program does not serve children over 2 years of age or children over 2 are never provided with screen time.				
Screen are permitted in the napping areas during nap time.	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>1</sub>
Screens are permitted to be on during meals and snacks.	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>1</sub>

## Child and Parent Education

Select the answer that best describes how often your program offers the following activities.

	Never	Less than 1 time per week	1 time per week	2 or more times per week
Children participate in planned lessons focused on nutrition.	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
	Have never offered this	Offered this in the past, but not in the past 12 months	Offered this 1 time in the past 12 months	Offered this 2 or more times in the past 12 months
Nutrition and/or physical activity education was offered to parents in the form of parent workshops or meetings.***	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>4</sub>
Nutrition and/or physical activity information was offered to parents in the form of handouts, newsletter articles, bulletin board topics, postings on our website, or email.***	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>4</sub>

## Policies

Select which of the following topics are included in your written policies or parent handbook.

	No	Yes, topic in policy or handbook
Child nutrition. For example, foods and beverages that are served to children, staff practices during mealtime, not offering food to calm, bribe, or reward children.***	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>4</sub>
Physical activity. For example, amount of time provided each day for indoor and outdoor playtime, not using physical activity as a punishment or reward.***	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>4</sub>
Screen time. For example, type, amount and/or location of screen time allowed for each age group.***	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>4</sub>
Support for onsite breastfeeding or pumping.***	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>4</sub>
<input type="checkbox"/> Not applicable. Program does not serve infants or toddlers.		

## Professional Development

Select the answer that best describes your program staff's professional development activities.

Answer only the questions that apply to your type of ECE license (centers or family types A and B).

### For Centers:

	No	Yes
Administrators have received at least 8 contact hours of Ohio Approved training in the past 2 years that supports nutrition and physical activity in ECE settings.	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>4</sub>
Lead teachers for each age group have received at least 8 contact hours of Ohio Approved training in the past 2 years that supports nutrition and physical activity in ECE settings.	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>4</sub>
Menu planner has received Ohio Approved training in the past 2 years that supports nutrition in ECE settings.	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>4</sub>

### For Family Type A or B:

You have received at least 8 contact hours of Ohio Approved training in the past 2 years that supports nutrition and physical activity in ECE settings.	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>4</sub>
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## Part 2 – Goal Setting

### **Step 1. Review your answers to Part 1 to determine which practices you are not meeting at the best practice level.**

Each answer choice in Part 1 is marked with a small number next to the circle. You will use these numbers to score your answers and identify which practices you are not meeting at the best practice level.

Answers marked with <sub>1</sub>, <sub>2</sub>, or <sub>3</sub> next to the circle are practices you **are not** meeting at the best practice level. Use a highlighter or different colored pen to mark these practices on the previous pages.

Example 1 (selected answer choice 1; not meeting best practice)

$\emptyset_1$

$\bigcirc_2$

$\bigcirc_3$

$\bigcirc_4$

Example 2 (selected answer choice 3; not meeting best practice)

$\bigcirc_4$

$\emptyset_3$

$\bigcirc_2$

$\bigcirc_1$

Answers marked with <sub>4</sub> next to the circle are practices you **are** meeting at the best practice level. Note that for some questions, there are two circles with a <sub>4</sub>. If you chose either of these circles, you **are** meeting the best practice level. Do not highlight or mark these practices.

Example 3 (selected answer choice 4; meeting best practice)

$\bigcirc_1$

$\bigcirc_2$

$\bigcirc_3$

$\emptyset_4$

Example 4 (two answer choices 4; either one meets best practice)

$\bigcirc_4$

$\emptyset_4$

$\bigcirc_2$

$\bigcirc_1$

### **Step 2. Select up to three practices from the list of those you are not meeting at the best practice level that you would like to work on in the next year.**

Review the practices you highlighted in Step 1. Decide which ones you would like to work on moving toward the best practice level in the next year. You may need to talk to other staff such as a lead teacher or menu planner to decide where to focus your program efforts.

Practices in Part 1 marked with \*\*\* are related to Ohio Healthy programs designation. These include required menu standards and ideas for parent engagement and policy topics that may be used to obtain Ohio Healthy Programs designation. The other practices are ideas of ways to improve nutrition, physical activity, and related practices and policies at your program.

If you did not highlight any practices because all practices are being met at the best practice level, please write in any other practice of your choice that you wish to work on.

### **Step 3. Write your selected practice(s) on the next page on the lines next to Practice #1, #2, and #3.**



## Part 3 – Action Planning

*For each practice, mark the resources or supports you need to help you work on the practice. (select all that apply)*

### Practice #1 \_\_\_\_\_

- ☐ Group Training
- ☐ One-on-one training
- ☐ Webinars
- ☐ In-person technical assistance
- ☐ Email/phone technical assistance
- ☐ Written information and resources on nutrition and physical activity
- ☐ Playground equipment or supplies
- ☐ Gardening equipment or supplies
- ☐ Child and Adult Care Food Program (CACFP) sponsorship information
- ☐ Other \_\_\_\_\_

### Practice #2 \_\_\_\_\_

- ☐ Group Training
- ☐ One-on-one training
- ☐ Webinars
- ☐ In-person technical assistance
- ☐ Email/phone technical assistance
- ☐ Written information and resources on nutrition and physical activity
- ☐ Playground equipment or supplies
- ☐ Gardening equipment or supplies
- ☐ Child and Adult Care Food Program (CACFP) sponsorship information
- ☐ Other \_\_\_\_\_

### Practice #3 \_\_\_\_\_

- ☐ Group Training
- ☐ One-on-one training
- ☐ Webinars
- ☐ In-person technical assistance
- ☐ Email/phone technical assistance
- ☐ Written information and resources on nutrition and physical activity
- ☐ Playground equipment or supplies
- ☐ Gardening equipment or supplies
- ☐ Child and Adult Care Food Program (CACFP) sponsorship information
- ☐ Other \_\_\_\_\_

**This form must be submitted online at [www.odh.ohio.gov/earlychildhood](http://www.odh.ohio.gov/earlychildhood). If you have questions about this assessment, please contact your TA provider or Stefanie Lynn, Public Health Nutritionist, at [Stefanie.Lynn@odh.ohio.gov](mailto:Stefanie.Lynn@odh.ohio.gov).**