OSNAP Policy Assessment Areas for Improvement‐ Policy Report

# Program Name: Date:

Now that you’ve completed your policy self‐assessment, use this form to help you see where your program currently meets the OSNAP environmental standards. This form will help you identify policy areas that your organization may see a need for action.

# Instructions

Make sure you have your policy self‐assessment in front of you. For each standard, check your response to the relevant question on the self‐ assessment, as outlined in the “Self‐Assessment Criteria” column. If you have a “yes” answer for the relevant question, answer “yes” under the “Policy Status” column; if you do not have a policy that specifically meets the goal, check the No box. If you have a policy that partially meets the goal, first check NO, then check the Partially Meet Goals Box. If you have no policy statement at all, check Do Not Meet Any of the Goal. For questions that may not apply to your program, check N/A. Write in the last column where you found the policy, if it exists (e.g. parent handbook, schedule).

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| **OSNAP Standards** | **Self‐Assessment Criteria** | **Policy Status** | **Where is the policy written? Write in the document type.** |
| Include 30 minutes of moderate physical activity for every child every day (include outdoor activity if possible). | Check your response on question 3a. Do you have written statements that meet **all three** of the goals listen in questions 1a, 2 and 3? | YES  NO  PARTIALLY MEET GOAL  DO NOT MEET ANY OF THESE GOALS |  |
| Offer 20 minutes of vigorous physical activity 3 times per week. | Check your response on question 4a. Do you have a written statement that includes all of these components? | YES  NO  PARTIALLY MEET GOAL  DO NOT MEET GOAL |  |
| Limit instructional computer and digital device use to homework or for educational purposes only. | Check your response on question 5. | YES  NO  N/A – No computer at program |  |

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| **OSNAP Standards** | **Self‐Assessment Criteria** | **Policy Status** | **Where is the policy written? Write in the document type.** |
| Eliminate use of television time/movies. | Check your response on question 6. | YES  NO  N/A – No TV at program |  |
| ***If your afterschool program does not provide a snack, stop here. If you do provide a snack, proceed.*** | | | |
| Offer a fruit or vegetable option every day at | Check your response on question 9a. | YES  NO  PARTIALLY MEET GOAL  DON’T MEET GOAL |  |
| When serving grains, serve whole grains. | Check your response on question 10. | YES  NO |  |
| Do not serve foods with trans fats. | Check your response on question 11. | YES  NO |  |
| Do not serve sugar‐sweetened drinks. | Check your response on question 12. | YES  NO |  |
| Offer water as a beverage at snack every | Check your response on question 13a. | YES  NO  PARTIALLY MEET GOAL  DO NOT MEET GOAL |  |
| Do not allow sugar‐sweetened drinks to be brought in from outside the snack program. | Check your response on question 14. | YES  NO |  |