

## 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).

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 <b>all three</b> of the goals listen in questions 1a, 2 and 3?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY MEET GOALS  <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY MEET GOAL  <input type="checkbox"/> DO NOT MEET GOAL	
Limit computer and digital device time to homework or instructional only.	Check your response on question 5.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A – No computer at program	

OSNAP Standards	Self-Assessment Criteria	Policy Status	Where is the policy written? Write in the document type.
Eliminate use of commercial broadcast TV/movies.	Check your response on question 6.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A – No TV at program	
<b><i>If your afterschool program does not provide a snack, stop here. If you do provide a snack, proceed.</i></b>			
Offer a fruit or vegetable option every day at snack.	Check your response on question 9a.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY MEET GOAL <input type="checkbox"/> DO NOT MEET GOAL	
When serving grains, serve whole grains.	Check your response on question 10.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do not serve foods with trans fats.	Check your response on question 11.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do not serve sugar-sweetened drinks.	Check your response on question 12.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Offer water as a beverage at snack every day.	Check your response on question 13a.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY MEET GOAL <input type="checkbox"/> 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO	