

OSNAP Practice Assessment Areas for Improvement: Practice Report

Now that you've completed your daily self-assessment, use this form to help you see where your program is currently at regarding the OSNAP standards. This form will help you identify areas your organization can take action on to improve the health of kids.

Instructions

Make sure you have all of your self-assessments in front of you. Ideally you will have a self-assessment completed for each of the days your program operates during a normal week. Complete this form using the results of your self-assessments.

OSNAP Standards	Instructions	Day 1	Day 2	Day 3	Day 4	Day 5	# Days OSNAP Goal was Met
Provide all children with at least 30 minutes of moderate to vigorous physical activity every day (include outdoor activity if possible)	Go to question # 4: Check for each day you answered <u>30 minutes or more</u> was the <u>least</u> amount of physical activity time offered to any group of children This would mean you checked one of the following boxes: <input type="checkbox"/> 30-44 minutes <input type="checkbox"/> 45-59 minutes <input type="checkbox"/> 60 minutes or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# Days checked ____
Offer 20 minutes of vigorous physical activity 3 times per week.	Go to question # 9: Check for each day you answered <u>20 minutes or more</u> of vigorous activity was the <u>least</u> amount of vigorous activity offered to any group of children. This would mean you checked one of the following boxes: <input type="checkbox"/> 20-29 minutes <input type="checkbox"/> 30-59 minutes <input type="checkbox"/> 60 minutes or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# Days checked ____
Eliminate use of commercial broadcast TV/movies.	Go to question # 10: Check for each day you answered NO to this question.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# Days checked ____
Limit computer and digital device time to homework or instructional only.	Go to questions # 11 and 12: Check for each day you answered NO to both questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# Days checked ____
Offer a fruit or vegetable option every day at snack.	Go to question # 14: Check for each day you answered YES , a fruit or vegetable was served at snack.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# Days checked ____
Do not serve sugar-sweetened drinks.	Go to questions # 17 and 19: Check for each day you answered NO or N/A for both these questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# Days checked ____
Offer water as a beverage at snack every day.	Go to question # 20: Check for each day you answered YES , water was served at snack.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# Days checked ____
Do not allow sugar-sweetened drinks to be brought in during program time	Go to question # 22: Check for each day you answered that NONE of the kids in your program brought in sugar sweetened drinks during program time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# Days checked ____

