

## Contact Information

\* 1. Please complete the fields below:

Program name

Contact person name

Contact person email address

Contact person phone number

\*\*\*Please note that this document is for previewing/preparation purposes only. When you are ready to submit your responses, please use the link on the PA NAP SACC website to enter your Reflection responses via the online link. Thank you!

\* 2. Did you experience any program or staffing changes that impacted your progress/participation in this mini-grant project? (October 2017-June 2018)

Yes

No

## Program or Staffing Changes

3. When staff or program changes occurred, what steps did you take to acclimate new staff to the PA NAP SACC process?

## Nutrition Goals

\* 4. Please list the nutrition goals you set at the beginning of the project.

\* 5. Do you feel you met these nutrition goals?

- Yes: met our goals and/or made significant progress
- Somewhat
- Unsure
- No

### Successes

6. What top two factors led to your success in meeting your nutrition goals?

### Barriers

7. What top two barriers/challenges did you encounter when working toward your nutrition goals?

### Nutrition Goals Continued

\* 8. Think about the goals you identified to improve your nutrition practices and policy. For the purposes of helping staff in other programs implement similar changes related to nutrition, what recommendations/advice would you give them?

\* 9. Which statement best describes your written nutrition policy now compared to the policy you had at the beginning of the project?

- Our initial written nutrition policy was strong and did not need to change much.
- We had a basic written nutrition policy but enhanced it during the project.
- We did not have a written nutrition policy in place and developed one as part of the project.
- Other (please specify)

## Physical Activity Goals

\* 10. Please list the physical activity goals you set at the beginning of the project.

\* 11. Do you feel you met these physical activity goals?

- Yes: met our goals and/or made significant progress
- Somewhat
- Unsure
- No

## Successes

12. What top two factors led to your success in meeting your physical activity goals?

## Barriers

13. What top two barriers/challenges did you encounter when working toward your physical activity goals?

### Physical Activity Goals Continued

\* 14. Think about the goals you identified to improve your physical activity practices and policy. For the purposes of helping staff in other programs implement similar changes related to physical activity, what recommendations/advice would you give them?

\* 15. Which statement best describes your written physical activity policy now compared to the policy you had at the beginning of the project?

- Our initial written physical activity policy was strong and did not need to change much.
- We had a basic written physical activity policy but enhanced it during the project.
- We did not have a written physical activity policy in place and developed one as part of the project.
- Other (please specify)

### Overall Reflections

\* 16. What were the top three motivational factors for participating in this project?

- Support from project staff
- \$500 mini grant
- Policy development
- Linkage with a child care health consultant
- Resources provided by project emails, communication and website
- Professional development
- Online process allowing me to work at my own pace
- Self-assessment results -- strengths and areas for improvement
- Satisfies Keystone Stars and bonus points requirement
- Other (please specify)

17. What professional development, if any, did you participate in to assist in reaching your goals?

18. What surprised you most about your PA NAP SACC/Child Care Wellness project experience?

\* 19. How will you continue to use the PA NAP SACC website and/or Continuous Program Improvement process now that the project is completed? What support will you need to continue implementation?