

Seeking Licensed Child Care Providers for PA NAP SACC Mini-grant Project!

You're entrusted by families with the care and well-being of their children. That puts you in the position to make a pivotal difference in their lives by helping them form positive nutrition and physical activity habits while in your care. PA NAP SACC, the PA Nutrition and Physical Activity Self-Assessment for Child Care, is an easy-to-use, online learning tool that helps you evaluate the environment you provide for the children you serve. Early childhood education and care providers who participate in PA NAP SACC create longer-term quality of life opportunities for both the child and his or her family.

The PA NAP SACC is a continuous quality improvement process to support best practices and policy development around nutrition and physical activities, and focuses on children age birth - five. The completely web-based process includes Self-Assessment, Action Planning, Implementation (including free resources and training), Policy Development (including support), Post-Self-Assessment, and Reflection. A limited number of programs will receive on-site, targeted technical assistance from a Child Care Health Consultant (CCHC) at no cost to the site. The CCHC will review current practices and policies, assist with developing sustainable policies, and offer guidance for continuous quality improvement.

Beyond the reward of making a difference in the health of the children in your care, those who participate and complete project requirements will also receive a \$500 mini grant to support their action steps and enhance their nutrition and physical activity practices and policies. For STAR 3 and 4 programs, participation in all components of PA NAP SACC also satisfies the performance standards and/or bonus point requirements related to utilizing a health care consultant to establish and maintain health policies above those required by certification as well as participating in an organized effort to promote nutritional health for children.

The Child Care Wellness Mini-grant Project will follow the timeline below:

Applications due by August 22, 2018
Notification of Acceptance - September 10, 2018
Orientation and kick-off in October 2018
Have 8-9 months to implement!
Reflection and wrap up in June 2019

Technical support and policy consultation will be available to all participating centers.

If you are interested in participating, please complete and submit the electronic application. If you have questions or require additional information, please contact Lori McMonigal, Coordinator for Special Projects - Tuscarora Intermediate Unit, at 717-248-4942 x 112 or lmcmmonigal@tiu11.org

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Applications must be submitted by August 22, 2018.

Please Note: This document is for reference only. Please use the link provided in the email to submit an online application.

Applicant Information

* 1. Name of Child Care Program

*To be eligible, programs must be a licensed child care provider

2. My program is:

This document is for reference only.

- ☐ Center-based
- ☐ Family Child Care Home
- ☐ Group Home
- ☐ Other (please specify)

* 3. Center director/administrator/owner name

* 4. Phone number

* 5. Email address

Applicant Information

* 6. Contact person name (This is the person who will receive all emails and notifications related to the grant)

* 7. Phone number

* 8. Email address

* 9. Center street address

* 10. City

* 11. Zip code

* 12. County

13. If it is necessary to mail information to your site/home (resources, paperwork, etc), is the above address the best one to use?

☐ Yes

☐ No

☐ If no, please list mailing address:

Center Information

* 14. School district where center/home is located

* 15. Child care center/group/family home license number

16. On average, how many children do you serve in each of the age groups below? (The target age group for this mini-grant project includes infants, toddlers, and preschool age children.)

Birth to 3

3.1 - 5

5.1 +

17. On average, please estimate the percentage of children you serve that are:

White

Hispanic or Latino

Black or African American

American Indian or
Alaskan Native

Asian/Pacific Islander

* 18. How many staff are employed at your center/group/family home?

Application Questions

* 19. Does your child care center/group/family home participate in the Child and Adult Care Food Program (CACFP)?

* 20. Does your child care center/group/family home participate in Keystone Stars?

21. If yes, what level?

* 22. Does your program have a modified summer program or schedule?

23. If yes, please explain.

* 24. Does your child care program have a written policy regarding nutrition?

* 25. Does your child care program have a written policy regarding physical activity?

* 26. Please evaluate your comfort level using technology (email, websites, online videos and resources, etc.)

27. Has your program participated in a PA NAP SACC mini-grant project in the past? (Past participants are still eligible and welcome to apply; however, if spots are limited, priority may be given to programs who have not had a previous opportunity to participate.)

☐ Yes

☐ No

☐ Unsure

Other (please specify)

Application Questions

- * 28. Please explain your interest in the PA NAP SACC Mini-grant Project. Specifically, what are your goals for improving nutrition and physical activity practices within your program?

- * 29. Please describe your commitment to and ability to complete this project, including the time required to complete the mini-grant activities (orientation, self-assessment, implementation, reflection, communication with policy consultant).

* 30. This mini-grant project is part of a larger statewide initiative which is funded by the Centers for Disease Control and Prevention. Our funding requires us to conduct a program evaluation of our various initiatives under this grant. Please indicate your program's willingness and availability (time to complete an online survey) to provide an external evaluator with information that will assist them in conducting this evaluation required by CDC.

A large, empty rectangular box with a thin black border, intended for the user to provide information regarding their program's willingness and availability for evaluation.

Please click the Submit button below to enter your application.