Success Story Form

Complete and save and submit this form to gilmorel@michigan.gov. You may also submit this form ONLINE.

Information About Your Program

County in which the Program Is Located: _______________________
Program Name: _____________________________________________
Street Address: _____________________________________________
City/Town: _________________________________________________
State: _______________ Zip Code: _____________________________
Total Enrollment: ___________________________________________
High-Need Enrollment:* ___________________  
* High-need children are those who are from low-income families or otherwise in need of special assistance and support, including children who have disabilities or developmental delays, who are English learners, who are migrant, homeless, or in foster care or who reside on “Indian lands,” as that term is defined by Section 8013(6) of the Elementary and Secondary Education Act, of 1965.

Please check the ages of children enrolled (check all that apply)

❍ 2 Years
❍ 3 Years
❍ 4 Years
❍ 5 Years

Program Description (select one)

❍ For-Profit
❍ Not-for-Profit
❍ Head Start/Early Head Start
❍ Great Start Readiness Program
❍ Montessori
❍ Other Licensed Program
❍ Other, please describe: ________________________________

Information About You

Your First Name: ___________________________________________
Your Last Name: ___________________________________________
Your Job Title: _____________________________________________
NAP SACC Consultant: ☐ Yes ☐ No
Your Phone: ______________________________________________
Your Email Address: _______________________________________
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Success Story

Tell us about a specific success your Program has achieved in its environment. This success story may be related to healthy eating, physical activity, or screen time reduction.

Please complete this form for each SEPARATE success story. There is no limit to the number of success stories your Program can submit, we encourage you to submit many. REMEMBER, each success story should focus on ONE Goal from your Action Plan.

1 Which of your goals are you writing about today?

_______________________________________________
_______________________________________________
_______________________________________________
_______________________________________________
_______________________________________________
_______________________________________________

2 Select the category below that best describes your success story (check ONE category).

❖ Healthy Eating Success such as offering healthier options at snacks and meals. Also includes such efforts as healthy eating special events, nutrition education curriculum, policy changes (such as not using food as a reward, developing written policies to promote healthy eating, or training for staff).

❖ Physical Activity Success such as physical activity breaks in the classroom, special physical activity events, or purchasing new equipment to provide more physical activity options. Also includes policy changes like not using physical activity as punishment, role modeling, establishing a written policy to promote physical activity or training for Program staff.

❖ Screen-Time Reduction Success such as success in implementing a written screen time reduction policy, supplementing the Program with alternate activities or special events such as “TV Free Week.”

❖ Parent Champions for Success—changes initiated or championed by parents in any of the above categories in partnership with the Program (Healthy Eating, Physical Activity, Screen-Time Reduction).

3 Please take a moment to further categorize your success. Select the one best option from the list below that describes your success story. If none fit, select other and provide your own category description.

Choices for those who selected Healthy Eating Success:

❖ Healthy meals
❖ Healthy snacks
❖ Not using food as a reward
❖ Healthy eating written policy
❖ Healthy options offered at classroom parties/celebrations/events
❖ Healthy options offered for fund raising opportunities
❖ Family and community involvement in support of healthy eating
❖ Staff role modeling
❖ Classroom nutrition education
❖ Quality nutrition education curriculum used in classrooms
❖ Quality nutrition education training and resources offered to teachers and/or staff
❖ Taste testing, cooking/food demonstrations or other events related to healthy foods
❖ Outreach events to educate children and their families about healthy food choices at home
❖ Nutrition education written policy
❖ Educational programs/events in support of healthy eating/lifestyles for all staff
❖ Educational programs/events in support of healthy eating/lifestyles for families
❖ Other, please describe: ____________________________
_______________________________________________
_______________________________________________
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**Choices for those who selected Physical Activity:**
- Increased opportunities for active play
- Physical activity breaks in the classroom
- Not using physical activity as punishment
- Physical activity written policy
- Fun physical activity included in classroom parties/celebrations
- Family/community involvement in support of physical activity
- Training for Program staff
- Programs/opportunities for staff for physical activity
- Physical activity special events
- Staff role modeling
- Other, please describe: _____________________________

**Choices for those who selected Screen-Time Reduction:**
- Screen-time reduction written policy
- Family/community involvement in support of screen time reduction
- Training for Program staff
- Screen-time reduction special events
- Staff role modeling
- Other, please describe: _____________________________

**Choices for those who select Parent Champions for Success:**
- Healthier meal/snack choices
- Increased opportunities for active play
- Screen-time Reduction
- Equipment/materials to support health/healthier environment
- Healthier classroom parties/celebrations/special events
- Healthier fund raising opportunities
- Parent/Caregiver role modeling
- Other, please describe: _____________________________

**4 How long did it take your Program to accomplish this success?**
- 1 month
- 2 months
- 3 months
- 4 months
- 6 months

**4a What month and year was your success story accomplished?**
Month: ____________________ Year: ________________

**5 What was the nature of the costs associated with your success (check all that apply)?**
- Materials/supplies
- Staff Time
- Contract with an outside agency
- No cost (skip question 5a.)
- Other, please describe: _____________________________

**5a Please indicate the approximate total cost:**
- $100 or less
- $101 - $500
- $501 - $1,000
- $1,001 - $2,500
- $2,501 - $5,000
- $5,001 - $10,000
- $10,001-$20,000
- Greater than $20,000
6. What factors influenced your decision to set this goal in your NAP SACC Action Plan (check all that apply)?
- NAP SACC Initial Self-Assessment Results
- Needs identified before beginning NAP SACC
- Funding
- Family engagement/involvement
- Targeted Technical Assistance
- Other, please describe: __________________________

7. What factors were instrumental to your success (check all that apply)?
- Targeted Technical Assistance
- Completing the initial NAP SACC Self-Assessment
- Administrative support
- Funding
- Community collaboration
- Family engagement/involvement
- Other, please describe: __________________________

8. Narrative—Please provide a brief description, or “narrative”, of the success you achieved (2000 characters or less), including how you decided to take these actions, the impact it has had on your Program, children in your care, families, and/or staff, and any other important aspects of the success and the process of achieving it. Feel free to include testimonials and/or quotes from participants or partners.

TIP: Go back and read through your answers to the questionnaire you just completed for details to include in your story below.

The success described in the narrative below primarily impacted:
- Children
- Teachers/Staff
- Families
- You