

Gold Sneaker Initiative

Application Packet & Instructions

Complete required information below. Return application with original signatures on page 3, in blue ink, along with all required documentation to:

Joan Cook
Office of Child Nutrition & Wellness
Tennessee Department of Health
425 5th Avenue North
Cordell Hull Building, 4th floor
Nashville, TN 37243

Date _____

Facility Name

Facility Number

Facility Address

Facility Phone Number

Facility Fax Number

Facility Email Address

Contact Person

Director, if different from Contact Person

Date training completed

Number of children enrolled at facility

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In addition to the completed form above, include the following documentation:

1. Copy of training certificate from Child Care Resource & Referral
2. Physical activity logs collected for two weeks, prior to staff training and starting the program
3. A copy of facility's registration form with the added question for parents to answer "Did you choose this facility because of the Gold Sneaker designation?"
4. A copy of the facility's policies, handout or other document that outlines the facility's rules which includes the Gold Sneaker policies.
5. A copy of a completed infant breastfeeding plan, with all names marked out to not identify anyone person. (If any breastfed infants are attending the facility; if not, it must be stated there are none).
6. A copy of one portion size spot check form, completed by the facility.

Once received, all application materials and documents will be reviewed. If you facility is lacking any required information, you will contacted for assistance.

Once your application is approved, you will be notified of earning Gold Sneaker status and will receive:

- A certificate of achievement
- Two Gold Sneaker stickers which can be placed on entrance(s) to the facility or used in promotional activities for the facility
- Gold Sneaker stickers for your facility
- Access to an electronic Gold Sneaker logo to be used in materials produced by the facility
- Recognition on the following websites: Department of Health, Department of Human Services and the Gold Sneaker websites

Approximately six months following your training, you will receive a six month survey to complete. By completing it and returning, you will receive a physical activity DVD for use in your center!!

Thank you for impacting your children's health AND their future through the Gold Sneaker program at YOUR facility!

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I am committed to the implementation of the Gold Sneaker initiative in my facility and am aware that my facility could be randomly selected to be monitored for earning the Gold Sneaker designation. I will comply with monitoring visits and make policies and documentation available as outlined through the Gold Sneaker initiative.

Monitoring visits will be conducted by staff from the Office of Child Nutrition and wellness, Tennessee Department of Health and will be scheduled in advance. These visits will only pertain to the Gold Sneaker initiative.

I agree to keep my facility's Gold Sneaker documentation on file for 3 years.

Signature, and title

Date