**FACILITIES ASSESSMENT 🞎 Baseline:** Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🞎 Follow-up:** Date

This assessment will help you identify and plan improvements in your recreation facility’s overall food environment. You may wish to complete this assessment for only one facility, or as an overall picture of many facilities. You will be assessing the following categories for your organization:

1. Strategic Planning
2. Supportive Environments
3. Communication and Education

Work through the assessment checklists on the following pages and identify how closely each statement best describes your facility(s)’s current stage of development. You can return to redo the assessment year after year to track your organization’s progress.

This assessment may be completed by just one person or in a group format. To begin, please fill out the following information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Community:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Facility(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  This Assessment was completed by:  🞎 **Project coordinator/staff:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 **Consultant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 **Committee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Contributing members:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | What type of food sales outlets are in the facility(s)? | | | |
|  | **Publically** operated and/or funded | **Privately**  operated by contractor | **Voluntarily**  operated |
| Cafeteria  Snack Bar/Concession  Snack Vending Machines  Beverage Vending Machines  Fundraising  (e.g. bake sales or BBQs) | 🞎  🞎  🞎  🞎  🞎 | 🞎  🞎  🞎  🞎  🞎 | 🞎  🞎  🞎  🞎  🞎 |

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| --- | --- | --- | --- | --- |
| **STRATEGIC PLANNING** | | | | |
|  | **Fully in Place** | **Partially in Place/ Could be Improved** | **Under Development** | **Not in Place** |
| 1. *A Healthy Choices Committee has been formed.* | **3** | **2** | **1** | **0** |
| 1. *A Healthy Choices Plan and goals has been written and approved by decision makers.* | **3** | **2** | **1** | **0** |
| 1. *A Healthy Choices Policy has been written and approved by decision makers.* | **3** | **2** | **1** | **0** |
| 1. *The facility has dedicated resources to implement the plan and/or policy.* | **3** | **2** | **1** | **0** |
| 1. *The facility’s healthy choices goals are monitored and evaluated annually.* | **3** | **2** | **1** | **0** |
| **Column Totals 🡪** |  |  |  |  |
| Add the total points from the column totals**= Category Total** 🡪 | | | |  |
| (Category Total ÷ 15 x 100)= **Category Score** 🡪  This represents how close your facility comes to ideal in the strategic planning category. | | | | % |

|  |  |  |  |  |
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| **SUPPORTIVE ENVIRONMENTS** | | | | |
|  | **Fully in Place** | **Partially in Place/ Could be Improved** | **Under Development** | **Not in Place** |
| 1. *The following serve healthy choices in accordance with any Provincial or Territorial Nutrition Guideline. The BC healthy choices are based on Nutrient Criteria for 50% Sell Most, 50% Sell Sometimes\*:*     1. *Vending machines* | **3** | **2** | **1** | **0** |
| * 1. *Food services (cafeteria, concession, café etc.)* | **3** | **2** | **1** | **0** |
| * 1. *External recreation programs* | **3** | **2** | **1** | **0** |
| * 1. *Internal recreation programs* | **3** | **2** | **1** | **0** |
| * 1. *Events* | **3** | **2** | **1** | **0** |
| * 1. *Fundraising* | **3** | **2** | **1** | **0** |
| 1. *Recreation staff members work in a healthy choice setting (e.g. food served during meetings is healthy, there is space for staff to sit and eat their meals. For example, Eat Smart Meet Smart).* | **3** | **2** | **1** | **0** |
| 1. *Vulnerable populations are supported in having access to healthy foods (e.g. farmers market, community kitchen).* | **3** | **2** | **1** | **0** |
| 1. *There are one or more comfortable eating spaces available in the facility (e.g. seating, drinking fountains).* | **3** | **2** | **1** | **0** |
| 1. *The facility is free from any promotion or marketing of Do Not Sell\* food and beverages.* | **3** | **2** | **1** | **0** |
| **Column Totals 🡪** |  |  |  |  |
| Add the total points from the column totals**= Category Total** 🡪 | | | |  |
| (Category Total ÷ 30 x 100)= **Category Score** 🡪  This represents how close your facility comes to ideal in the supportive environments category. | | | | % |

*\*Refer to Appendix 3 in the Healthier Choices in Vending Machines in BC Public Buildings Policy <http://www.health.gov.bc.ca/healthyeating/pdf/vending-policy-2014.pdf>*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COMMUNICATION & EDUCATION** | | | | | |
|  | **Fully in Place** | **Partially in Place/ Could be Improved** | **Under Development** | | **Not in Place** |
| 1. *Nutritional training is provided for staff and volunteers.* | **3** | **2** | **1** | | **0** |
| 1. *Food Safety training is provided for staff and volunteers.* | **3** | **2** | **1** | | **0** |
| 1. *The public is made aware of the facility’s healthy choice initiatives. (e.g. newsletter, website, posters)* | **3** | **2** | **1** | | **0** |
| 1. *Workshops, classes or other educational opportunities in relation to healthy eating are offered regularly.* | **3** | **2** | **1** | | **0** |
| 1. *Staff members are supported making healthy changes to the facility.* | **3** | **2** | **1** | | **0** |
| 1. *Programs or initiatives are underway to educate children or the public about healthy food choices.* | **3** | **2** | **1** | | **0** |
| **Column Totals 🡪** |  |  |  | |  |
| Add the total points from the column totals**= Category Total** 🡪 | | | | |  |
| (Category Total ÷ 18 x 100)= **Category Score** 🡪  This represents how close your facility comes to ideal in the communication and education strategy. | | | | % | |

**FACILITIES ASSESSMENT FINAL SCORE**

**Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Transfer the category scores from the bolded boxes for each of the three assessment areas into the tally box below.
* Compare with future, annual re-assessments to track your progress.
* Be sure to save this record of your facility’s status.

**Example: (15/30 = 50%)**

|  |  |  |  |
| --- | --- | --- | --- |
| **CATEGORY** | **Category Total** | **Out of** | **Category Score (%)** |
| **Strategic Planning** |  | **15** |  |
| **Supportive Environments** |  | **30** |  |
| **Communication & Education** |  | **18** |  |
| Add top 3 scores for the **TOTAL 🡪** |  | **63** |  |

*This score represents how close your healthy choice facility comes to ideal. Use this percentage to assess your progress from year to year.*

Please return completed forms to your Provincial or Territorial Coordinator (if applicable). Thanks!