#### Healthy Eating and Active Lifestyles (HEALs)

Pre-Program Compliance Assessment Questions

Please provide responses to the following questions **1 week prior** to the health specialists’ arrival on center for the Health & Wellness Program Compliance Assessment (PCA). **Responses should be typed.**

The purpose of the PCA is to **verify** and **clarify** compliance with PRH requirements and applicable laws, as well as to highlight program qualities and strengths. Please coordinate with the Health and Wellness Director to ensure all information (e.g., data, forms, materials, logs, surveys, specific student health records) necessary to support your responses is available for the review.

|  |  |
| --- | --- |
| **HEALs Program Committee Coordinator Name**  |  |
| **HEALs Coordinator position on center** |  |
| **Coordinator number of years/months in position** |  |
| **Phone number** |  |
| **E-mail** |  |

1. Name and title of person completing the form:
2. Who actively serves on the HEALs committee (*actively means must attend meetings; please have meeting minutes ready to review during H&W PCA*)?

☐ HWD ☐ Food Services Manager ☐ Recreation Supervisor ☐ TEAP Specialist

☐ Residential Manager ☐ Student(s) #:\_\_\_\_\_\_ ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe how the HEALs committee incorporates student interests and preferences when planning activities.
2. Give examples of how the HEALs program is a center-wide effort.
3. What fitness activities are available for students on and off center? When can students participate in these activities?
4. In what ways has the cafeteria/food services been able to provide students with well-balanced, nutritious meals and limited non-nutritious eating selections?
5. Who provides educational activities and materials to students regarding the importance of regular physical activity, healthy nutrition, and achieving a healthy weight?
6. Has there been an active weight management program (WMP) over the last year?

☐ Yes ☐ No

1. If there has been an active WMP, describe the program. Include who oversees the WPM, how goal setting or motivational interviewing incorporated into the WMP, how participation is documented in the SHRs, and how is success in the program measured?
2. Please complete the table below (if answered yes to question 8)

|  |  |
| --- | --- |
| 1. Total number of students that participated in the WMP in the last 12 months
 |  |
| 1. Number of students currently in the WMP

 *Note: have SHRs ready for review during H&W PCA* |  |
| 1. Number of students that successfully lost weight in the last 12 months

 *Note: have SHRs ready for review during H&W PCA* |  |

1. How is the HEALs program being monitored? Include date and score of [Making the Grade](https://supportservices.jobcorps.gov/HEAL/Pages/EvaluatingYourProgram.aspx).