

ROLES AND RESPONSIBILITIES

New Setting

Below are your

Thank you for partnering with Atrium Health to implement the *Healthy Together* program at your site.

responsibilities as site champion.

Getting Started

- Register your site
- Sign and return commitment form to Setting Lead
- Attend toolkit training

After Training Completed

- Complete assessment and develop action plan
- Check in with Setting Lead monthly
- Implement action plan and follow up with Setting Lead with updates/questions
- Share action plan and toolkit resources with staff, students and parents

Education and Communication

- Help promote health education
- Disseminate parent letter, pledges, and education
- Participate in check-in huddles/phone calls
- Complete annual evaluation survey
- Engage youth, family, and administrators in your setting throughout the year
- Celebrate by sharing success stories with youth, family, staff, and Setting Lead



Out-of-School Commitment Form

Thank you for committing to take *Healthy Together* to your site! Outlined below are the items Atrium Health and your site are committed to fulfilling.

Atrium Health System agrees to:

- Provide an electronic *Healthy Together* Toolkit
- Conduct training on the toolkit and provide technical assistance to Site Champion(s)
- Provide 5-2-1-0 recognition certificate
- Conduct regular check-in huddles/phone calls

Your school agrees to:

- Identify Site Champion(s)
- Attend training, complete an assessment, and develop an action plan
- Disseminate parent letter(s), pledges, and education
- Complete annual evaluation
- Promote pre- and post- healthy behaviors to parents
- Participate in check-in huddles/phone calls with Setting Lead

On behalf of _____ (site name), I hereby agree to the above and know who my setting lead is.

X _____
Site Supervisor

X _____ Site
Champion(s)

X _____ Setting
Lead

X _____
Healthy Together System Coordinator



SUGGESTED HEALTHY TOGETHER TIMELINE

Activity	Lead Person(s)	AUG.	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.	MAY	JUNE
School champion(s) completes toolkit training												
Develop and train school teams on toolkits and implementation												
Administer Pre-health behavior survey for parents												
Schedule assembly date and coordinate with Carolinas HealthCare System Setting Lead												
Send home parent letter and 5-2-1-0 pledge prior to assembly												
Host assembly												
Complete assessment and create action plan												
Implement toolkit and strive for recognition level												
Send home appropriate handouts												
Host Parent Education Night (i.e., PTA, meeting to share 5-2-1-0 information)												
Administer Post-health behavior survey for parents												
Site Champion(s) complete program evaluation												
Re-commit to another year of Healthy Together												
Hold a celebration for success												

HEALTHY TOGETHER REGISTRATION FORM

Healthy Together is based on a nationally recognized program designed to increase healthy eating and active living in children and their families. Thanks for your interest in partnering with Atrium Health to bring *Healthy Together* to your school!

Local Setting Lead: _____

Healthy Together Setting: Child-Care School Clinical Out-of-School

Your Site/Facility Name: _____

- Mailing Address: _____
- Physical Address: _____
- Phone Number: _____

2021-2022 Participation Status: New Returning

Site Champion

- Name(s): _____
- Title: _____
- Email Address: _____
- Phone Number: _____

Child-Care Setting

- Category: Head Start Child Care Center Small Child Care Facility
 Family Child Care Nursery School Legal Unlicensed Program Other
- Ages of Children in Program: Infants (ages 0 to 1) Toddlers (ages 1 to 2) Pre-schoolers (ages 3 to 5) School-aged (ages 5 and older)
- Participate in the Child and Adult Care Food Program (CACFP)? Yes No
- Enrollment Capacity: _____
- Number of Staff: _____

School Setting

- District: _____
- Category: Public Private Charter
- Grades: Elementary (K- 5) Middle (6- 8) High (9 -12)
- Number of Staff: _____ Number of Enrolled Students: _____

Clinical Setting

- Practice Name: _____
- Email Address: _____
- Phone Number: _____

Out-of-School Setting

- Category: School-Based Program Faith-Based Program
 Parks and Recreation YMCA Boys and Girls Club Other
- Care Type: Before Care After Care
- Enrollment Capacity: _____
- Number of Staff: _____



