

ROLES AND RESPONSIBILITIES

Thank you for partnering with Carolinas HealthCare System to implement the *Healthy Together* program in your school.

Below are your responsibilities as site champion.

Getting Started

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

After Training Completed

- Develop school health team
- 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

5-2-1-0 Assembly

- Select assembly date
- Assist in the planning of assembly
- Participate on the day of assembly

Education and Communication

- Help promote health education
- Help promote the pre- and post- health behaviors survey for parents
- Disseminate parent letter, pledges, and education
- Provide 5-2-1-0 education at a parent or family event
- 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



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HEALTHY TOGETHER

SCHOOL COMMITMENT FORM

Thank you for committing to take *Healthy Together* to your school! Outlined below are the items Carolinas HealthCare System and your school are committed to fulfilling.

Carolinas HealthCare System agrees to:

- Provide one printed *Healthy Together* Toolkit per school
- Conduct training on the toolkit and provide technical assistance to Site Champion(s)
- Lead a *Healthy Together/5-2-1-0* school-wide assembly
- Provide recess bags to classes with the most pledges returned
- Print posters (if needed)
- Provide 5-2-1-0 family pledges and wristbands
- Provide 5-2-1-0 recognition certificate / plaque/ banners
- Assist in hosting a recognition celebration
- Develop pre- and post- healthy behaviors surveys
- Conduct regular check-in huddles/phone calls

Your school agrees to:

- Identify Site Champion(s)
- Develop a school health team to help with implementation
- Attend training, complete an assessment, and develop an action plan
- Assist in setting *Healthy Together* assembly date
- Disseminate parent letter(s), pledges, and education
- Provide 5-2-1-0 education at a parent event
- Complete annual evaluation
- Promote pre- and post- healthy behaviors to parents
- Participate in check-in huddles/phone calls with Setting Lead

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

X _____ School
Principal

X _____ Site
Champion(s)

X _____ Setting
Lead

X _____

Healthy Together System Coordinator



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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 Carolinas HealthCare System 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: _____

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