



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
EAT SMART GRANT CONTRACT QUARTERLY REPORT

ATTACHMENT 1

Child Care Center:	Reporting Period: Year: <input type="checkbox"/> Jan-Mar <input type="checkbox"/> Apr-Jun <input type="checkbox"/> July-Sept <input type="checkbox"/> Oct-Dec
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Person completing this report:

Eat Smart Guidelines level working towards: Intermediate Advanced

1. Please list progress made in the last three months to meet the Eat Smart Guidelines for Child Care:

2. List any training in nutrition or physical activity your staff have received in the last three months:

Date	Instructor	Training Name	# staff

3. What are your barriers to meeting all of the Guidelines (check all that apply):

<input type="checkbox"/> Food costs <input type="checkbox"/> Lack of staff <input type="checkbox"/> Lack of training <input type="checkbox"/> Food waste	<input type="checkbox"/> Guidelines are too difficult to meet <input type="checkbox"/> Lack of support from staff <input type="checkbox"/> Lack of support from parents
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Other (please describe):

4. When do you think your center will submit an application to become an Eat Smart Child Care?
 Month and year:

5. Would you like to be contacted for technical assistance? Yes No

Please return this form through the mail or via email to:

Ann McCormack, Bureau of Community Food and Assistance, DHSS, PO Box 570, Jefferson City, MO 65102
 ann.mccormack@dhss.mo.gov
 For questions, please call 800-733-6251