

# TOP Star Action Planning Document

Targeting Obesity in Preschool/ Child Care Settings



Facility Name: \_\_\_\_\_

Date: \_\_\_\_\_ Target Date for Evaluation: \_\_\_\_\_

LHD Consultant: \_\_\_\_\_

## Areas for Improvement/Specific Goals:

Self-Assessment Area	Goals	Target date for completion
Nutrition Area:		
Physical Activity Area:		
Breastfeeding Area:		
Additional Area:		

**Goal 1:**

<b>Actions to reach above goal</b>	<b>Persons involved</b>	<b>Target date for completion</b>

**Goal 2:**

<b>Actions to reach above goal</b>	<b>Persons involved</b>	<b>Target date for completion</b>

**Goal 3:**

<b>Actions to reach above goal</b>	<b>Persons involved</b>	<b>Target date for completion</b>

**Goal 4:**

<b>Actions to reach above goal</b>	<b>Persons involved</b>	<b>Target date for completion</b>

**Goal 5:**

<b>Actions to reach above goal</b>	<b>Persons involved</b>	<b>Target date for completion</b>