

INTERVENTION

Eat Well Play Hard in Child Care Settings

New York State Department of Health



INTENT OF THE INTERVENTION

Eat Well Play Hard in Child Care Settings (EWPHCCS) is a multi-component intervention that focuses on improving the nutrition and physical activity behaviors of pre-school age children and their parents/caregivers by using educational strategies and skill building activities to promote healthy behavior change. The intervention also builds social support within the child care environment by including teachers and care providers in lessons and encouraging positive role-modeling and classroom reinforcement of nutrition and physical activity messages.

OVERVIEW

Through individual behavior change and social support, Eat Well Play Hard in Child care Settings (EWPHCCS) is designed to increase young children's consumption of fruits and vegetables, encourage consumption of low-fat or fat-free dairy products, increase time young children are physically active, and decrease the amount of time young children spend watching television.

The EWPHCCS curriculum contains 10 lesson plans tailored for preschoolers and 10 complementary lessons for their parents/caretakers. The lessons are about nutrition, cooking, mealtime behavior, and increasing physical activity among children. Activities, food preparation demonstrations, recipes, and take-home materials reinforce the learning objectives for each lesson. Annually, the lessons are delivered by Registered Dietitians (RDs) in each of the 15 child care sites across New York State, including four New York City boroughs.

Background: The EWPHCCS intervention was developed in 2005 by members of the Nutrition Division in the New York State Department of Health (NYSDOH) and by the New York State Director of the Child and Adult Care Food Program (CACFP). The intervention developers conducted focus groups with parents who benefited from the CACFP and also interviewed child care center staff to learn how to best implement the EWPHCCS program. Moreover, intervention developers conducted a literature review, surveyed similar programs in other states, and asked academic experts in nutrition and physical activity to help inform the curriculum.

At the community level, Child Care Resource and Referral (CCR&R) agencies and the New York City Department of Health and Mental Hygiene (NYCDOHMH) hire RDs to implement EWPHCCS. Child Care Resource and Referral agencies are found all over the US and provide a link between the community and child care providers. These agencies work with communities to enhance capacity and the quality of care provided to young children by offering resources, training and support to child care providers. As respected leaders in the child care community, CCR&Rs are a natural partner for implementation of EWPHCCS. In New York, CCR&Rs also sponsor CACFP in day care homes. CACFP works with the existing infrastructure of CCR&Rs to implement EWPHCCS and is flexible enough to work with other agencies, such as NYCDOHMH.

Intended Population: EWPHCCS serves eligible and participating SNAP-Ed families with pre-school age (3-5 years) children enrolled in low-income child care centers receiving CACFP funds. Eligible centers are those in which 50% or more of enrolled families qualify for free or reduced-price meals.

Setting: Child care

Length of time in the field: EWPHCCS has been in the field since June 2006.

HEALTH EQUITY CONSIDERATIONS

Eat Well Play Hard in Child Care Settings (EWPHCCS) is a multi-component intervention that focuses on improving the nutrition and physical activity behaviors of pre-school age children and their parents/caregivers. The primary audiences are families with children ages 3-5 years, participating in or eligible for the Supplemental Nutrition Assistance Program (SNAP) and children enrolled in child care centers participating in the Child and Adult Care Food Program (CACFP). Eligible centers are those in which 50% or more of enrolled families qualify for free or reduced-price meals. CACFP-participating child care centers provide access to a large, diverse population of low-income children and families across New York State. These families are racially, ethnically, and geographically diverse and live in urban, suburban, and rural areas.

While EWPHCCS was originally developed for English speakers of all races and ethnicities, take-home handouts are also available in Spanish, Chinese, Russian, Arabic, French and Haitian Creole.

CORE ELEMENTS

This section outlines the aspects of an intervention that are central to its theory and logic and that are thought to be responsible for the intervention's effectiveness. Core elements are critical features of the intervention's intent and design and should be kept intact when the intervention is implemented or adapted.

1. **Form partnerships with key stakeholders.**

The EWPHCCS intervention is based in the State Health Department, which administers the Child and Adult Care Food Program (CACFP) in New York State. This office formed strong partnerships with key stakeholders who provide institutional support and infrastructure vital to the successful implementation of the intervention. Key partners include:

- USDA Supplemental Nutrition Assistance Program-Education (SNAP-Ed)
- New York State (NYS) Office of Children and Family Services, the child care licensing agency
- NYS Early Care and Learning Council, the statewide umbrella organization for Child Care Resource and Referral (CCR&R) agencies
- Child care centers partnering with the CCR&Rs and with the New York City Department of Health and Mental Hygiene (NYCDOHMH)
- Academic institutions, including Syracuse University, New York University and State University of New York (SUNY) Cortland, provided expertise in nutrition and physical activity during EWPHCCS curriculum development.

2. **Hire registered dietitians (RDs) as direct educators and train them to implement the intervention.** RDs' high level of nutrition training evokes credibility with parents, childcare center staff, and center directors. To increase the RDs' ability to deliver the EWPHCCS intervention with fidelity, the NYSDOH provides training and quality control measures for the team of RDs.
3. **Provide education and skill development for children and parents.** EWPHCCS curriculum and activities have many strengths:
 - evidence from experts informed curriculum development,
 - current national nutrition guidelines are met,
 - content is tailored to accommodate education level of participants, and
 - many hands-on learning activities are specifically suited for the learning styles and short attention span of young children.
4. **Provide intervention training for child care center staff.** Since day care center staff are encouraged to reinforce nutrition education messages during classes and meal time, direct educators (RDs) offer classes for child care center staff on at least 2 of the following 5 topics: childhood obesity, healthy eating, physical activity, personal health and wellness, and working with families. Classes are individualized to meet each center's needs. For these classes, lessons from NAP SACC and EWPHCCS staff curriculum are used. Child care center staff are awarded continuing education credits for their participation. Additionally, since child care staff are expected to repeat lesson messages throughout the day, it is recommended that child care staff be present while the direct educators (RDs) deliver child lessons.
5. **Encourage in-class taste-testing for children and parents** to try new foods. Taste-testing allows direct educators, teachers, and peers to model enjoyment of fruits and vegetables.
6. **Provide take-home materials for parents**, who report using them frequently to reinforce program messages at home.
7. **Provide materials to child care staff** to reinforce nutrition and physical activity messages in their classroom. After RDs teach classes for children, they leave staff pages in each classroom. The staff pages include information and activities for the teacher to reinforce the healthy behaviors promoted in the RD class.

RESOURCES REQUIRED

Staff:

- At the state level, one person should provide leadership and guidance for Eat Well Play Hard in Child Care Settings (EWPHCCS).
- The EWPHCCS Program Director, also at the state-level and preferably a Registered Dietitian (RD), should manage and oversee program implementation.
- For every 13-15 centers implementing EWPHCCS in one calendar year, one full-time equivalent (FTE) RD is needed to coordinate with the child care centers and deliver the program at each of the 13-15 centers. On average, 0.10 FTE administrative support staff is necessary to support each RD.

Training:Training for RDs as direct educators

New RDs are trained to become direct educators by the Child and Adult Care Food Program (CACFP) prior to implementation of the intervention. This comprehensive training includes discussions of the childhood obesity epidemic; SNAP-Ed and CACFP; history of EWPHCCS and future visioning; EWPHCCS curriculum, toolkit, and survey tools; and work plans, budgeting, reporting and fiscal requirements. The RDs also practice presenting child and parent classes from the curriculum.

Training for child care center staff

The intervention uses staff training modules from the NAP SACC workshop to train center teachers, administrators, and food service staff. Five staff training modules are available – Childhood Obesity, Healthy Eating, Physical Activity, Personal Health & Wellness, and Working with Families. RDs teach at least two of the five modules to center staff. RDs work with the center director to determine which modules will be taught. RDs also have the option to use the EWPHCCS staff curriculum.

Materials:

EWPHCCS curriculum (10 modules) can be downloaded free of charge (web link provided in *Intervention Materials* section).

Direct educators' (RD) toolkit containing food preparation items and teaching tools (e.g. books, bowls, and utensils) used for implementing EWPHCCS costs \$800 - \$1000.

RDs purchase food and nonfood supplies needed to implement class activities. Examples of nonfood supplies include disposable dishware, construction paper, and incentives for parent class attendees. Additionally, Child Care Resource and Referral (CCR&Rs) agencies and the New York City Department of Health and Mental Hygiene (NYCDOHMH) have expenses such as office supplies, computer equipment and software, printing and copying of program materials, and postage.

Travel:

Program travel expenditures for state staff include travel for trainings and to conduct child care site visits to monitor and provide technical assistance to the RDs. Direct educators (RDs) are also reimbursed for the costs of their travel to the child care centers and to attend training provided by the NYSDOH

Funding: In New York State, funding for EWPHCCS is provided by SNAP-Ed and NYS. These funds are used by contracting agencies to implement EWPHCCS in 15 centers per full time RD. In addition to staff salaries, this covers RD travel, food and supplies for class activities, handouts, and parent incentives. CCR&R agencies and the New York City Department of Health and Mental Hygiene (NYCDOHMH) are funded through one-year contracts with four, one-year renewal options. NYCDOHMH provides most of the local share funding to implement EWPHCCS in New York City child care centers.

For more details on the resources necessary to provide EWPHCCS in New York State in 2010, go to the *Evaluation Materials* section and access the *SNAP-Education and Evaluation Case Report* and see pages 22-23 of printed PDF or pages 42-43 of on-screen PDF.

Per Participant Program Cost: Cost per program participant is difficult to calculate and varies greatly depending upon the dose and amount of the intervention each client receives.

In addition, costs for parent involvement in the interventions, and costs of indirect education (take-home materials) are hard to account for in any sort of cost allocation. While more information is provided in the evaluation report, here is a summary statement for per participant program cost:

“It was determined that the logical construct for reporting cost per “participant” was to use the number of children participating in EWPHCCS statewide as the basis for calculations. Using Federal FY 2010 cost for statewide program implementation (\$3,056,675) as the numerator and the total number of children who were participating in the program that year (10,314) as the denominator, the estimated cost per child participant was \$296.36.”¹

IMPLEMENTATION

How It Works:

Secure funding

In 2010, 50% of the Eat Well Play Hard in Child Care Settings (EWPHCCS) costs were funded by Federal SNAP-Ed funds, and 50% by non-Federal, non-cash (in kind) contributions. Salaries and benefits accounted for about 77% of all program costs.

Establish partnerships and roles

- EWPHCCS program is coordinated and overseen at the state level by three NYSDOH senior staff. Staff members and their roles: CACFP bureau director is responsible for the fiscal and organizational integrity of the program; the EWPHCCS program director and contract manager are responsible for program operation, quality assurance, and oversight of subcontracting agencies.
- EWPHCCS is implemented throughout New York State through seven subcontracted agencies: six Child Care Resource and Referral agencies (CCR&R), and the New York City Department of Health and Mental Hygiene (NYCDOHMH). According to the SNAP-Ed evaluation report, “CCR&Rs are ‘natural partners’ for implementing EWPHCCS since they already provide technical assistance and training to child care facilities in their regions, and are a trusted source of information for the child care provider community and the families they serve.”

Hire and train direct educators (RDs) to deliver the intervention

CCR&Rs and NYCDOHMH hire and train registered dietitians (RDs) to be the direct educators, who are responsible for recruiting centers and delivering the EWPHCCS curriculum to child care centers.

Enroll eligible childcare sites

Each direct educator (RD) recruits 13-15 child care centers; each center must have 50% or more of enrolled families eligible for free or reduced-priced meals. Each year, the NYSDOH prepares a list of eligible sites for direct educators to use in their recruitment.

Recruit parents/caregivers for classes

- The most common recruitment methods are mini-posters displayed in child care centers, and colorful flyers distributed to parents. Recruitment materials include the

¹ Altarum Institute. *The SNAP – Education and Evaluation Case Study Report: New York State’s Department of Health Eat Well Play Hard in Child Care Settings Program* www.fns.usda.gov/ora/MENU/Published/snap/FILES/Other/SNAP-EdWave1EatWell_Voll.pdf. Published January 2012. Page 43. Accessed October 15, 2012.

schedule of parent classes and a description of small, \$4-or-less, incentives for parents who participate in classes (incentives are often related to cooking, such as a vegetable scrubber or a peeler).

- In a marketing session for parents and guardians, the RD discusses potential topics and determines the best days and times to conduct parent classes.
- Prior to the start of classes, the RD conducts a minimum of one marketing session for staff to promote understanding and clarify expectations of the center staff and parents.

Deliver EWPCCS curriculum, including classroom activities for children, and caregiver classes

- The direct educator (a registered dietitian, or RD) delivers both the child and parent/caregiver lessons. They are also responsible for completing administrative documents required by New York State Department of Health (NYSDOH).
- The EWPCCS curriculum includes ten modules that focus on healthy eating and physical activity and include separate child and parent/caregiver lessons, activities, and handouts. The activities for both children and parents are designed to be interactive and support the objectives of the lesson.
- Based on individual child care center goals as identified by the NAP SACC assessment, the RD and child care center director select six child and parent lessons to teach at each center. Lessons are taught separately to children and parents on a weekly basis over a six- to ten-week period.
- Child lessons are designed to last 20-30 minutes. The RD uses color photos, stories, puppets and other interactive activities to captivate and involve the children. The activities provide children with “hands on” learning opportunities, including preparing and sampling healthy foods and age-appropriate physical activities.
- At the end of each lesson, children take home a newsletter which introduces their families to the lesson of the day, and includes a recipe, activities, and suggestions for extending the lesson to the home. Handouts are available in seven languages: English, Spanish, Chinese, Russian, Arabic, French and Haitian Creole.
- In parent/caregiver classes, the RD uses the EWPCCS curriculum to teach the families of preschool children corresponding lessons about nutrition and physical activity; parent classes last about 30-60 minutes.
- When working with parents/caregivers, the RD uses emotion-based learning techniques to create a comfortable class environment where family members are willing to participate in an open and honest atmosphere. These include using open-ended questions, affirmations, reflective listening, and summarizing.²

During regular class time, child care center staff reinforce EWPCCS lesson messages

- Direct educators (RDs) offer classes for child care center staff on at least 2 of the following 5 topics: childhood obesity, healthy eating, physical activity, personal health and wellness, and working with families. RDs also have the option of using the EWPCCS staff curriculum. Child care center staff are awarded continuing education credits for their participation.
- Child care staff receive brief handouts to use for message reinforcement; these materials describe the lesson’s educational objective and a simple activity that

² Norris, Joye. “Ya Gotta Have Heart” Eat Well Play Hard in Child Care, Training, Albany, NY April 2012

teachers can use to reinforce the EWPHCCS messages in their classrooms, especially during mealtimes.

Send program materials home with children

Parent newsletters and any additional handouts are sent home in children's backpacks.

Evaluate

Each month, for every center they work with, direct educators submit work plans and class attendance sheets. NYSDOH managers review the reports.

Provide continuous training, support, and oversight

- Direct educators (RDs) are required to participate in bi-annual quality assurance and training meetings lead by the state health department. Quarterly conference calls are also held with RDs and NYSDOH staff.
- Program managers visit the direct educators at least twice annually to observe their teaching and offer feedback.

Keys to Success:

- Partner with Child Care Resource and Referral (CCR&R) or equivalent agency to work directly with child care centers; they are key for center recruitment and program success.
- To ensure quality control and delivery of the intervention as intended, be consistent with record keeping, site visit training, and meetings.
- For smooth delivery of the EWPHCCS program, involve child care center directors. Some directors have been successful at increasing participation in caregiver classes by personally reaching out and encouraging caregivers to attend the classes.
- Parents/caregivers are reached through multiple channels, such as marketing, newsletters, classes, and child/teacher feedback.
- By reinforcing EWPHCCS messages in their classrooms, child care center teachers increase children's exposure to messages about healthy eating and physical activity.
- Food preparation and/or food tasting activities are typically included in both child and caregiver classes because 1) children enjoy being helpers, 2) they are encouraged to try new foods and 3) parents benefit from food preparation and/or handling skills.

Barriers to Implementation:

- Caregiver participation in weekly classes is low, though many caregivers do report using the take-home materials. Reasons for low attendance range from busy schedules to caregivers' belief that they are providing their children with a healthy diet.
- Given the diversity of children and caregivers participating in the EWPHCCS program, language and preparing a variety of culturally acceptable foods can be a challenge.
- Ensuring program buy-in from some child care center directors can be a challenge.
- While caregivers like the recipes and shopping ideas the program provides, they also mention that fresh fruits and vegetables are sometimes too expensive to purchase.
- Some CCR&Rs do not have the funds to hire highly skilled RDs as direct educators.

EVIDENCE REVIEW SUMMARY

Underlying Theory:

Eat Well Play Hard in Child Care Settings (EWPHCCS) utilizes the Social Ecological Model of behavior change - the individual's (child's) behavior is influenced by interpersonal and organizational factors. This is a multi-level intervention, with modifications occurring at the center-level (practices); staff-level (staff training); and home-level (information provided to parents in lessons and via parent newsletters sent home).

Evidence-based strategies:

- **Comprehensive nutrition programs in a single setting:** The EWPHCCS program addresses children's increased consumption of fruits, vegetables, and milk through improved capacity of the child care staff to provide education to children; through direct education programs provided to parents; and through indirect education provided to parents through materials sent home with children.
- **School (child care setting) nutrition programs to promote healthy eating:** The EWPHCCS curriculum is delivered by registered dietitians (RD) who teach nutrition and physical activity lessons to children and parents. Child care center staff also receive at least two nutrition lessons, and they are encouraged to reinforce healthy messages from the EWPHCCS curriculum during child care center classes and mealtimes.
- **Social support for healthy eating:** EWPHCCS attempts to support parents/caregivers as they try to provide healthy food for children.

Research Findings or Evaluation Outcomes:

The Eat Well Play Hard in Child Care Settings (EWPHCCS) intervention was developed by experienced public health practitioners at the New York State Department of Health (NYSDOH) which conducted focus groups with parents of children in centers participating in the Child and Adult Care Food Program (CACFP). Additionally, to inform the EWPHCCS curriculum and implementation process, intervention developers gathered input from academic experts, conducted a literature review, reviewed existing programs in other states, and surveyed child care center staff.

In 2012, the Altarum Institute released the results of an evaluation of Eat Well Play Hard in Child Care Settings, funded by the U.S. Department of Agriculture (USDA), Food and Nutrition Service, Office of Research and Analysis. The USDA-funded evaluation included process and outcome measures and analysis. (The web link to the full evaluation report is provided in *Additional Information*.)

Process Outcomes

In 2010, EWPHCCS reached 10,314 children at 246 childcare centers across New York State, at an estimated cost of \$296.36 per child. That cost does not include the large number of caregivers and childcare center staff that the intervention may have positively influenced. External evaluators conducted the process evaluation via surveys, focus groups and interviews with three groups: (i) EWPHCCS program-level staff, (ii) intervention site key informants (child care center directors and classroom teachers), and (iii) caregivers of the children participating in the program. Additionally, external evaluators observed three child care sites to gain a better understanding of the classroom setting, classroom teachers' role, participants' interest, and whether the intervention was delivered as intended. Process data described how well the intervention was implemented, the feasibility of the implementation, and the level of acceptability by center directors/staff and parents/caregivers. Overall, the

participants favor the intervention and, of those parents who responded, were enthusiastic in their praise.

Effectiveness Outcomes

The USDA evaluation was specifically designed to measure nutrition outcomes; the physical activity component of EWPHCCS was not evaluated.

A total of 24 childcare centers, 12 in New York City and 12 elsewhere in New York State were included in the USDA evaluation. The 24 centers were divided into pairs and matched for center type (standard or Head Start), location (NYC or elsewhere in NY state), and size. One of the paired centers was randomly assigned to receive the EWPHCCS intervention, while the other served as the control group.

Data were collected via surveys filled out by parents/caregivers. In the intervention group, 76% (n=552) of the caregivers returned the baseline survey, and 80% returned the follow-up survey. There was a similarly high response rate in the control group: 74% returned the baseline survey, and 78% returned the follow-up.

The researchers found the following statistically significant results when they compared children in child care centers who received the EWPHCCS program to children in centers that did not receive the program:

- Increase in children's daily at-home consumption of vegetables
- Increase in children's at-home use of 1% or fat-free milk
- Increase in reports of the rate of child-initiated vegetable snacking
- Trend toward increased parental offerings of vegetables

The following outcomes were measured, but changes did not reach statistical significance: Children's at-home dietary behaviors:

- Eating a variety of fruits or vegetables
- Helping oneself to, or requesting fruit as a snack
- Willingness to try new fruits or vegetables
- Helping parents make snacks or meals
- Eating low-fat or fat-free yogurt

Also measured, but changes not reaching statistical significance were:

Parent behaviors and household variables:

- Offering fruit as a snack
- Offering fruits or vegetables at dinner
- Availability of fruits and vegetables
- Availability of 1% or fat-free milk

The EWPHCCS program is associated with a positive change in several eating behaviors measured in this evaluation. Given the national epidemic of overweight and obesity, it is important to identify programs that encourage healthy nutrition choices early in life.³

³ Story, M., Kaphingst, K.M., and S French. The Role of Child Care Settings in Obesity Prevention. (2006). *The Future of Children*, 16(1): pp. 143-168.

POTENTIAL PUBLIC HEALTH IMPACT

Reach: The Eat Well Play Hard in Child Care Settings program (EWPHCCS) has the potential to reach large numbers of at-risk, pre-school age children (3-5 years) and their primary caregivers through implementation in child care centers participating in the Child and Adult Care Food Program (CACFP). Eligible centers are those in which 50% or more of enrolled families qualify for free or reduced-price meals. In 2012 EWPHCCS reached 10,304 children at 225 child care centers across the state. Children and their families participating in the program are racially, ethnically, and geographically diverse. Other communities with infrastructure to support program implementation could have similar reach to New York State

Effectiveness: The EWPHCCS program has the potential to effect change in at-home vegetable intake and consumption of 1% or fat-free milk. Evaluation outcomes included statistically significant results for an increase in children's daily at-home consumption of vegetables and 1% or fat-free milk, an increased rate of child-initiated vegetable snacking, and increased parental offerings of vegetables. Children's consumption of fruit and their participation in at-home snack and meal preparation did not significantly change as a result of the program. The EWPHCCS program did not measure impact on children's physical activity.

Adoption: In 2010, the intervention was adopted in 246 child care centers in New York State; in 2012 the number of child care centers was 225. Since findings from the process evaluation indicate the curriculum enjoys high acceptability, child care center directors are often eager to adopt the program when approached by direct educators (RDs).

Implementation: The design of EWPHCCS, including the format of the lesson plans and its emphasis on quality improvement, is easy for the EWPHCCS direct educators (RDs) to follow. Caregivers are highly satisfied with the program materials, and report using them often at home. However, some modifications may be needed to engage more parents in the caregiver/parent education classes. Those who attended classes reported high levels of satisfaction but attendance was very low, especially outside of New York City. The program's implementation costs are an estimated \$296.36 per child.

Maintenance: There is strong institutional support for this intervention. Begun in 2006, EWPHCCS continues to demonstrate stability each year. It is likely that the intervention can be maintained as long as funding is available to support infrastructure.

INTERVENTION MATERIALS

All materials needed to implement Eat Well Play Hard in Child Care Settings can be downloaded free of charge from this New York State Department of Health web link: <http://www.health.ny.gov/prevention/nutrition/cacfp/ewphccs.htm>

The intervention materials include:

- Complete Curriculum
- Staff training curriculum
- Parent Newsletters
- Handouts in Arabic, Chinese, French, Russian, Spanish

Logic Model - conveys inputs, outputs, activities and outcomes of program

EVALUATION MATERIALS

Center TRT Evaluation Materials:

For new adopters wishing to implement and evaluate an intervention delivered through child care settings with the goal of influencing children's at-home behaviors, such as EWPHCCS, the Center TRT has developed an evaluation logic model and an evaluation plan. While these tools are based on New York State's EWPHCCS program, they can be adapted for use with similar child care programs. The evaluation logic model is structured around the RE-AIM framework. The evaluation plan includes evaluation questions, types and sources of data, and suggestions for data collection. Additionally, data collection tools used in EWPHCCS evaluations are provided as a source of questions for new adopters planning an evaluation. These materials can be downloaded from the Evaluation Materials section of the [Center TRT website](#).

Evaluation Materials Developed by EWPHCCS:

The New York State Eat Well Play Hard in Child Care Settings program developed data collection tools that were used in program evaluation prior to the 2011 formal evaluation study. Please note that while Center TRT has incorporated the above tools into the evaluation plan, Center TRT has not reviewed these tools, which can be found on the [Center TRT website](#):

- Parent baseline- and follow-up survey includes questions about milk consumption, how often fruits, vegetables, and milk are offered, TV viewing and physical activity patterns of children, and confidence in their ability to perform healthy lifestyle behaviors.

Evaluation Tools Developed for Control Group Study:

EWPHCCS has been evaluated in a study funded by USDA SNAP-Ed. Several of the process and outcome data collection tools from the study are posted below. These tools can serve as a source of evaluation questions. Please note that while Center TRT has incorporated the following tools into the evaluation plan, Center TRT has not reviewed these tools, which can be found on the [Center TRT website](#):

- Pre-Implementation and Post-Implementation discussion guides for direct educators, nutritionists & RDs
- Pre-Implementation and Post-Implementation discussion guides for childcare center directors
- Discussion guide for EWPHCCS program managers (Program Director and CACFP Bureau Director)
- Discussion guide for trainer of EWPHCCS Nutrition Educators
- Parent & caregiver focus group guide (Post-Implementation)
- Questionnaire for lead teachers in classrooms receiving EWPHCCS lessons
- SNAP-Ed Nutrition Education Observation Form
- EWPHCCS Lesson and Activity Log Form
- Project Resource and Expense Tracking form for implementation of EWPHCCS

TRAINING AND TECHNICAL ASSISTANCE

Please contact Kathie Bruso, for technical assistance. Contact information is available in *Additional Information* section.

ADDITIONAL INFORMATION

Web links:

Eat Well Play Hard in Child Care Settings

<http://www.health.ny.gov/prevention/nutrition/cacfp/ewphccs.htm>

USDA SNAP-Ed connection

<http://snap.nal.usda.gov/>

USDA Food and Nutrition Service (FNS) Nutrition Assistance Program

http://www.fns.usda.gov/snap/nutrition_education/

Program Contact(s):

Sandra Rhoades, Director
CACFP Obesity Prevention Unit
NYS Dept. of Health
Riverview Center FL6W
Albany, NY 12204-2719
sjr02@health.state.ny.us

Kathie Bruso, Public Health Nutritionist
Child and Adult Care Food Program
150 Broadway, 6th FL W
Albany, NY 12204
kab09@health.state.ny.us

Cathy Hoffman, Public Health Nutritionist I
Child and Adult Care Food Program
150 Broadway, 6th FL W
Albany, NY 12204
CMH14@health.state.ny.us

Judith Ellis, Public Health Nutritionist I
Child and Adult Care Food Program
150 Broadway, 6th FL W
Albany, NY 12204
JME03@health.state.ny.us

Related Resources:

Source documents for EWPHCCS evaluation cited in this template

- *The SNAP–Education and Evaluation Case Study Report: New York State’s Department of Health Eat Well Play Hard in Child Care Settings Program*
Evaluation Report is located at the link: www.fns.usda.gov/ora/MENU/Published/snap/FILES/Other/SNAP-EdWave1EatWell_Voll.pdf
- *The SNAP–Education and Evaluation Case Study Report: New York State’s Department of Health Eat Well Play Hard in Child Care Settings Program, Vol II: Appendices*
All data collection instruments, surveys, and guides for the evaluation can be found at the link: www.fns.usda.gov/ora/MENU/Published/SNAP/FILES/Other/SNAP-EdWave1EatWell_Voll.pdf