APPENDIX b1

**STATE CACFP AGENCY LETTER**

OMB Control No.: 0584-XXXX

Expiration Date: XX/XX/XXXX

Subject: Information Needed for CACFP Sponsor and Provider Characteristics Study

Dear <STATE CONTACT>:

The USDA Food and Nutrition Service (FNS) needs your help with its new study of *CACFP Sponsor and Provider Characteristics*. The last time such information was collected was in 1997. The CACFP has changed considerably since then. Multiple legislative and regulatory actions, including the Healthy Hunger Free Kids Act of 2010 changed the CACFP in ways affecting the characteristics of sponsors and providers. Major changes make it imperative to provide an accurate snapshot of the current Program.

<STATE> is one of 23 states that have been selected to create a nationally representative sample of states for this study. Your participation is crucial to ensure scientifically valid findings. It is also required under Section 305 of the Child Nutrition Reauthorization Act (CNR). You may have been contacted already by your FNS Regional Office (FNSRO) about participating in this study.

In brief, here’s what we ask you to provide by <DUE DATE>:

1. For **each CACFP sponsor** in your state as of November 1, 2014:
	* Organization name, Identification Number, address, telephone number, contact person, email address, and fax number;
	* Sponsor type (sponsors of child care centers, Head Start centers, independent centers, and sponsors of FDCHs); and
	* Sponsor size (number of centers and FDCHs sponsored, total number of meals claimed for March 2014).
2. If available, for **each CACFP provider** in your state as of November 1, 2014:
	* Organization name, address, telephone number, contact person, email address, and fax number);
	* Indicator of center type (child care, independent child care center, Head Start/Early Head Start, family day care home);
	* FDCH type (family day care home, group day care home, or License Exempt Provider);
	* Approval type (by licensing agency);
	* For each center percentage of meals reimbursed at free, reduced-price, and paid rates;
	* For FDCHs, tiering status (Tier I, Tier II, Tier II-mixed);

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

* + Provider size (meals claimed and number of participants);
	+ Percentage of enrollment that is: Hispanic or Latino, American Indian or Alaskan Native, Asian, Black or African American, native Hawaiian or Other Pacific Islander, White.
	+ CACFP **Sponsor** name and Identification Number so that we can link each child care site to their sponsor,

To facilitate your reply, Kokopelli has set up a secure website so that you may upload files containing these data. Files may be sent in Excel, Word, or other editable formats. Directions for accessing and using the website are included. If you prefer to send the information on CD, please send them to my attention at the address listed below.

Based on the information you provide, we will select the study sample of sponsors and child care providers from your state. We will inform you through email which sponsors and child care sites have been selected for the project survey. We ask that you then notify them that they have been selected for the survey sample, encourage their cooperation, and let them know that they will be receiving a survey in <MONTH>.

Survey information will describe who sponsors child care sites; the type of training and technical assistance sponsors receive from their State Child Nutrition (CN) Agency; how often and what aspects of the Program States monitor; how sponsors operate and manage the program to ensure its integrity, as well as compliance with Federal and State regulations; and what types of child care sites sponsors serve.

The study also will provide a current picture of the characteristics of children served by each type of CACFP provider. These include individual demographic characteristics, household characteristics, the amount of time children spend in care, and the number of each type of meal and snacks served to children while in care. It will also report how each type of child care site operates and administers the CACFP; staff training; sponsor-provided training and monitoring; and child care sites’ funding sources.

If you have any questions about the *CACFP Sponsor and Provider Characteristics Study* or your role, please call me at <TOLL-FREE NUMBER> or send me an email. Thank you very much for your prompt attention to this request.

Sincerely,

<KOKOPELLI ASSOCIATES SIGNATURE AND CONTACT INFORMATION>