

APPENDIX B3

**SPONSOR AND PROVIDER RECRUITMENT LETTERS**

Subject: CACFP Sponsor and Provider Characteristics Study Survey

<DATE>

<Name>

<Organization>

<Address>

Dear <Name>:

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. As explained in the enclosed brochure, you are one of <#> sponsors nationwide that has been randomly selected to represent all CACFP sponsors in 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). In this packet, you will find letters of support for this study from The National CACFP Sponsors Association (NSA), The CACFP National Forum, and the CACFP Professionals Association.

Some of the questions require you to consult your records. You will need the following to complete the survey:

- October 2014 claims;
- October 2014 child care claim payment voucher;
- Records of CACFP training your organization provided to your sponsored child care sites during the past 12 months;
- Records on training and technical assistance your organization received from the State CACFP Agency during the past 12 month;
- 2014 CACFP monitoring records;

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 less than 60 minutes 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.

- 2014 CACFP approved budget/organizational budget; and
- Your most recent CACFP Annual Management Plan.

Please complete this survey by <DEADLINE> using the enclosed questionnaire or by going to <URL> and entering your Username and Password to begin.

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Kokopelli Associates and Westat will not reveal the identities of participating sponsors to USDA/FNS. Information provided by sponsors will be kept private, to the extent provided by law. Responses received from individual sponsors will be aggregated, and results will be reported only at the national level.

We thank you in advance for your time and cooperation in this important study. While you are required to participate in this study, we hope that you will do so voluntarily. We greatly appreciate your cooperation and support.

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>

Subject: CACFP Sponsor and Provider Characteristics Study Survey

<DATE>

<Name>

<Organization>

<Address>

Dear <Name>:

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. As explained in the enclosed brochure, you are one of <#/type> child care sites nationwide that has been randomly selected to represent all CACFP <type> child care sites in 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). In this packet, you will find letters of support for this study from The National CACFP Sponsors Association (NSA), The CACFP National Forum, and the CACFP Professionals Association. Questionnaires in Spanish are available. Please call <Toll-free number> if you would like to complete a Spanish questionnaire.

Some of the questions require you to consult your records. You will need the following to complete the survey:

- Child enrollment forms;
- Past 4 weeks of attendance records;
- October 2014 meal counts;
- October 2014 CACFP claims;
- 2014 CACFP training records;

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 less than 60 minutes 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.

- 2014 CACFP monitoring records; and

- Your tuition fee schedule (if relevant).

Please also be prepared to provide the following information:

- Date of your site's first contract with CACFP;
- Date your site first began claiming At-Risk CACFP meals (if relevant);
- Whether any children at your site have special dietary needs;
- Number of children at your site who currently receive child care subsidies; and
- All languages and the primary language spoken to the children at your site.

Please complete this survey by <DEADLINE> using the enclosed questionnaire or by going to <URL> and entering your Username and Password to begin.

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Kokopelli Associates and Westat will not reveal the identities of participating CACFP providers to USDA/FNS. Information provided by each CACFP provider will be kept private, to the extent provided by law. Responses received from individual CACFP providers will be aggregated, and results will be reported only at the national level.

We thank you in advance for your time and cooperation in this important study. While you are required to participate in this study, we hope that you will do so voluntarily. We greatly appreciate your cooperation and support.

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>