

APPENDIX B5. CONFIRMATION EMAIL (CONFIRMING DATA FILE IS COMPLETE)



OMB Number: 0584-XXXX
Expiration Date: XX/XX/XXXX

<DATE>

<STATE CACFP DIRECTOR NAME>, <TITLE>
<STATE CACFP AGENCY NAME>
<ADDRESS>

Dear <STATE CACFP DIRECTOR NAME>:

Thank you for the providing the data needed to construct the sample frame of sponsors and child care centers for the Erroneous Payments in Child Care Center Study (EPICCS). We have reviewed the data and determined that it is complete and sufficient for creating the sample frame for the study.

Below is the anticipated timeline for upcoming Study activities:

- <MONTH, YEAR>: Sample frame for Study finalized
- <MONTH, YEAR>: Westat submits sample frame, with list of sampled centers and sponsors, to States
- <MONTH, YEAR>: Westat begins the recruitment of sponsors and centers for study participation
- <MONTH, YEAR>: Study data collection begins

Please feel free to contact us at 1-855-272-0058 or EPICCS@westat.com if you have any questions.

Thank you for your continued cooperation.

Sincerely,

<ELECTRONIC SIGNATURE>

Roline Milfort, Ph.D., PMP
EPICCS Project Director

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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 5 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information.