

**APPENDIX B6. STATE SAMPLE SELECTION NOTIFICATION LETTER
(NOTIFYING STATE OF SAMPLED SPONSORS/CENTERS)**



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 again for providing the data needed to construct the sample frame for the Erroneous Payments in Child Care Center Study (EPICCS). With your help, we have successfully created the sampling frame of CACFP sponsors and child care centers in <STATE> and we would like to now provide you the frame.

Enclosed you will find:

- a) The list of Sponsored Child Care Centers (SCCCs), Independent Child Care Centers (ICCCS), Head Start Centers (HSCs), and sponsors selected in <STATE> for inclusion in the study;
- b) The study schedule for contacting the sponsors and ICCCs for recruitment; and
- c) A template letter that you can use to draft your letters to your sponsors and ICCCs informing them of their inclusion in the study.

We ask that you review these materials and contact the sampled sponsors and ICCCs prior to Study recruitment to inform them that they have been selected into the study sample, explain why their participation in the study is important, and to encourage their participation. If we can assist you in this dissemination process, please do not hesitate to request our help.

A member of the study team will contact you within the next few days to follow up on the status of your contact to sponsors and centers, review how best to assist you in this effort, and to solicit any suggestions you may have for working with your agencies effectively in the conduct of the study.

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

Thank you in advance for your help and 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.