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

<DATE>

<SPONSOR DIRECTOR NAME>

<TITLE>

<SPONSOR NAME>

<STREET ADDRESS >

<CITY, STATE ZIP>

Dear <SPONSOR DIRECTOR NAME>:

First, I want you to know that we appreciate your cooperation with the Erroneous Payments in Child Care Centers Study (EPICCS). Nothing we hope to achieve would be possible without your support. This study’s goal is to support USDA’s Food and Nutrition Service’s compliance with the Improper Payments Elimination and Recovery Improvement Act (IPERIA) of 2012. The EPICCS data can improve the Child and Adult Care Food Program (CACFP) by gaining a better understanding of the best ways to track and report meal claims. This, in turn, can contribute to improvements in CACFP’s integrity and continuity.

We understand that the demands of your position keep you very busy but we have one more important task for you. The enclosed questionnaire asks about your organization’s characteristics and approaches you take for monitoring and overseeing the centers you sponsor. Please take a few minutes to answer these questions as this information can add much to our understanding of the processes that work best in CACFP operations. You can return your completed questionnaire in the enclosed, postage-paid envelope.

Your participation in EPICCS complies with the Healthy, Hunger-Free Kids Act of 2010 regulations and is a crucial step in getting scientifically valid findings. The results of this study will help inform future legislation and regulations for the child care center component of the CACFP. Please know that all information you provide will be used for research purposes only and kept private to the extent provided by law.

If you have any questions or concerns, please do not hesitate to contact us at the toll-free number 1-855-272-0058 or at EPICCS@westat.com. I thank you in advance for your help and cooperation with this final EPICCS request.

Sincerely,

<ELECTRONIC SIGNATURE>

Roline Milfort, Ph.D., PMP

EPICCS Project Director

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 for the sponsoring organization director to review this information 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.