

C29. Provider Enrollment Confirmation Email

This page has been left blank for double-sided copying.

PROVIDER ENROLLMENT CONFIRMATION EMAIL: ENGLISH

Sent to: [PROVIDER]

Subject: Confirmation of your enrollment in SNACS-II

Hello [Provider],

Thank you for agreeing to participate in the second Study of Nutrition and Activity in Child Care Settings (SNACS-II). Your [child care provider/family child care home/before and after school center]'s participation is important and will make a difference.

This email is a confirmation of your enrollment in the SNACS-II, and a preview of next steps.

Your target week is scheduled for the week of: [TARGET WEEK]

Your agreement to participate means you agree to work with the study team to coordinate data collection activities. *[If in child sample:* Your designated point-of-contact (POC), [FILL POC NAME], will also help us obtain parental permission for the study.]

Your participation will include the following activities:

- **Provider Survey:** This web survey will collect information about food service operations and physical activity practices at your [center/home].
- **Menu Survey:** This survey, completed by the food preparer, collects detailed information about the CACFP meals and snacks served to children for a one-week period. *[If child care center or FCCH that serves infants:* The food preparer will also complete an **Infant Menu Survey**, and infant care provider staff will be asked to complete **Infant Intake Forms** that record what up to five infants eat in one day while in care.]
- *[If in cost sample:* As part of the **cost data collection**, we will ask you and the food preparer to participate in in-person interviews and complete forms about time spent on CACFP activities and costs of CACFP meals and snacks. *[If sponsored:* Your sponsoring agency will also be asked to provide some of this information.]
- *[If in child sample:* During the onsite visit, [one/two] trained data collector[s] will conduct **meal and environment observations** of physical activities and meal and snack service. They will also observe what a sample of children eat in their CACFP meals and snacks and measure their height and weight. We will ask the parents/guardians of these children to complete up to three short telephone interviews about their household and the food their child eats while outside of care.]
- *[If at-risk afterschool center or outside-school-hours care center and in child sample:* Youth ages 10 to 18 will be asked to complete a brief survey about their experiences with food and physical activity. Their parents/guardians will be asked to complete a short phone interview about their household.]

A few important reminders:

- This study focuses on meals and snacks funded through CACFP. If your center serves afterschool snacks through the National School Lunch Program, please let me know if you haven't already.

The Food and Nutrition Service (FNS) is collecting this information to understand the nutritional quality of CACFP meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants. This is a voluntary collection and FNS will use the information to examine CACFP operations. The collection does request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. 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 1.5 hours (90 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

- Different types of respondents will receive incentives that are commensurate to the level of burden.
- All information collected about providers, children, and families in the study will be kept private to the fullest extent allowed by law.
- Being in the study will not affect families' child care or any other services that families receive or may apply for in the future.
- While participation in this study is voluntary, providers are strongly encouraged to participate per Section 28 of the National School Lunch Act. Taking part in the study is voluntary for parents/guardians and children.

Next Steps:

- *[If in child sample:* To help us select a small group of children to participate in the study, we'll need you to provide a list of all children who are **currently enrolled** at your [center/home] (drop-ins should not be included). This should include the name, date of birth, gender, languages spoken and classroom/group name for each child, the days when they attend, as well as the name, email address, and phone number of a parent/guardian. In addition, please identify any children with medical or special dietary needs that require meal accommodations. We would also like a copy of your schedule with information about when children arrive and leave and when meals and snacks are served, so we can refer to it. We would like the roster and schedule by [DATE]. You can upload them using the secure file transfer site, as outlined on our website [URL TO E3] [WILL UPDATE INSTRUCTIONS HERE].]
- *[If in cost sample:* To help us prepare for the cost interviews that will be part of the data collection visit, a member of our team will call you with some additional questions.]
- Around the time of your target week, we will send you a separate email inviting you to complete the Provider Survey. The email will contain a link to complete the survey online.

For further information, please review our Provider FAQs at [URL] using the passcode [passcode]. If you have any additional questions about the study, please call us at [study number] (toll-free) or email us at [study email].

Thank you in advance for your participation in this important study!

Sincerely,

[RECRUITER NAME]