

## **C14. Sponsor Enrollment Confirmation Email**

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## SPONSOR ENROLLMENT CONFIRMATION EMAIL

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**Sent to:** [SPONSOR]

**Subject:** Confirmation of your enrollment in SNACS-II

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Hello [Sponsor],

Thank you for agreeing to participate in the second Study of Nutrition and Activity in Child Care Settings (SNACS-II). Your participation is important and will make a difference.

As we discussed on the phone, we would like your help in encouraging your providers to participate in the study. I attached the list of sampled child care providers with the updated contact information you provided. These are the providers that we would like to contact right away. For your reference, this list also includes the data collection activities planned for each provider. (If we need to contact any providers on the “backup” list, we will follow up with you). I also attached an email template that you can use when reaching out to providers.

*[(If applicable) At least one of your providers was selected to be part of the meal cost component of the study. We may need to obtain some information from you on the labor, food, and other costs to produce CACFP meals. After we contact providers and learn more from them, we will follow up with you if we need your help with the cost data collection in spring 2023.]*

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

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

Sincerely,

[RECRUITER NAME]

**Attachments:** List of providers selected for SNACS-II, Study components for providers, Endorsement Email to Encourage Provider Participation

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.





**Attachment C: Endorsement Email to Encourage Provider Participation**

*[Note to reviewers: This attachment will be the Endorsement Email to Encourage Provider Participation, included in this submission as a separate document]*