

B7a. Study intro letter for provider from study team—email or mailed letter--English



[Date]


Dear [Provider Contact Name]:

We invite you to complete the U.S. Department of Agriculture's (USDA) *Family Child Care Home Provider Experience Survey*. The survey asks about your experiences with the Food Program, or the Child and Adult Care Food Program (CACFP). Your answers will be used to improve the Food Program for family child care providers like you.

Please complete the survey, even if you are no longer participating in the Food Program or if you no longer operate a family child care home. We have enclosed a **\$5 bill** to thank you in advance for your participation. Once you complete the survey, we will send you a **\$40 gift card**.

The survey will take 20 minutes to complete. Your answers will be automatically saved so that you can stop and come back at any time.

To begin the survey:

- ❖ Go to www.ProviderExperienceSurvey.com or scan the QR code 
 - o Enter your unique PIN [###]
- ❖ If you are unable to access the internet or prefer a paper survey, call us toll free at 1-###-###-#### and let us know if you prefer the survey in English or Spanish

Providers are strongly encouraged to participate per Section 28 of the National School Lunch Act. Your answers will be kept private and will never be linked to your name in any report. Your participation is voluntary and there are no penalties if you decide not to participate. Please see the attached brochure for more information about the survey.

If you have questions, please call [study phone] toll free, email [study email], or visit the study website at [link].

Thank you for your support and participation in this important survey.

Sincerely,

[SIGNATURE]

Attachments:

B15a. Study brochure with FAQs—English

B15b. Study brochure with FAQs—Spanish

This information is being collected to assist the Food and Nutrition Service in understanding the decrease in CACFP participation among family child care home providers. This is a voluntary collection and FNS will use the information to provide technical assistance and inform program improvements to support family child care home participation in CACFP. This collection does not request any personally identifiable information under the Privacy Act of 1974. 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 0.0501 hours (3 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