

**Send to:** [PROVIDER]

**Subject: REMINDER:** Share your experience with the Food Program

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Hello [Family Child Care Home Provider Name],

We have not heard from you!

This is a second reminder to complete the *Family Child Care Home Provider Experience Survey*. It will take you 20 minutes to complete the survey. With your help, we can improve the Food Program (also known as the Child and Adult Care Food Program, or CACFP) for family child care home providers like you.

Please take the survey as soon as possible, even if you are no longer participating in the Food Program or no longer operating a family child care home. After we receive your survey, we will send you a **\$40 gift card**.

**To begin the survey:**

- ❖ Go to [www.ProviderExperienceSurvey.com](http://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 English or Spanish version of the paper survey

Providers are strongly encouraged to participate per Section 28 of the National School Lunch Act. If you have any questions about the study, please call [study phone] toll free, email [study email], or visit the study website at [link] using the passcode [passcode].

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

Sincerely,

[SIGNATURE]

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 0.0334 hours (2 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