

B13a. Provider Experience Survey, Third Reminder—English

**Send to:** [PROVIDER]

**Subject: REMINDER:** Please provide your input on the Food Program

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Dear [Family Child Care Home Provider Name],

There is still time to share your experiences with the Food Program!

This is a third reminder to complete the *Family Child Care Home Provider Experience Survey*. It will take you **20 minutes** to complete the survey and you will receive a **\$40 gift card**.

With your help, we can improve the experience of family day care home providers in the Food Program, also known as the Child and Adult Care Food Program (CACFP). **Please complete the survey, even if you are no longer participating in the Food Program or no longer operating a family child care home.**

**To complete the survey:**

- ❖ Go to [www.ProviderExperienceSurvey.com](http://www.ProviderExperienceSurvey.com) or scan the QR code
  - o Enter your unique PIN [###]



- ❖ Or complete the paper survey we recently sent you and return it in the postage paid envelope.

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 for your 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