

B20a. FCCH provider experience survey, Thank you--English

**Send to:** [PROVIDER]

**Subject: Thank you for completing the FCCH provider experience survey**

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Dear [Family Child Care Home Provider Name],

Thank you for completing the *Family Child Care Home Provider Experience Survey*! We value your input on your experiences with the Food Program and have included a \$40 gift card to thank you for your time.

The results from the survey will help the U.S. Department of Agriculture (USDA) support family child care home providers participating in the Food Program, or the Child and Adult Care Food Program (CACFP). When ready, the results will be available on USDA's website at <https://www.fns.usda.gov/data-research>.

As always, if you have any questions about the study, please call [study phone] toll free, email [study email].

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 0.0501 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