**C14. Sponsor Enrollment Confirmation Email**

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sponsor enrollment confirmation Email

**Sent to:** [SPONSOR]

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

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

**Attachment A: List of Providers Selected for SNACS-II**

**SPONSOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **Name of Provider** | **Type of Program**  (*child care center, family child care home, at-risk afterschool center, outside-school-hours care center)* | **Provider Telephone Number** | **Center Director or Family Child Care Home Operator** | | |
| **Name** | **Telephone Number** | **Email Address** |
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**Attachment B: Study Components for Providers**

**SPONSOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **Name of Provider** | **Provider Survey and Menu Survey** | **Cost Data Collection** | **Child Data Collection (Age 1 to 12 Years) and Meal and Environment Observations** | **Infant Data Collection (Age up to 12 Months)** | **Youth Data Collection (Age 10 to 18 Years)** |
| *Example: ABC Day Care* | *√* |  | *√* | *√* | *√* |
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**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]*