

## **C19. Provider Recruitment Letter**

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*Note to reviewers: This letter will be tailored to include **only the specific data collection activities** that each provider is selected to participate in. For example, only those providers selected to be included in the onsite sample will receive a description of those activities. We will fill in the program type in multiple places in the letter. The program types are as follows: child care center, family child care home, at-risk afterschool center, or outside-school-hours care center. The abbreviated version of the program types are home (for family child care homes) and center (for all other program types).*

[Date]

Dear [Center Director or FCCH Operator Name]:

Your [child care center / family child care home / at-risk afterschool center / outside-school-hours care center], [PROGRAM NAME], was selected to be part of the second Study of Nutrition and Activity in Child Care Settings (SNACS-II). This important study, sponsored by the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) will help providers, sponsors and USDA learn more about how the Child and Adult Care Food Program (CACFP) helps children learn and grow.

SNACS-II will look at CACFP operations and the nutrition and wellness environment of more than 1,300 child care providers across the country. The study is not an audit. Under the terms of Section 28 of the Richard B. Russell National School Lunch Act, institutions participating in CACFP are required to participate in this data collection. The enclosed brochure and FAQs provide an overview of the study. Endorsements from both the USDA and [ENDORSEMENT LETTER SIGNER] are included with this letter.

Your [child care center / family child care home / at-risk afterschool center / outside-school-hours care center] has been selected to participate in the following activities:

- Designated staff at your [center/home] will be asked to complete paper and web surveys about food service operations, physical activity practices, and the CACFP meals and snacks served. We will provide a \$50 gift card to the staff member who provides the detailed information about meals and snacks.
- **[If in cost sample:** Staff will also be asked to participate in interviews and complete forms about how much it costs to produce CACFP meals and snacks.]
- **[If in child sample:** [One/Two] trained data collector[s] will visit your [center/home] for [one day/two days/three days] to observe physical activities and meal and snack service. **We will schedule this visit for a time that is convenient for you and your staff.** The data collector[s] will measure the height and weight of some children (ages 1 to 12). **[If AR center or OSHCC:** They will also give a paper survey to some youth (ages 10 to 18). Each youth who completes the survey will receive a small gift.] **[If child care center or family child care home:** If your [center/home] cares for infants under age 1, staff will be asked to complete forms about what infants eat on one day while in care. After completing the forms, the staff can choose a children's book for your [center/home] as a thank you for participating. If forms are completed for three or more infants, they can choose multiple books.] We will ask parents/guardians for permission for these activities before the visit.]
- **[If in child sample:** We will also ask parents/guardians to complete up to three short telephone interviews about their household. Participants will receive gift cards valued at \$10 to \$30 for each interview.]
- **[If in child sample:** To help us select a small group of children to participate in the study, we will ask you to provide a list of infants, children, and youth enrolled in your [center/home]. We will also

The Food and Nutrition Service (FNS) is collecting this information to understand the nutritional quality of CACFP meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants. This is a voluntary collection and FNS will use the information to examine CACFP operations. The collection does not request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. 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 0584-0669. 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 aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-0669). Do not return the completed form to this address.

ask you to identify someone to serve as the study's onsite point-of-contact (POC). The POC will help invite parents/guardians to participate and coordinate the visit. Because this person's help is critical to the success of this study, we will give them a [\$350/\$150] stipend to compensate them for their time.]

A member of the study team will contact you soon to tell you more about the study and answer any questions you have.

For more information, please visit [URL] using passcode [##]. If you would like to contact the study team now, please call [study phone] toll-free or email [study email].

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

Sincerely,

[SIGNATURE]

Mary Kay Fox  
SNACS-II project director  
Mathematica

Enclosures: Study brochure, study FAQs, letters of endorsement (USDA and other)