

**Attachment I –Consent Form: Child Care Provider (English)**

OMB BURDEN STATEMENT 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 0584-0524. The time required to complete this information collection is estimated to average 5 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.

**Background & Purpose:** You are invited to participate in a one-on-one interview on behalf of the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) to test updated health education materials for participants and providers/operators of the Child and Adult Care Food Program (CACFP).

**Process:** As part of the research, you will participate in a 60 minute interview with a representative of Diversity Marketing and Communications/ICF on [date] at [location]. Results from this discussion will be used to improve and influence the development of nationally-available nutrition education materials.

**Possible Risks & Benefits:** We do not anticipate any risks associated with participating in this interview.

**Participants Rights:** Participation in this interview is voluntary. If you do not give your consent, we will not proceed with the interview. You have the right to change your mind and withdraw your consent or stop participating at any time without any penalty or loss of the benefits to which you are otherwise entitled. You have the right to not respond to any questions that you do not want to answer. Your name, address, phone number, and e-mail address will only be used to contact you about this research activity. They will not be given to anyone else for other purposes. The interview may be audio recorded for research purposes only. Your name will never be used in any notes or reports of our research findings. Your information will be kept secure and only used for research purposes, except as otherwise required by law. We are required by law to report cases of child maltreatment.

**Contact Information:** If you have any questions, concerns or complaints about this research study, its procedures, risks and benefits, please contact Maria Sinopoli (973.377.0300, X16; msinopoli@diversitymc.com)

Your signature below indicates that you understand the conditions stated above and agree to participate in this interview. You will be given a copy of this consent for your records.

Signature \_\_\_\_\_

Date \_\_\_\_\_