OMB Control # 0584-0524 Expiration Date: 9/30/2019

Attachment B - Consent Package for Directors and Providers: Consent Cover Letter, Informed Consent Form, and Questionnaire for Participation

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 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.

Child Care Director/Provider Consent Cover Letter

[Date]

Dear Child Care Director or Provider,

Thank you for expressing interest in participating in the *Formative Research to Revise Materials for Mothers and Child Care Providers of Infants* project. The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) is developing a guide for feeding infants in child care settings and materials to support breastfeeding. Applied Curiosity Research (ACR) will be gathering feedback from child care providers, directors, mothers, and expectant mothers to ensure these materials are clear, relevant, and engaging.

Participating in this research is an exciting opportunity for you to share your opinion on free draft materials so that they will be suitable for child care directors and providers like yourself. Included in this packet you will find information on the research and your rights as a research participant, a consent form, and a brief questionnaire.

As a research participant, your responsibilities will be:

- Assisting with the recruitment of mothers and expecting mothers for a focus group by distributing consent forms and focus group flyers to parents of children attending your child care site
- Host 1-2 focus groups at your child care site
- Participating in a 45-minute in-depth interview with a member of the research team

We look forward to working with you!

Sincerely, Gerad O'Shea Research Director, Applied Curiosity Research

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Director/Provider Informed Consent Form

Study Title Formative Research to Revise Materials for Mothers	
	and Child Care Providers of Infants
Protocol Number	XXX
Principal	Gerad O'Shea
Investigator	
Contact	Phone: 646-801-4261
Information	Email: goshea@appliedcuriosityresearch.com

Background & Purpose: You are invited to participate in a research study conducted by ACR as part of a USDA FNS sponsored effort to develop a guide for feeding infants in child care settings and materials to support breastfeeding. We are working to ensure the revised materials are clear, relevant, and engaging for child care providers and new and expectant mothers.

Process: As part of the research you will participate in a 45-minute in-depth interview with a member of the research team and assist with the recruitment of mothers for 1-2 focus groups, which will be held at your child care site. As part of this task, you will be asked to distribute consent forms and flyers to mothers of children attending your child care site. These forms will be used to inform parents of the opportunity to participate in a 60-minute parent focus group. You will also be asked to collect consent forms from mothers and return them to the research team. A total of about 12 child care providers and directors will be selected across the country.

Possible Risks & Benefits: We do not anticipate any risks associated with being in this study. Your child care site will receive a \$150 facility fee to cover the use of the center's space for the focus group interviews. We also anticipate that most people will enjoy participating in the research process, which will lead to the development of free resources developed by the USDA.

Compensation: You will not be compensated for your participation.

Participant's Rights: Participation in this study is voluntary. We will not work with you unless you give your consent. You have the right to change your mind

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and withdraw your consent or discontinue participation at any time without any penalty or loss of the benefits to which you are otherwise entitled. You have the right to refuse to answer particular questions. Your name, address, and phone number will only be used to contact you about this research. They will not be given to anyone else for other purposes. The research may be audiotaped for research purposes only. Your name will never be used in any reports of our research findings. Your information will be kept secure and only used for research purposes, except as otherwise required by law. All data will be identified only by an ID number, not by any name.

Contact Information: If you have any questions, concerns, or complaints about this research study, its procedures, risks and benefits, please contact the Principal Investigator, at the telephone number listed on the first page of this form.

If you have any questions or complaints about your rights as a research subject, contact:

Mail

Study Subject Adviser
Chesapeake Research
Review, Inc.
7063 Columbia
Gateway Drive, Suite
110
Columbia, MD 21046

<u>Call collect</u> 410-884-2900

Email adviser@irbinfo.com

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Please complete the sections below if you form will be emailed to you for your record	•
I,, agi	ree to the following:
I will participate in a 45-minute in-depth in	terview.
I will distribute and collect consent forms a class for participation in a parent focus gro	·
I understand that if I participate in this rese will be shared outside of this research.	earch that none of my information
Signature	 Date
Phone (for research purposes only)	_
Email Address (for research purposes only)	_

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Questionnaire for Participation in Research

Please choose the option that best answers each question for you.

1)	How many years have you been working in child care? () First year
2)	How many years have you been working $\underline{\text{with infants}}$ at a child care site? () First year () 11-15 years () Over 15 years () 6-10 years
3)	What is your role at your current child care center? () Site Director
4)	Ethnicity () Hispanic or Latino
5)	Race (select one or more) () American Indian or Alaskan Native () Asian () Black or African American () Native Hawaiian or Other Pacific Islander () White
6)	What is your current age? () Under 25
7)	What is your gender? () Female () Male () Other (please specify):