

**Attachment D- Recruitment Communications and Consent Document for  
Parents/Caregivers: Parent/Caregiver Consent Cover Letter,  
Parent/Caregiver Consent for Child Participation, Questionnaire for Child's  
Participation in Research, Parent/Caregiver Focus Group Flyer,  
Parent/Caregiver Focus Group Consent Cover Letter, Parent/Caregiver  
Focus Group Informed Consent Form, Follow Up Communications for  
Parent Focus Group Participants**

**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.

**Parent/Caregiver Consent Cover Letter**

[DATE]

Dear Parent,

In this packet, you will find information about the *Multicultural Nutrition Education for Child Care* project taking place in your child's classroom. The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) is developing free multicultural recipes, activities, and a family cookbook for child care sites. Your child has an exciting opportunity to try out these materials and provide feedback so that they can be improved.

The activities will take place at your child care site between <<DATE>> and <<DATE>>. Your child care provider has agreed to conduct the activities. They are meant to be an engaging, educational, and appealing addition to your child's day.

Included in this packet, you will find details of the research activities, a consent form and questionnaire for your child's participation in the research, and a Family Cookbook for you to keep.

**Please complete the attached consent form and questionnaire and return to your child's provider by [date].**

We look forward to working with your child.

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

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### Parent/Caregiver Consent for Child Participation

<b>Study Title:</b> Multicultural Nutrition Education for Child Care
<b>Protocol Number:</b> XXX
<b>Principal Investigator:</b> Gerad O'Shea
<b>Contact Information:</b> Ph: 646-801-4261; Email: goshea@appliedcuriosityresearch.com

**Background and Purpose:** Your child is invited to participate in a research study conducted by ACR as part of a USDA FNS sponsored effort to develop education materials that contain multicultural recipes and activities that promote healthy food choices in children.

**Process:** Your child will participate in these activities during their time at child care. Before and after the materials are implemented, your child will be asked to participate in a brief survey, which will be used to understand the effectiveness of the materials. During the survey, a member of the research team will read your child a storybook and ask him/her questions related to the recipe activities done in their classroom.

**Possible Risks and Benefits:** We do not anticipate any risks associated with being in this study. We do not promise that your child will receive any benefits from this study. Most people enjoy participating in the research process, and this research will support free teacher resources.

**Compensation:** Your child will not receive monetary compensation.

**Participant's Rights:** Participation in this study is voluntary. We will not work with your child if we do not receive your signed consent. You and your child have the right to change your mind and withdraw consent or discontinue participation at any time without any penalty or loss of the benefits to which your child is otherwise entitled. Your child has the right to refuse to answer particular questions.

Your child's name will never be used in any reports of our research findings. Your child's information and comments 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. All data will be stored on a secured server.

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

If you have any other questions about this research project, contact:

<b>Mail</b>	<b>Call</b>	<b>Email</b>
USDA, Food and Nutrition Service, Team Nutrition 3101 Park Center Drive, 6th Floor Alexandria, VA 22302	(703) 305-1624	<a href="mailto:teamnutrition@fn.usda.gov">teamnutrition@fn.usda.gov</a>

Please complete the sections below if you agree to allow your child to participate and return the form to your child care provider. A copy of this form will be provided to you for your records.

I, \_\_\_\_\_, give permission for my child \_\_\_\_\_  
(Your name) (Your child's name)  
to participate in the child survey.

I understand that if my child participates in this research that none of his/her information will be shared outside of this research.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**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 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.

### **Questionnaire for Child's Participation in Research**

*Please choose the option that best answers each question for your child(ren) attending the child care site.*

- 1) **How old is(are) your child(ren)?** \_\_\_\_\_
- 2) **What is(are) your child(ren)'s Ethnicity?**  
 Hispanic or Latino                       Not Hispanic or Latino
- 3) **What is(are) your child(ren)'s race? (select one or more)**  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White
- 4) **What is(are) your child(ren)'s gender?**  
 Male                       Female                       Other (please specify): \_\_\_\_\_

*You should have received a Family Cookbook with this consent form. Please take a few minutes to answer the following questions about receiving the cookbook.*

- 5) Would you prefer to receive this Cookbook in a print or electronic version?  
 Print     Electronic
- 6) In what format would you prefer this Cookbook?  
 Booklet     Individual paper handouts  
 Individual recipe cards                       Other (please specify): \_\_\_\_\_
- 7) In what size would you prefer this cookbook?  
 Pocket size     Other (please specify): \_\_\_\_\_  
 8.5 x 11
- 8) If it is available online, in what format would you prefer to receive it?  
 Downloadable PDF file  
 Website link  
 Other (please specify): \_\_\_\_\_

### **Parent/Caregiver Focus Group Flyer**

**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 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.

We're looking for parents to participate in a 60-minute group conversation to share their opinions on draft materials about children's nutrition and making healthy choices.

Participants will discuss parenting practices and provide feedback on free parent materials.

Participating parents will receive \$50 for their participation.

**There are 4 ways to sign up:**

**Visit** [link to questionnaire]  
**Text** [#]  
**Call** [#]  
**Email** [researcher's e-mail]

**Focus Group Details:**

Location  
[site name and address]  
Date  
[insert focus group date(s)]  
Time  
[insert focus group times]

## Parent/Caregiver Focus Group Consent Cover Letter

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[Date]

Dear Parent,

Thank you for expressing interest in participating in the *Multicultural Nutrition Education for Child Care* project. The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) is developing nutrition education materials for child care settings and attending families. Applied Curiosity Research (ACR) will be gathering feedback from child care providers, parents, and children to ensure these materials are relevant, engaging, and educational.

As a research participant, you will participate in a 60-minute focus group interview. 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 parents like yourself and your children**. You will also receive \$50 in the form of a debit card with a PIN if selected to participate to cover the cost of childcare and transportation.

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.

We look forward to working with you!

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

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### Parent/Caregiver Focus Group Informed Consent Form

<b>Study Title</b>	Multicultural Nutrition Education for Child Care
<b>Protocol Number</b>	XXX
<b>Principal Investigator</b>	Gerad O'Shea
<b>Contact Information</b>	Phone: 646-801-4261 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 nutrition education materials for child care settings and families. We are working to ensure the materials are relevant, educational, and engaging for child care providers, parents, and their children.

**Process:** As part of the research you will participate in a 60-minute focus group interview. During the interview, you will discuss meal habits at home and review a draft family cookbook. Eight parents will participate in each focus group, and a total of eight focus groups will be conducted with parents across the country.

**Possible Risks & Benefits:** We do not anticipate any risks associated with being in this study. You will receive \$50 to cover the cost of child care and transportation to the focus group. In addition, your child's child care site will receive \$250. 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 receive \$50 to cover the cost of child care and transportation to the focus group.

**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 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, email 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, or risks and benefits, please contact the Principal Investigator, at the telephone number listed at the top of this page.

If you have any other questions about this research project, contact:

<b>Mail</b>	<b>Call</b>	<b>Email</b>
USDA, Food and Nutrition Service, Team Nutrition 3101 Park Center Drive, 6th Floor Alexandria, VA 22302	(703) 305-1624	<a href="mailto:teamnutrition@fns.usda.gov">teamnutrition@fns.usda.gov</a>

Please complete the sections below if you agree to participate. A copy of this form will be emailed to you for your records.

I, \_\_\_\_\_, agree to the following:

I will participate in a 60-minute focus group.

I understand that if I participate in this research that none of my information will be shared outside of this research.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



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## **Follow Up Communications for Parent Focus Group Participants**

### **Email**

Dear [Name],

Thank you for signing up for the focus group interview. The details for the interview are below. As a reminder, you will receive \$50 for your participation.

Date and time: [include start and end time]

Location: [Site and room number, address]

**Please let us know if you are no longer able to attend.**

We look forward to hearing your thoughts!

Sincerely,

### **Call**

Hello, is [name] available?

Hi, [name], this is \_\_\_\_\_ from Applied Curiosity. I'm calling to follow up about the focus group interview that you signed up for.

The interview will be held on [date/time range] at [location]. As a reminder, you will receive \$50 for your participation as well as a free meal.

Can you confirm that you will be able to attend?

Thank you and we look forward to seeing you on [date]!

### **Text**

Thank you for signing up for the focus group interview! It will take place at [date, time, location]. As a reminder, you will receive \$50 for your participation. Please let us know if you can no longer attend.

