

## Appendix K - Consent form for research participation

This information is being collected to assist the Food and Nutrition Service (FNS) in developing materials used in the Team Nutrition initiative. This is a voluntary information collection. Under the Privacy Act of 1974 and the FNS System of Record Notice FNS-8, FNS Studies and Reports, any personally identifying information obtained will be kept private to the extent of the law. 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. 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, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0524). Do not return the completed form to this address.

**Background& Purpose:** You are invited to participate in a research study conducted by Applied Curiosity Research (ACR) as part of a United States Department of Agriculture, Food and Nutrition Service sponsored effort to create educational materials about feeding toddlers for Child and Adult Care Food Program (CACFP) child care sites. Your feedback will help make sure these materials are clear and engaging for child care providers like yourself across the country.

**Process:** You will be asked to look through an 8-page handout, which will be mailed to you, prior to a 30-minute telephone interview with a member of the ACR team. During this interview, you'll have the opportunity to provide your thoughts on the materials you reviewed. In addition, during the interview you'll receive a link to videos to watch on your phone or computer and will be asked to give feedback.

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

**Compensation:**Your site will receive a \$25 Visa gift card as reimbursement for any needed resources.

**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 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 securely stored on password protected servers or locked filing cabinets, 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, Gerard O'Shea, by phone at 212-401-4895 or by email at [goshea@appliedcuriosityresearch.com](mailto:goshea@appliedcuriosityresearch.com).

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

<b>Mail:</b> <b>USDA Food and Nutrition Service</b> <b>Child Nutrition Programs</b> <b>3101 Park Center Drive, Alexandria, VA 22302</b>	<b>Call:</b> <b>(703) 457-7788</b>	<b>Email</b> <b>teamnutrition@fn</b> <b>s.usda.gov</b>
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1. If you agree to participate, please enter your first name and last name initial below, check "YES" and then select "SUBMIT". If you do not agree to participate, please check "NO" below and then select "SUBMIT" at the bottom of the page.

2. Do you agree to participate in this research?

- YES, I have read the above information and agree to participate in this study.
- NO, I do not agree to participate in this study.