

Dear Director,

Thank you for considering participation in the Feeding Project. We are interested in learning about feeding children in group settings. Using what we learn in our studies of mealtimes in child care, we will develop training materials for child care staff. We believe your center and staff will make a significant contribution to our efforts to learn about feeding children.

To protect those who participate in the study, both staff and children, we sought and received approval from the Sample University Human Assurances Committee. We are committed to following ethical practices in research with human subjects.

Some staff and the children in their care will be videotaped during typical mealtimes. We will use the tapes to help us depict the realities, barriers, and supports that staff and children face when talking around the table at mealtimes.

Centers participating in the videotape phase will receive nutrition and feeding training materials valued at approximately \$25. Participants will receive nutrition and feeding educational materials valued at approximately \$10.

We know you are aware that providers must be able to freely volunteer. We will assure staff members that if they choose not to participate, there will be no penalty to their employment.

Research gathered from the video will be analyzed for research purposes. Some sequences will be used to develop training materials for child care staff. The videotapes will be edited for training materials and will be available to trainers. No individual teachers, children, or centers will be identified by name or location. In edited videotape, none of the individual participants will be depicted in a negative light. Data collected will be stored in locked cabinets with raw data from the tapes available only to the researchers.

If any aspects of the research design change during the study, you will be notified. If your center agrees to participate in this study, note that you may choose to withdraw from the study at any time. If you have any questions now or later, please contact _____.

If you agree to participate in the project, indicate your willingness by completing and returning the attached form. Thank you for considering our request. Millions of children eat meals in child care each day. Your center's participation can provide information that will have a far-reaching professional impact.

Please sign the consent form below. Return your consent form in the enclosed self-addressed, stamped envelope.

Consent to Participate in the Feeding Children Project

I, _____, agree (do not agree) for staff and children at the child care center to be videotaped at mealtimes.

- I understand that the center's name and names of staff and children will not be linked with the videotapes.
- I understand that I may withdraw from the study at anytime.
- I understand that if the study is changed in any way, I will be informed and asked again for my consent.

Signature of Participant

Date

Dear Child Care Staff Member,

Thank you for considering participation in the Feeding Project. We are interested in learning about feeding children in group settings. Using what we learn in our studies of mealtimes in child care, we will develop training materials for child care staff. We believe you will make a significant contribution to our efforts to learn about feeding children.

To protect those who participate in the study, both staff and children, we sought and received approval from the Sample University Human Assurances Committee. We are committed to following ethical practices in research with human subjects.

We want to gather videotaped observations of staff and children in quality settings during child care mealtimes. We will use the videotapes to help us depict the realities, barriers, and supports that child care providers face in meeting guidelines for feeding. We will use your videotapes to study how children eat at mealtimes in child care centers.

From our study, we hope to develop strategies for quality mealtimes. Millions of children eat meals in child care. If you participate in the study, you will have a significant role in influencing America's child care mealtimes.

A team will come to your classroom during mealtime. You and your children will be videotaped. We want to see regular, routine mealtimes. You will not need to change anything for the taping. We will use two cameras on tripods as well as a microphone on the table. Mealtime videotaping will take about one hour.

We do not anticipate that the observations will cause risk to you. You may refuse to participate or withdraw at anytime. Some videotape sequences will be used in research presentations, reports, or training of child care providers. We will not use your name or location of your center. No child, staff member, or center will be presented in a negative light.

The researchers will analyze your videotapes. Results from your classroom will be added to results from videotapes of other centers. At no time will your name or location be linked with your videotapes. Only the researchers will have access to data. Videotapes will be stored in a locked cabinet. Videotapes will be stored 5 years.

To thank you for participating, you will receive nutrition and feeding educational materials valued at \$10. Your center will receive nutrition and feeding educational materials valued at \$25.

If you have any questions now or later, please contact _____ at _____.

Please sign the consent form below. Return your consent form in the enclosed self-addressed, stamped envelope.

Consent to Participate in the Feeding Children Project

I, _____, agree (do not agree) to be videotaped at mealtimes at the child care center.

- I understand that my name and the center I work in will not be linked with my videotapes.
- I understand that I may withdraw from the study at anytime.
- I understand that if the study is changed in any way, I will be informed and asked again for my consent.

Signature of Participant

Date

Dear Parents,

Your child's center has been selected for a study of child care mealtimes. We want to learn how child care providers work with children at the table. We hope to develop teacher-training materials.

We will be videotaping a mealtime at your center. We are interested in the how children and teachers carry out mealtimes in child care centers. The teachers will not be asked to change the mealtime. No special activities will be needed.

Researchers from Sample University will study the tapes. Each of the researchers is educated in working with children. Human Subjects Committees the university approved the study.

We will use the videotapes to train teachers and staff in child care centers. We will not use your child's name or the name of your child's center. No child, teacher, or center will be presented in a negative light.

You may choose, at any time, to withdraw your child from the taping. Your child may choose not to be videotaped during the taping. Our videographers are trained to tape children and mealtimes. They will watch to see if children are uncomfortable with the camera. If so, they will be sure that the child is not in the camera's view. If your child seems uncomfortable, the videographers will tell your child's teacher.

Thank you for considering your child's participation. What we learn at your child care center will be added to observations from other centers. We hope to offer ideas to teachers about how to have quality mealtimes. Millions of children eat meals in child care. Your child and your center can have a role in improving America's child care mealtimes.

If you have questions about this study, contact _____.

Please sign the form below. Return your consent form in the enclosed self-addressed, stamped envelope.

Consent to Participate in the Feeding Children Project

I agree (do not agree) for my child, _____, to be videotaped at mealtimes at the child care center.

- I understand that researchers studying mealtime environments will use these tapes.
- I understand that the tapes will be used to teach teachers.
- I know that my child or I may decide to withdraw from the videotaping at any time.
- I understand that my child will not be identified in the edited tapes.
- I understand that if the study is changed in any way, I will be informed and asked again for my consent.

Your name

Date