



**YVONNE AND SCHUYLER MOORE
CHILD DEVELOPMENT RESEARCH CENTER**
UNIVERSITY OF SOUTH CAROLINA

Research Proposal

Faculty and students who wish to conduct research at the Children's Center at USC must submit this form along with approval from the Ethics Review Board of their college (if applicable). This application will be reviewed by the Center's Research Director and will notify applicants promptly of her decision. Submit 2 copies of all materials. Allow at least 3 weeks for review.

Date of Application _____ **Review #** _____
(Assigned by the Research and Teaching Committee)

Date of Preliminary Approval _____

Date of Final Approval _____

All documentation must be on file
before projects receive their final
approval.

Investigator:

Faculty Sponsor:
(for student researchers)

Investigator's phone and email:

Faculty sponsor's phone and email:

1. Department:

2. Title of Proposal:

3. Does this project have external funding? **YES** **NO**
(Include relevant sections of the proposal for funded projects)

4. Purpose of Study:

5. Description of Subjects:

6. Description of Methodology:

Attach copies of all instruments including questionnaires and surveys when applicable (if not included in attached IRB application).

7. Qualifications and vita of investigators not affiliated with USC:

8. Protection measures:

We expect that all data will be coded and that no names of individuals will be used to identify data. Explain any deviation from this standard.

9. Informed consent:

Parents/guardians have signed blanket consent forms that apply to projects that simply involve observations. If projects involve interviewing, photographing, audio or video taping children or removing children from their classrooms attach a copy of the consent form that will be sent home to parents/guardians (See attached example).

10. If you are a student describe the course assignment or the degree requirement this research fulfills.

11. How many/what age children do you plan to study/observe?

12. What is the expected time frame of your involvement at the Center?

13. When would you like to begin collecting data?

14. When do you expect your data collection will be complete?

15. What days/times would you like to conduct your research?

16. Do you need any special facility or accommodation to conduct this research?
(i.e. Do you need to use a treatment or observation room, review student records, etc.?)

17. All researchers participating at the Center must have background checks

- Faculty, non-faculty and student researchers must sign a notarized Evidence of Non-conviction and Statement of Compliance Form (DSS form #29250) and Central Registry Check for Child Day Care Facilities (DSS form #2924) if they plan to be unsupervised with children.
- All who plan repeated/regular visits to the Center must submit evidence of a recent SLED **Criminal Record Check**. Follow links from <http://www.sled.state.sc.us/>. Researchers are eligible for the \$8 reduced fee.
- A one-time visit for a research purpose does not require a SLED check.
- Researchers who plan to be unsupervised with children must submit proof of FBI clearance

18. All researchers must submit proof of TB screening results.

Complete Items 1-16 to apply for Preliminary Approval

Requirements of #17 and #18 must be met before you can begin to work at the Center.

Manuscripts, papers and presentations based on your involvement at the Center must acknowledge the contribution of the Center, its children, teachers and families. Submit copies of these works for the Center's archives.

I certify that the above research proposal is true. Major changes will not be made without notifying the USC CDRC Committee on Research and Teaching. I agree to consistently maintain all individuals' confidentiality and to show respect for children, parents, teachers and their work together.

Signature

Phone:

Supervising Faculty Signature
(For student research)

Date:

Send this application to: Dr. Nancy Freeman, USC Child Development and Research Center, Room 225, 1530 Wheat Street, Columbia, SC 29201 nfreeman@gwm.sc.edu
Voice: 777-2470 Fax: 777-0549

Research Application Checklist:

Be sure your application includes:

- 2 copies of all application materials including your Institutional Review Board (IRB) application and approval
- Letter of Informed Consent that meets CDRC expectations
- TB Test Results
- SLED and/or FBI clearances as needed

- Required Evidence of Non-conviction and Statement of Compliance Form (DSS form #29250) and Central Registry Check for Child Day Care Facilities (DSS form #2924) if needed

Prototype Letter of Informed Consent

Your letter must be on official university letterhead.
(Students can obtain this from their faculty sponsor)

Date

Dear Parent/Guardian:

Your child is invited to participate in XXXX research project sponsored by the College of XXX at the University of South Carolina. The purpose of this research is to investigate XXXX. This project is important because . . . Possible risks include

Data for this study will be collected by *WHOM WHEN* at The USC Child Development and Research Center.

The participation of your child in this study is completely voluntary. The information collected will be stored securely and will be coded to ensure the anonymity of all participants. You or your child may discontinue his/her participation in this study at any time without prejudice. If you decide you do not wish for your child to participate after the start of the project any data collected up to that time will not be analyzed.

Should you have any questions about this research, please contact Jane Researcher, at The University of South Carolina College of XXX at 803-777-XXXX.

The USC Child Development and Research Center at the University of South Carolina is eager to ensure that all research participants are treated in a fair and respectful manner. If you have any concerns or questions about your treatment as a subject in this project, contact the Chair of the Research and Teaching Committee of the CDRC in Columbia, SC, 29208, (803) 777-XXXX.

We hope you will grant permission for your child to participate in this research project. If you do please complete the following page and return it to Jane Researcher by *this date*.

Sincerely,

Jane Researcher
Doctoral Student in XXXX

Dr. I. M. A. Gamecock
Faculty Sponsor
College of XXX

Prototype of Human Subjects Release Form

Your letter must be on official university letterhead.
(Students can obtain this from their faculty sponsor)

My child has my permission to participate in XXXX research project sponsored by the College of XXX at The University of South Carolina to be conducted at the USC Child Development and Research Center. I have read, understand, and agree with the information outlined in the accompanying letter of informed consent.

Today's Date

Name of Parent(s) or Guardian(s)

Child's Name

Child's Birth Date

Signature of Parent(s) or Guardian(s)

Home Telephone

Work Telephone

Street or PO Address

City

State

Zip Code