

UNIVERSITY OF ILLINOIS
AT URBANA - CHAMPAIGN

Department of Human and Community Development
College of Agricultural, Consumer
and Environmental Sciences
274 Bevier Hall
905 South Goodwin Avenue
Urbana, IL 61801



Dear Parent,

The Child Care Resilience Program at the University of Illinois is interested in understanding healthy development of children in family child care settings. Some preschool aged children at your child care home will be participating in a research study on preschool children's health. Those children will be videotaped doing everyday activities like playing and eating. While your child would not be the focus of this research study, we would like to ask if your child could be present in the videotapes of these other children. These videos will not be used for anything other than for research purposes. We would greatly appreciate your help with our study.

We will be videoing short segments of about 5-30 minutes in length. The camera will be turned on at the beginning of the segment of a routine activity and then turned off at the end. The camera will be mounted on a tripod in an out of the way, safe location. Video recordings will be transferred to a secure computer database. The research team will then make research notes without any identification on the recordings. No one else will see the video recordings and the recordings will not be presented beyond the scope of the research team. Only these research notes will be used to talk about the findings of the study.

The decision to allow your child to be a part of these videos will have no effect on your status at or future relations with your childcare provider or the University of Illinois.

Contact Information:

Please feel free to ask questions you have concerning this research at any time. You may contact the Child Care Resilience Program under the supervision of Dr. Angela Wiley at awiley@illinois.edu or 217-265-5279. If you have any questions about your rights as a participant in this study or any concerns or complaints, please contact the University of Illinois Institutional Review Board Office at 217-333-2670 (collect calls will be accepted if you identify yourself as a research participant) or via email at irb@illinois.edu.

Please fill out the following, check one of the boxes, and sign your name.

<p>I (<i>print name</i>) _____ have read and understand</p> <p>the above consent form and on behalf of my child, (<i>print child's name below</i>)</p> <p>_____</p> <p>I give permission for my child to be videotaped during routine activities such as playtime and eating time at the child care home. (please check one)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____ _____</p> <p>Signature Date</p>
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Please return this to your provider so the research team may collect all parental responses.
Thank you.

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APPROVED CONSENT
VALID UNTIL

AUG 03 2015

PLEASE RETURN THIS PAGE TO YOUR PROVIDER SO THE RESEARCH TEAM MAY COLLECT ALL RESPONSES. PLEASE KEEP THE OTHER PAGES FOR YOUR RECORDS.

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I give permission for my child to be videotaped during routine activities such as playtime and eating time at the child care home. (please check one)

YES NO

_____ _____

Signature **Date**

Please return this to your provider so the research team may collect all parental responses.
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