

**JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH**

**PARENT PERMISSION FORM**

**Principal Investigator:** Keeve Nachman (knachman@jhu.edu)

**Study Title:** INnovations to Generate Estimates of children's Soil/dust inTake (INGEST)

**IRB No.:** 20023

**PI Version Date:** 1. 10/27/2022

[Greeting]. I am [Data Collector Name] from the Johns Hopkins University. We are asking you to give permission to participate in a research study about how children use their hands to explore their environment while playing and eating. Our goal is to understand how often mouthing behaviors occur. This will help us better understand how much dust and soil children get in their mouths. Knowledge gained from this study will be helpful in designing policies to protect children's health.

As the child's caregiver, we would like to invite you to participate in our study. Participation involves: Two members of our study team visiting your home to videotape your child (for no more than 30 minutes) while they play and eat in your home.

We are asking you to participate in our study because your child is between the ages of 6 and 18 months and you reside in Maryland.

You do not have to participate in this study; it is your choice and there is no penalty for not joining. Ask as many questions as you need to help you make your decision. Please review the details outlined in the rest of this consent document before deciding.

If you agree to participate in this study, we will ask you to do the following things:

- We will set up 4 small cameras in your home where your child typically plays. While the cameras are recording, we will ask you to have your child play in this area, with their own toys and with a toy we give them. We may also ask you to play with your child during this time. This portion will last no more than 20 minutes.
- Next, if you are planning to feed your child either a meal or snacks while we are here, we will set up a single video camera in front of your child and record them eating. This portion will last no more than 10 minutes.

Our entire time in your home should last no more than 70 minutes. After we leave your home, trained researchers on our team and a computer program will use the video to count how many times (and for how long) your child touches different objects and their face. We will not use these video recordings for advertising or non-study related purposes.

You should know that:

- We will only use these recordings for the purposes of this research. Once the research is completed, the video recordings will be destroyed.
- If at any point during our visit, you need to attend to your child or other children, please let us know. We can pause or stop the recording as needed.
- You may ask us to leave at any time.

Your data (including these video recordings) may be shared directly with our study team and research collaborators. We will do our best to protect and maintain your data in a safe way. We will not share or publish your data with identifiers (such as your child's name, address, date of birth).

To share the findings of this study, we may publish select video recordings in research reports. If you do not want recordings of your child published in research reports, you will be able to indicate that on this form. You are still able to participate in this study without granting permission for us to use recordings of your child in this way.

This study will not generate information about your child's health, so no such reports will be made to you. However, the overall findings from this study will be published in research reports. We are happy to provide you with access to these, upon request.

There are minimal risks related to participation in this study. As with any study, there is a potential risk of breach of confidentiality. As all video recordings will be captured by trained research assistants using study equipment, there are minimal privacy and data security risks. These risks are low, as all recordings and data will be stored using BSPH-approved password protected cloud-based services.

There is no direct benefit to you from being in this study, but the knowledge gained may be used to improve public health protections in the future. In recognition of the time it takes to participate in this study, after we record your child playing and eating in your home, we will provide a \$90 gift card for you and a small toy for your child.

If you have questions about the study, call or email the principal investigator, Dr. Keeve Nachman at 410-502-7576 or [knachman@jhu.edu](mailto:knachman@jhu.edu). If you cannot reach the principal investigator or wish to talk to someone else, call the IRB office at 410-955-3193. This study has been reviewed by an Institutional Review Board (IRB), a group of people including scientists and community members, that reviews human research studies. The IRB can help you if you have questions about your rights as the parent of a research participant or if you have other questions, concerns, or complaints about this research study. You may contact the IRB at 410-955-3193 or [jhsph.irboffice@jhu.edu](mailto:jhsph.irboffice@jhu.edu).

## Documenting Participant Choices

### Participation in this study

Will you allow the Principal Investigator and Johns Hopkins study team members to make and use video recordings of your child for the purpose of this research study?

**AGREE TO PARTICIPATE IN THIS STUDY    DECLINE TO PARTICIPATE IN THIS STUDY**

### Publishing of collected video

The Principal Investigator and Johns Hopkins Study team may be interested in publishing video footage of your child in scientific articles. This means your child's image and/or video may be published in a scientific report. No accompanying identifying information (e.g., name) will be included.

You do not have to grant **this** permission in order to participate in this study.

Will you grant permission for the Johns Hopkins study team to publish recordings/images of your child in scientific reports. Please indicate your decision below by circling the appropriate option.

**AGREE I GRANT PERMISSION    DECLINE I DO NOT GRANT PERMISSION**

### What does your signature on this consent form mean?

Your signature on this form means that you have reviewed the information in this form, you have had a chance to ask questions, and you agree to join the study. You will not give up any legal rights by signing this consent form.

**WE WILL GIVE YOU A COPY OF THIS SIGNED AND DATED CONSENT FORM**

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Signature of Parent/Guardian of minor Participant (Print Name) Date/Time

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Signature of Person Obtaining Consent (Print Name) Date/Time

**NOTE: A COPY OF THE SIGNED, DATED CONSENT FORM MUST BE KEPT BY THE PRINCIPAL INVESTIGATOR AND A COPY MUST BE GIVEN TO THE PARTICIPANT. IF APPROPRIATE FOR THIS STUDY, A SCANNED COPY OF THE SIGNED CONSENT FORM SHOULD BE UPLOADED TO THE PARTICIPANT'S EPIC/EMR RECORD (UNLESS NO MEDICAL RECORD EXISTS OR WILL BE CREATED).**