

Study title: Reducing Children's Racial Biases Via a Parent-Led Intervention

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**UNIVERSITY OF WISCONSIN-MADISON**  
**Research Participant Information and Consent Form**

**Title of the Study:** Reducing Children's Racial Biases via a Parent-Led Intervention; IRB 2020-1026

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**WHAT IS THIS RESEARCH PROJECT?**

You are invited to participate in a research study about training programs for parents and children focused on addressing race with children. You were invited to participate because you have expressed interest in research in our child development laboratory. The study will include 5–7-year-old children and one of their parents. This is a collaborative study with the University of Wisconsin-Madison and Bowdoin College.

A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

**WHAT WILL MY PARTICIPATION INVOLVE?**

If you elect to participate in this research, you will be asked to participate in three video calls with your child and an experimenter (30 minutes each), complete a training video (35 minutes), and complete three surveys (15 minutes each). Additionally, you will be asked to read five books with your child and complete diary entries about your reading experience. You may skip any questions that you are not comfortable answering.

Because we are interested in the long-term effectiveness of the training programs, we may contact you at a later date to follow up with you. At any time, you may withdraw from the study and ask us not to contact you further.

**ARE THERE ANY RISKS TO ME OR MY CHILD?**

You may experience slight discomfort from our experimental procedures, but this discomfort would not be greater than you would experience in everyday life. Because we are collecting your name to track your data through the study, there will always be at the least a slight risk of breach of confidentiality. Please see the below section “How will my confidentiality be protected?” to view the precautions we take to prevent this.

**ARE THERE ANY BENEFITS TO ME OR MY CHILD?**

We don't expect any direct benefits to you or your child from participation in this study.

**WILL I BE COMPENSATED FOR MY PARTICIPATION?**

You will receive \$150 for completing all portions of the study. You can choose whether you would like to receive compensation via Venmo or an Amazon.com gift card. If you or your child does not complete the study, you will still receive compensation for the completed portions of the study.

**HOW WILL CONFIDENTIALITY BE PROTECTED?**

As with all research, there is a chance that confidentiality could be compromised. However, we take several precautions to minimize this risk: Your data and your child's data will be stored with a code that does not contain any identifying information, and in the event of any report or publication of the data collected in this research, your name and your child's name will not be used. Written

records are locked in our laboratory, and electronic records (including videos) are stored on password-protected computers and servers to which only lab members have access.

The video call portions of this study will be conducted using a third-party application called Zoom. Zoom uses software to encrypt video calls to aid in the protection of users' privacy. Although researchers will make every effort to maintain confidentiality, it cannot be guaranteed when using Zoom because the researchers cannot control the security of the software. The study session will be recorded using Zoom's recording feature. Following completion of the study session, videos will be uploaded and stored on secure servers.

We will only collect data from those listed on the consent form. If someone not on the consent form enters the frame of the study, we will not collect data from them. Further, we will either edit them out of the recording of the session (if possible) or not retain the recording of the session (if it is not possible to edit them out).

Data from this project may be shared outside of the research team (e.g. with other researchers who are not working on this project), but no details that identify you or your child will ever be shared. However, if you are willing we would like to be able to share video recordings of your child for the purposes of teaching in the classroom or presenting at professional meetings. If you are willing to allow this, please provide your initials where requested at the end of this form

While it is in the intention of the Study Team to keep all of the information you provide confidential, per Executive Order 54, if we become aware of abuse or neglect of a minor, that confidentiality will be broken. We may have to tell appropriate authorities, such as child protective services or health care providers, if we learn during the study that you or others are at risk of harm (for example, due to child or elder abuse, or suicidal thoughts).

### **WHOM SHOULD I CONTACT IF I HAVE QUESTIONS?**

You may ask any questions about the research at any time. If you have questions about the research you can contact the Principal Investigator Kristin Shutts at kshutts@wisc.edu or 608-263-5853. If you have any concerns about your rights as a research participant or have complaints about the research study or study team, call the confidential research compliance line at 1-833-652-2506. Staff will work with you to address concerns about research participation and assist in resolving problems. You or your child may decide not to participate, may withdraw from the study, and may ask to have your data excluded from the study at any time. Doing so will have no effect on any services or treatment you are currently receiving.

Typing your name takes the place of your signature and indicates that you have read this consent form, had an opportunity to ask any questions about your child's and your participation in this research, and voluntarily consent for both of you to participate.

Please print this page if you would like to retain a copy of the consent form for your records.

**Name of child participant: First \_\_\_\_\_ Last \_\_\_\_\_**

**Child's date of birth (MM/DD/YYYY): \_\_\_\_\_ Today's date (MM/DD/YYYY): \_\_\_\_\_**

**Child's gender: \_\_\_\_\_**

**Name of parent or guardian: First \_\_\_\_\_ Last \_\_\_\_\_**

**Optional Permission:** I give permission for video recordings of my son/daughter to be used for teaching in a classroom setting and/or for presentations at professional meetings.  
Please enter your initials if you agree: \_\_\_\_\_