

	CHECKLIST: Research Involving Children			IRB # \$\$IRB Number\$\$
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The purpose of this checklist is to provide support for IRB members or the Designated Reviewer following "HRP 311 Worksheet: Criteria for Approval and Additional Considerations" when reviewing research involving Children.

- For initial review, modifications and continuing reviews where the determinations relevant to this checklist made on the previous review have changed, the IRB Analyst completes this checklist.
- For expedited reviews: the Designated Reviewer reviews the completed checklist and it is retained in the protocol file.
 - For review using the convened IRB: the IRB Analyst for the convened IRB meeting completes the corresponding section of the meeting minutes to document determinations required by the regulations, in which case this checklist does not need to be retained.
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Use a separate checklist for each research study involving children.

1 The research meets all of the following: (All must be "Yes")

<input type="checkbox"/> Yes <input type="checkbox"/> No	The research falls into one of the following categories of research involving children ¹ : (Check box that is true) <input type="checkbox"/> CATEGORY 21 CFR §50.51/45 CFR §46.404 (Complete Section 2) <input type="checkbox"/> CATEGORY 21 CFR §50.52/45 CFR §46.405 (Complete Section 3) <input type="checkbox"/> CATEGORY 21 CFR §50.53/45 CFR §46.406 (Complete Section 4) <input type="checkbox"/> CATEGORY 21 CFR §50.54/45 CFR §46.407 (Complete Section 5)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Adequate provisions are made for soliciting the permission of parents or guardians ² . (Complete Section 7)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Adequate provisions are made for soliciting the assent of the children. (Complete Section 12)
<input type="checkbox"/> Yes <input type="checkbox"/> No	One of the following is true related to children who are wards of the state or any other agency, institution, or entity: (Check box that is true) <input type="checkbox"/> The research does NOT involve children who are wards of the state or any other agency, institution, or entity OR The research falls into CATEGORY 21 CFR §50.51, 50.52/45 CFR §46.404, 46.405 <input type="checkbox"/> The research involves children who are wards of the state or any other agency, institution, or entity and falls into CATEGORY 21 CFR §50.53, 50.54/45 CFR §46.406, 46.407 (Complete Section 6)

¹ Children are persons who have not attained the legal age for consent to treatments or procedures involved in the research, under the applicable law of the jurisdiction in which the research will be conducted.

² Guardian means an individual who is authorized under applicable State or local law to consent on behalf of a child to general medical care. Parent means a child's biological or adoptive parent. Permission means the agreement of parent(s) or guardian to the participation of their child or ward in research.

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2 CATEGORY 21 CFR §50.51/45 CFR §46.404 (All must be “Yes”)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	No greater than minimal risk to children is presented. <i>Provide protocol specific findings justifying this determination:</i>
3 CATEGORY 21 CFR §50.52/45 CFR §46.405 (All items in the left most columns must be “Yes”)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research involves greater than minimal risk ³ to subjects. <i>Provide protocol specific findings justifying this determination:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research presents the prospect of direct benefit to the individual subjects. <i>Provide protocol specific findings justifying this determination:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	One of the following is true. (Check box that is true) <input type="checkbox"/> The risk to children is presented by an intervention or procedure that holds out the prospect of direct benefit for the individual subject. <input type="checkbox"/> The risk to children is presented by a monitoring procedure that is likely to contribute to the subject’s well-being. <i>Provide protocol specific findings justifying the checked determination:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	The risk is justified by the anticipated benefit to the subjects. <i>Provide protocol specific findings justifying this determination:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	The relation of the anticipated benefit to the risk is at least as favorable to the subjects as that presented by available alternative approaches. <i>Provide protocol specific findings justifying this determination:</i>

³ **Minimal risk** means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life of normal children or during the performance of routine physical or psychological examinations or tests in normal children.

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4 CATEGORY 21 CFR §50.53/45 CFR §46.406 (All must be "Yes")	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>The research involves greater than minimal risk to children presented by an intervention or procedure that does not hold out the prospect of direct benefit for the individual subject, or by a monitoring procedure which is not likely to contribute to the well-being of the subject.</p> <p><i>Provide protocol specific findings justifying this determination:</i></p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>The risk represents a minor increase over minimal risk. ("Minor increase over minimal risk" means no greater than risk in the daily lives of children with the condition or disorder under study, but still socially acceptable.⁴)</p> <p><i>Provide protocol specific findings justifying this determination:</i></p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>The intervention or procedure presents experiences to subjects that are reasonably commensurate with those inherent in their actual or expected medical, dental, psychological, social, or educational situations.</p> <p><i>Provide protocol specific findings justifying this determination:</i></p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>The intervention or procedure is likely to yield generalizable knowledge about the subjects' disorder or condition which is of vital importance for the understanding or amelioration of the subjects' disorder or condition.</p> <p><i>Provide protocol specific findings justifying this determination:</i></p>

⁴ Wendler D. "What is a "minor" increase over minimal risk?" *J Pediatr*; 01-Nov-2005; 147(5): 575-8.

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5 CATEGORY 21 CFR §50.54/45 CFR §46.407⁵ (All must be “Yes”)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>The research does not meet the requirements of 21 CFR §50.51/45 CFR §46.404, 21 CFR §50.5/45 CFR §46.405, or 21 CFR §50.53/45 CFR §46.406.</p> <p><i>Provide protocol specific findings justifying this determination:</i></p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>The research presents a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health or welfare of children.</p> <p><i>Provide protocol specific findings justifying this determination:</i></p>

⁵ For FDA-regulated research, the research may proceed only after FDA has reviewed and approved the research. For DHHS-regulated research, the research may proceed only after OHRP has reviewed and approved the research. For research conducted or funded by the Department of Defense (DOD) the research may proceed only after the Director, Defense, Research and Engineering has reviewed and approved the research

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6 Research Involving Children who are Wards of the State or Any Other Agency, Institution, or Entity for Research Approved under 21 CFR §50.53/45 CFR §46.406, or 21 CFR §50.54/45 CFR §46.407 (21 CFR 50.56/45 CFR §46.409) (All must be “Yes”)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>One of the following is true. (Check box that is true)</p> <p><input type="checkbox"/> The research is related to their status as wards.</p> <p><input type="checkbox"/> The research is conducted in schools, camps, hospitals, institutions, or similar settings in which the majority of children involved as subjects are not wards.</p> <p><i>Provide protocol specific findings justifying the checked determination:</i></p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>An advocate will be appointed for each child who is a ward, in addition to any other individual acting on behalf of the child as guardian or in loco parentis for research approved under §46.406 or §46.407.</p> <p><i>Provide protocol specific findings justifying this determination:</i></p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>The advocate will have the background and experience to act in, and will agree to act in, the best interests of the child for the duration of the child’s participation in the research.</p> <p><i>Provide protocol specific findings justifying this determination:</i></p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>The advocate is not associated in any way (except in the role as advocate or member of the IRB) with the research, the investigator(s), or the guardian organization.</p> <p><i>Provide protocol specific findings justifying this determination:</i></p>

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7 Adequate provisions for Soliciting the Permission of Parents or Guardians (Must be "Yes")

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>One of the following is true: (Check box that is true)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Permission is to be obtained from both parents unless one parent is deceased, unknown, incompetent, or not reasonably available, or when only one parent has legal responsibility for the care and custody of the child. <input type="checkbox"/> Permission of one parent is sufficient even if the other parent is alive, known, competent, reasonably available, and shares legal responsibility for the care and custody of the child. (Cannot be selected for 21 CFR §50.53, 50.54/45 CFR §46.406, 46.407) <input type="checkbox"/> Parental permission is waived under 45 CFR §46.408(c). (Complete Section 8) <input type="checkbox"/> Parental permission is waived under 45 CFR §46.408(c)/45 CFR §46.116(d). (Complete Section 9) <input type="checkbox"/> Parental permission is waived under FDA Guidance "IRB Waiver or Alteration of Informed Consent for Clinical Investigations Involving No More Than Minimal Risk to Human Subjects" (Complete Section 10) <input type="checkbox"/> Parental permission is waived under 45 CFR §46.408(c)/45 CFR §46.116(c). (Public Service Benefits Programs) (Complete Section 11)
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8 Waiver of Parental Permission (45 CFR §46.408(c)) (All must be "Yes")

<input type="checkbox"/> Yes <input type="checkbox"/> No	The research is not FDA-regulated.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research does not involve non-viable neonates.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>The research protocol is designed for conditions or for a subject population for which parental or guardian permission is not a reasonable requirement to protect the subjects. <i>Provide protocol specific findings justifying this determination:</i></p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>An appropriate mechanism for protecting the children who will participate as subjects in the research is substituted. <i>Provide protocol specific findings justifying this determination:</i></p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>The waiver is not inconsistent with Federal, State, or local law. <i>Provide protocol specific findings justifying this determination:</i></p>

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9 Waiver of Parental Permission (45 CFR §46.408(c)) (All must be "Yes" or "Not Applicable")	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research is not FDA-regulated.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research does not involve non-viable neonates.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research involves no more than minimal risk to the subjects. <i>Provide protocol specific findings justifying this determination:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	The waiver or alteration will not adversely affect the rights and welfare of the subjects. <i>Provide protocol specific findings justifying this determination:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research could not practicably be carried out without the waiver or alteration <i>Provide protocol specific findings justifying this determination:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Whenever appropriate, the subjects will be provided with additional pertinent information after participation. <i>Provide protocol specific findings justifying this determination:</i>

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10 Waiver of Parental Permission under FDA Guidance “IRB Waiver or Alteration of Informed Consent for Clinical Investigations Involving No More Than Minimal Risk to Human Subjects”¹ (All must be “Yes” or “Not Applicable”)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research IS FDA-regulated.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research involves no more than minimal risk to the subjects. <i>Provide protocol specific findings justifying this determination:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	The waiver or alteration will not adversely affect the rights and welfare of the subjects. <i>Provide protocol specific findings justifying this determination:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research could not practicably be carried out without the waiver or alteration <i>Provide protocol specific findings justifying this determination:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Whenever appropriate, the subjects will be provided with additional pertinent information after participation. <i>Provide protocol specific findings justifying this determination:</i>

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11 Waiver of Parental Permission (45 CFR §46.408(c)) (All must be "Yes" or "Not Applicable")	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research is not FDA-regulated.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research does not involve non-viable neonates.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research or demonstration project is to be conducted by or subject to the approval of state or local government officials. <i>Provide protocol specific findings justifying this determination:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research or demonstration project is designed to study, evaluate, or otherwise examine one or more of the following: (Check boxes that are true) <input type="checkbox"/> Public benefit or service programs. <input type="checkbox"/> Procedures for obtaining benefits or services under those programs. <input type="checkbox"/> Possible changes in or alternatives to those programs or procedures. <input type="checkbox"/> Possible changes in methods or levels of payment for benefits or services under those programs. <i>Provide protocol specific findings justifying this determination:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research could not practicably be carried out without the waiver or alteration. <i>Provide protocol specific findings justifying this determination:</i>

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12 Adequate Provisions to Solicit the Assent⁶ of Children (Must be “Yes”)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assent is required from: (Check box that is true) <input type="checkbox"/> All children. (Complete Section 14) <input type="checkbox"/> None of the children. (Complete Section 13) <input type="checkbox"/> Some children. (Indicate which children below and Complete Section 14) <input type="checkbox"/> Assent is required from children who have the maturity and cognitive ability to be consulted. <input type="checkbox"/> Assent is required from children meeting these criteria:
13 Reason Why Assent is Not Necessary (Must be “Yes”)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	One or more of the following are true. (Check all boxes that are true.) <input type="checkbox"/> The capability of the children being studied is so limited that they cannot reasonably be consulted (45 CFR §46.408(a)/21 CFR §50.55(c)). <input type="checkbox"/> The intervention or procedure involved in the research holds out a prospect of direct benefit that is important to the health or well-being of the children being studied and is available only in the context of the research (45 CFR §46.408(a)/21 CFR §50.55(c)). <input type="checkbox"/> Assent is waived under 45 CFR §46.116(d)/21 CFR §50.55(d). (Complete Section 15) <input type="checkbox"/> Assent is waived under 45 CFR §46.116(c). (Complete Section 16)
14 Documentation of Assent (May be “Yes” or “No”)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If “Yes” , specify the process for documentation: <input type="checkbox"/> Investigator will document assent in the consent signature block. <input type="checkbox"/> Assent will be documented on the assent form. <input type="checkbox"/> Other:
15 Waiver of Child Assent (45 CFR §46.408(c)/21 CFR §50.55(c)) (All must be “Yes” or “Not Applicable”)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research involves no more than minimal risk to the subjects.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The waiver or alteration will not adversely affect the rights and welfare of the subjects.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research could not practicably be carried out without the waiver or alteration.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Whenever appropriate, the subjects will be provided with additional pertinent information after participation.
16 Waiver of Child Assent (45 CFR §46.408(a)) (All must be “Yes”)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research is not FDA-regulated.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research or demonstration project is to be conducted by or subject to the approval of state or local government officials
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research or demonstration project is designed to study, evaluate, or otherwise examine one or more of the following: (Check all boxes that are true.) <input type="checkbox"/> Public benefit or service programs. <input type="checkbox"/> Procedures for obtaining benefits or services under those programs. <input type="checkbox"/> Possible changes in or alternatives to those programs or procedures. <input type="checkbox"/> Possible changes in methods or levels of payment for benefits or services under those programs.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The research could not practicably be carried out without the waiver or alteration.

ⁱ <https://www.fda.gov/downloads/RegulatoryInformation/Guidances/UCM566948.pdf>.

⁶ Assent means a child's affirmative agreement to participate in research. Mere failure to object should not, absent affirmative agreement, be construed as assent.