**VIRGINIA DEPARTMENT OF JUVENILE JUSTICE (DJJ)**

**Research Proposal Summary**

**I. Basic Information**

|  |  |
| --- | --- |
| Date submitted to DJJ: |  |
| Principal Researcher *(If a student project, the principal researcher is the faculty advisor.)* | Name: |  |
| Title and Affiliation: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Project Coordinator *(If different from Principal Researcher)* | Name: |  |
| Telephone: |  |
| Email: |  |
| Student Researcher *(only if a student project or dissertation)* | Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| *If there are any other individuals (e.g., Research Coordinators, Research Assistants) that may be included in communication with DJJ during the research review process, please include their names, telephone numbers, and email addresses in a* ***separate attachment.*** |
| Funding Source (if applicable): |  |
| Title of Proposal: |  |

**II. Checklist**

*Review the checklist and* ***ensure that all requirements have been met prior to submitting your research proposal****. Please include your justification for any items that have not been completed as of the time of submission.*

**Request Type:** [ ]  VLDS [ ]  Case-Specific Data [ ]  Human Research

***Complete for VLDS and Case-Specific Data Requests:* Identifiers from DJJ**

* Check all of the identifiers that are being requested for this project from DJJ\*:

[ ]  Names [ ]  Biometric identifiers, including finger and voice prints

[ ]  Postal street addresses [ ]  Full face photographic images and comparable images

[ ]  Telephone numbers [ ]  Dates (Date of admission, date of release, etc.)

[ ]  Email addresses [ ]  Location more than town or city, state, and zip code

[ ]  Social security numbers [ ]  Account numbers (Juvenile #, Direct Care #, etc.)

[ ]  Medical record numbers [ ]  No identifiers are being requested

\*Provide a justification for all of the requested identifiers in your response for question #9.

***Complete for Human Research Proposals:***

**Vulnerable Populations**

* Does your study include children?

[ ]  Yes – Included as a vulnerable population in the IRB proposal [ ]  No

* Does your study include prisoners?

[ ]  Yes – Included as a vulnerable population in the IRB proposal [ ]  No

**Informed Consent/Assent**

* Did you include the appropriate consent/assent documents?

[ ]  Consent Form – Required for all participants 18 and older, unless waiver is approved

[ ]  Assent Form – Required for all participants under age 18, unless waiver is approved

[ ]  Parental Permission Form – Required for all participants under age 18, unless waiver is approved

[ ]  Waiver of consent, assent, and/or parental permission is requested

* Will all participants and their parents/legal guardians sign their name on the form?

[ ]  Yes [ ]  No – Waiver of documentation is requested

* Does your consent, assent, and/or parental permission form include all federally required elements?

[ ]  Yes – Please review *§46.116* *General requirements for informed consent* and *§46.117 Documentation of informed consent*, available at [HHS Policy for Protection of Human Research Subjects 45 CFR 46](https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html).

***Note***: DJJ provides templates that include all required elements for [consent](http://www.djj.virginia.gov/pdf/admin/Consent-Template.pdf) and [assent](http://www.djj.virginia.gov/pdf/admin/Assent-Template.pdf) forms on its website.

[ ]  No – Please justify: Click here to enter text.

* Is your consent, assent, and/or parental permission form written using language that is easily understood given the age and maturity level of the readers (approximately at or below the 8th grade level for consent and parental permission forms and at or below the 6th grade level for assent forms)?

[ ]  Yes [ ]  No – Please justify: Click here to enter text.

**IRB**

* Have you submitted your IRB letter of approval?

[ ]  Yes [ ]  No – Proposal is currently under review/needs to be submitted to IRB

* Can you provide documentation that the IRB considered the inclusion of vulnerable populations, waiver of consent, or waiver of documentation of consent?

[ ]  N/A [ ]  Yes [ ]  No - Please justify: Click here to enter text.

* Is your IRB proposal congruent with the research proposal submitted to DJJ (e.g., protocol details, vulnerable populations, consent/assent waivers)?

[ ]  Yes [ ]  No – Please justify: Click here to enter text.

* Has an IRB disapproved, suspended, or terminated this study?

[ ]  Yes [ ]  No

**Training and Experience**

* Indicate the type(s) of training you and your research staff have had on the protection of human research subjects during the most recent two years. Select all that apply.

[ ]  Collaborative IRB Training Initiative (CITI) [ ]  Investigator Meeting(s)

[ ]  Local Institution’s Training [ ]  OHRP Training Modules

[ ]  NIH Protecting Human Research Participants Course [ ]  Other – Specific below\*

[ ]  None

**\***Specify the training courses you have taken: Click here to enter text.

* Does the Principal Researcher have more than one year of human subject research experience?

[ ]  Yes [ ]  No

***Complete for All Types of Requests:***

**Principal Researcher Personnel History**

* Has the principal researcher, any co-researchers, or research personnel ever had their research privileges denied, revoked, suspended, reduced, limited, not renewed, relinquished, sanctioned, or fined?

[ ]  No [ ]  Yes – Please enclose all related documents with the application.

* Is any action or investigation currently pending before any state licensing board, federal agency, or court of law concerning the professional conduct of the principal investigator, any co-researchers, or research personnel?

[ ]  No [ ]  Yes – Please enclose all related documents with the application.

**Final Steps**

* Did you include all required documents?

[ ]  Study documents (e.g., surveys, assessments, scripts)

[ ]  Research Agreement form

[ ]  Confidentiality Agreement form(s)

[ ]  Letters of Support, as needed

* Have you completed all final steps before submitting your research proposal to DJJ?

[ ]  Proofread all your documents for accuracy, consistency, and proper grammar

[ ]  Confirmed study timeline is realistic ***Note****:* The approval process duration can vary significantly depending on the number of revisions required. Data requests require additional time once approved to finalize the data request, add the request to the queue, and clean and produce the data.

* The PI and the entire research team have read, understand, and agree to abide by Virginia Administrative Code 6VAC35-170 and the associated guidance document.

**PI’s Name and Date (Typed – Please do not print, sign, and scan.)**

**III. Purpose of the Research**

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| --- |
| Briefly state the research problem. |
|  |
| Provide background information about the research problem (include citations if necessary). |
|  |
| Briefly state the purpose, goals, and specific aims of the research project. |
|  |
| Describe how the anticipated results will directly benefit DJJ or a Board of Juvenile Justice-regulated facility, program, or service. Please indicate if you will be providing an action plan with recommendations based on the findings. |
|  |

**IV. Research Design**

|  |
| --- |
| Describe the planned subject population, including inclusion and exclusion criteria. |
|  |
| For human research proposals, what techniques will be used to recruit participants? |
|  |
| For human research proposals, how will consent/assent be obtained from participants (and their parents if minors)? Please attach all consent/assent forms. If a waiver of consent is requested, please provide a justification for the waiver. |
|  |
| For human research proposals, describe the specific methods and procedures that will be used to deliver the intervention/program to be studied, if any. |
|  |
| Describe the specific methods and procedures that will be used to collect the data. Please attach all scripts, surveys, etc. If requesting existing data, please list desired fields in as much detail as possible. Provide a justification for all of the requested identifiers. |
|  |
| Describe the statistical analysis methodologies that will be used to analyze the data. |
|  |
| All research studies have potential risks. Describe potential risks and benefits to participants.  |
|  |
| Describe the plan for keeping information confidential and secure, including the physical storage and timeline for destruction of data. |
|  |

**V. Resources and Impact**

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| --- |
| List the specific DJJ unit/location involved and its role in the study. |
|  |
| List any resources needed for the research project that must be supplied by DJJ (e.g., staff, supplies, materials, equipment, workspace, access to participants, access to files). |
|  |
| Explain any possible impacts this research project may have on existing DJJ programs or operations. |
|  |

**VI. Proposed Timeline and Products**

|  |
| --- |
| Indicate a proposed time frame (start date – end date) for each phase of the research process. *Note: time frames are strictly estimates. DJJ cannot ensure that the review process will be completed in time to meet all deadlines in the proposed timeline.* |
| Data collection: |  |
| Data analysis: |  |
| Preliminary report: |  |
| Final report and executive summary: |  |
| What are the anticipated final products of this project (e.g., internal reports, presentations, publications)? Include the anticipated audience for the results. Specify in what form and to whom the results and findings will be distributed. |
|  |

**VII. Additional Attachments**

Please attach the signed Research Agreement Form after reviewing DJJ’s regulation and guidance document governing research. Confidentiality Agreement Form(s) must also be signed and submitted for each individual accessing data.

Attach any additional files used to conduct the research, including any document used with participants (e.g., consent forms, assent forms, surveys, assessments, scripts). All documents used with participants must be submitted to and approved by both the researcher’s Institutional Review Board and DJJ. Please do not refer to an attachment instead of answering any items on this form.

**VIII. Endorsements**

Please attach evidence of endorsements from the following individuals in the form of an email or signed letter on the organization’s letterhead if the proposed request is to take place in a particular organizational unit:

* Head of the organizational unit (e.g., court service unit director, juvenile correctional center and/or juvenile detention center superintendent);
* Deputy Director of the appropriate division (The organizational unit head supporting the project is responsible for requesting a written endorsement on behalf of the study prior to the submission of the proposal packet to the Coordinator of External Research.); and
* Institutional Review Board of the researcher’s institution/organization (for human research).

Note: The review process may begin before Institutional Review Board approval, but Institutional Review Board approval is required before DJJ will give final approval for human research.

**IX. VLDS Request** (Skip for non-VLDS proposals.)

***The following are required elements for proposals in the VLDS portal. Please complete as you plan to submit in the VLDS portal; text may be copied from responses above, as appropriate.***

|  |
| --- |
| State the purpose of the project. |
|  |
| Explain the project. |
|  |
| Alignment – Topics (Select one.) |
| [ ]  Collective, long-term impact of health, social service, education, and workforce programs on people served[ ]  Factors or conditions that have the greatest impact on educational achievement and later productivity[ ]  Impact of health, social service, education, and workforce pipeline on Virginia’s economy[ ]  Pathways to the workforce, patterns of employment, and factors or conditions that predict success[ ]  Return on investment of health, social service, education, and workforce opportunities and programs[ ]  Other |
| How does this research purpose align with the VLDS research agenda? |
|  |
| Funding Source (Select one.) |
| [ ]  Non Funded[ ]  Funded – Please name the funding organization: Click here to enter text. |
| Target Sample – Describe your target sample cohort (e.g., males between the ages of 25 to 40; Graduate students who attended the University of Virginia between the Years of 1989 to 2005) |
|  |
| Expected Data Requirements – Agency Data Being Used – List the agencies that have partnered with VLDS whose data you want to include in your request. |
|  |