Reviewer Guidelines for Registered Reports

Registered Reports are a form of empirical article being piloted at *Child Development* for a Special Section in which the methods and proposed analyses are pre-registered and reviewed prior to research being conducted. High quality protocols are then provisionally accepted for publication before data collection commences. This format is designed to minimize publication bias and research bias in hypothesis-driven research, while also allowing the flexibility to conduct exploratory (unregistered) analyses and report serendipitous findings.

The review process for *Registered Reports* is divided into two stages. At Stage 1, reviewers assess study proposals before data are collected. At Stage 2, reviewers consider the full study, including results and interpretation.

Stage 1 manuscripts will include only an Introduction, Methods (including proposed analyses), and Pilot Data (where applicable). In considering papers at Stage 1, reviewers will be asked to assess:

1. The importance of the research question(s).
2. The logic, rationale, and plausibility of the proposed hypotheses.
3. The soundness and feasibility of the methodology and analysis pipeline (including statistical power analysis or other rationale for the proposed sample size, as appropriate).
4. Whether the clarity and degree of methodological detail is sufficient to exactly replicate the proposed experimental procedures.
5. Whether the authors have pre-specified sufficient outcome-neutral tests for ensuring that the results obtained are able to test the stated hypotheses, including positive controls and data quality checks.
6. Whether the authors provide a sufficiently clear and detailed description of the analytic methods to prevent undisclosed flexibility and to allow for independent analysts to reproduce their analysis.

Following Stage 1 peer review, manuscripts will be accepted, offered the opportunity to revise, or rejected outright. Manuscripts that pass peer review will be issued an *in principle acceptance* (IPA), indicating that the article will be published pending successful completion of the study according to the pre-registered methods and analytic procedures, as well as a defensible and evidence-based interpretation of the results. Stage 1 manuscripts accepted in principle will be hosted on the SRCD website indefinitely.

Following completion of the study, authors will complete the manuscript, including Results and Discussion sections. These Stage 2 manuscripts will more closely resemble a regular article format. The manuscript will then be returned to the reviewers, who will be asked to appraise:

1. Whether the data are able to test the authors' proposed hypotheses by satisfying the approved outcome-neutral conditions (such as quality checks, positive controls)
2. Whether the framing, rationale and stated hypotheses are the same as the approved Stage 1 submission (required). Deviations from the Stage 1 Introduction and Methods section in general will be minor (e.g., addition of newer citations) and in no way inconsistent with the Stage 1 manuscript.
3. Whether the authors adhered precisely to the registered study procedures and registered analytic specification
4. Whether any unregistered *post hoc* analyses added by the authors are justified, methodologically sound, and informative
5. Whether the authors' conclusions are justified given the data

Reviewers at Stage 2 may suggest that authors report additional *post hoc* tests on their data; however authors are not obliged to do so unless such tests are necessary to satisfy one or more of the Stage 2 review criteria, and they should be clearly marked as exploratory in the manuscript. Please note that editorial decisions will be based on adherence to the approved protocols and study design in Stage 1 and the extent to which stated conclusions are supported by the data (even if these conclusions are negative) as opposed to criteria of novelty and perceived importance. Accepted Stage 2 manuscripts will be published by Wiley electronically and in print in *Child Development*.