

APPENDIX A

INTERVIEW PROTOCOL: ORGANIZATIONAL STRUCTURE

Public reporting burden for this collection of information is estimated to average 60 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to Eileen Pederson, U.S. Department of Labor, Employment and Training Administration, Office of Policy Development and Evaluation, Room N-5641, 200 Constitution Avenue, NW, Washington, DC 20210. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this information collection is xxxx-xxxx. Expiration Date xx/xx/20xx.

I. Organizational structure/program administration/budget/staffing

Name of site:

Site code:

Name of site visitor:

Date of site visit:

Name of respondent(s) and titles:

Staff Background (*gather from each staff member participating in session*)

Describe your background and role in the organization:

- Title:
- # of years at YouthBuild:
- Experience working with at-risk youth
- Similarity between own background and youths'
- Degree/credentials/certifications
- Role/s in the organization
- How do you balance responsibilities between these roles?
- Other

Overview of Organization

1. *What is your organization's mission/goals?*

2. *How does YouthBuild fit into the overall mission/goals of the agency?*

3. Does the YouthBuild program have a sponsoring agency?

<input type="checkbox"/>	No.																		
<input type="checkbox"/>	<p>Yes.</p> <ul style="list-style-type: none"> • Name of agency: • Year founded: • What kind of agency? Check all that apply and describe. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td>Faith-based organization.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td> Charter school. <ul style="list-style-type: none"> • Name of organization operating the charter school: • Length of time program has been a charter school: • Annual enrollment in school: • Current enrollment in school: </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other non-profit.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other, specify.</td> </tr> </table> <ul style="list-style-type: none"> • What kind of support do you get from the sponsoring agency? Check all that apply and describe. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td>Financial support.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Staffing support.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Administrative support.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>In-kind resources.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other, describe.</td> </tr> </table>	<input type="checkbox"/>	Faith-based organization.	<input type="checkbox"/>	Charter school. <ul style="list-style-type: none"> • Name of organization operating the charter school: • Length of time program has been a charter school: • Annual enrollment in school: • Current enrollment in school: 	<input type="checkbox"/>	Other non-profit.	<input type="checkbox"/>	Other, specify.	<input type="checkbox"/>	Financial support.	<input type="checkbox"/>	Staffing support.	<input type="checkbox"/>	Administrative support.	<input type="checkbox"/>	In-kind resources.	<input type="checkbox"/>	Other, describe.
<input type="checkbox"/>	Faith-based organization.																		
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<input type="checkbox"/>	Staffing support.																		
<input type="checkbox"/>	Administrative support.																		
<input type="checkbox"/>	In-kind resources.																		
<input type="checkbox"/>	Other, describe.																		

4. Was the organization founded for the YouthBuild program?

<input type="checkbox"/>	Yes.
<input type="checkbox"/>	No.

5. How long has the organization been operating YouthBuild (number of years)?

6. Does the organization operate programs other than YouthBuild program?

<input type="checkbox"/>	Yes, specify.
<input type="checkbox"/>	No.

7. Describe the grantee's longevity, history in the community, experience serving at-risk youth, etc.

8. Other comments

Budget (collect budget info in grantee summary form)

9. *Is your budget sufficient to address youths' service needs?*

<input type="checkbox"/>	Yes, explain.
<input type="checkbox"/>	No, explain.

10. *Are you able to leverage in-kind contributions from the sponsoring agency or other partners/agencies to augment participant services for the YouthBuild Program?*

<input type="checkbox"/>	Yes, describe.
<input type="checkbox"/>	No.
<input type="checkbox"/>	Other, describe.

11. *How does your program meet its required match funds for DOL?*

12. *Does the program have concrete plans for sustaining the program beyond the DOL Grant?*

<input type="checkbox"/>	Yes, explain.
<input type="checkbox"/>	No, explain.
<input type="checkbox"/>	Other, describe.

Leadership

13. *Does a full-time director or manager devote his or her time to leading YouthBuild?*

<input type="checkbox"/>	Yes, name and title.
<input type="checkbox"/>	No, explain.

14. *How long has the director/manager been with this YouthBuild program?*

15. *To what extent is there turnover with the YouthBuild Program Director?*

16. *What is the director's/manager's professional background (experience managing similar programs, experience with at-risk youth, etc.)?*

17. *Are there any similarities between the director's/manager's personal background and the youths' backgrounds (socioeconomics, race/ethnicity, community, experiences, etc.)?*

18. Other comments

Staffing

19. What is the overall staff to participant ratio? (gather number of staff and number of participants)

20. Is staff turnover a problem?

<input type="checkbox"/>	Yes, describe. • Are there any positions for which staff turnover is especially high? <table border="1"><tr><td><input type="checkbox"/></td><td>Yes, describe.</td></tr><tr><td><input type="checkbox"/></td><td>No.</td></tr></table>	<input type="checkbox"/>	Yes, describe.	<input type="checkbox"/>	No.
<input type="checkbox"/>	Yes, describe.				
<input type="checkbox"/>	No.				
<input type="checkbox"/>	No.				

21. What kind of professional development/training is available to staff?

22. What additional or other training would help prepare staff to carry out their responsibilities?

23. Other comments

Random Assignment

24. When does random assignment occur in your service flow?

25. Does the program provide RA results in person?

<input type="checkbox"/>	Yes, describe.
<input type="checkbox"/>	No, describe.

26. Does the program provide the comparison group a referral list? (request copy of referral list if study team does not have it)

<input type="checkbox"/>	Yes, describe.
<input type="checkbox"/>	No, explain.

27. Have there been changes to the service design as a result of the study?

<input type="checkbox"/>	Yes, describe.
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	Have there been changes to the following? Check all that apply and describe.	
<input type="checkbox"/>	<input type="checkbox"/>	MTO.
<input type="checkbox"/>	<input type="checkbox"/>	Eligibility.
<input type="checkbox"/>	<input type="checkbox"/>	Recruitment.
<input type="checkbox"/>	<input type="checkbox"/>	Intake.
<input type="checkbox"/>	<input type="checkbox"/>	Services.
<input type="checkbox"/>	<input type="checkbox"/>	Other, specify.
<input type="checkbox"/>	No.	

28. Has the program experienced any serious challenges since implementing the study? If so, how were they addressed?

<input type="checkbox"/>	Yes. • How have they been addressed?
<input type="checkbox"/>	No.

29. Other comments

Discipline

30. What is the program's discipline policy?

31. What are the consequences for the following?

- Tardiness:
- Absences:
- Other kinds of behaviors and consequences:

32. Other comments

Alternative Services

39. What are the alternative services that are available to youth?

40. Is it hard for youth to access these services?

<input type="checkbox"/>	Yes, describe.
<input type="checkbox"/>	No, describe.

41. What factors contribute to the availability and quality of these alternative programs?

42. Other comments

Outcomes

43. Which DOL outcomes are difficult to achieve?

44. Which DOL outcomes are easy to achieve?