# Appendix O: Recruitment and Consent

This information collection is voluntary and will be used to learn whether the Head Start Designation Renewal System works as intended as a valid, reliable, and transparent method for identifying high-quality programs eligible for non-competitive five-year grants and as a system that encourages overall quality improvement. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB number for this collection is 0970-XXXX and expires XX/XX/XXX.

This information collection is voluntary and will be used to learn how Head Start and Early Head Start programs establish and implement their school readiness goals. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB number for this collection is 0970-XXXX and expires XX/XX/XXX. 



The materials in this appendix include:

O1: Grantee-Level Recruitment for On-Site Assessments (RQ1)

O1.1. Informational Letter Sent to Head Start Program Directors (Grantee Level)

O1.2. Phone Script for Contacting Head Start Grantees

O1.3. Email from Head Start Program Director at the Grantee-Level to Notify Center Director of Study Permission

O1.4 Head Start Program Director Consent Form *(sent after receipt of verbal consent)*

O2: Center-Level Recruitment for On-Site Assessments (RQ1)

O2.1. Informational Letter Sent to Head Start Program Center Directors

O2.2. Phone Script for Contacting Head Start Center Directors

O2.3 Head Start Center Director Consent Form *(sent after receipt of verbal consent)*

O3: Teacher Consent Form for On-Site Assessments (RQ1)

O4: Telephone Interview Recruitment (RQ2)

O4.1. Informational Email for Telephone Interview Recruitment

O4.2. Phone Script for Telephone Interview Recruitment

*Note: see Appendix F for protocols to obtain verbal consent.*

O5: Recruitment for DRS In-Depth Interviews (RQ2)

O5.1. Informational Email for Recruitment for DRS In-Depth Interviews

O5.2. Phone Script for Recruitment for DRS In-Depth Interviews

O5.3. Consent Form for DRS In-Depth Interviews

O6: Recruitment for Competition In-Depth Interviews (RQ3)

O6.1. Informational Email for Recruitment for Competition In-Depth Interviews

O6.2. Phone Script for Recruitment for Competition In-Depth Interviews

O6.3. Consent Form for Competition In-Depth Interviews

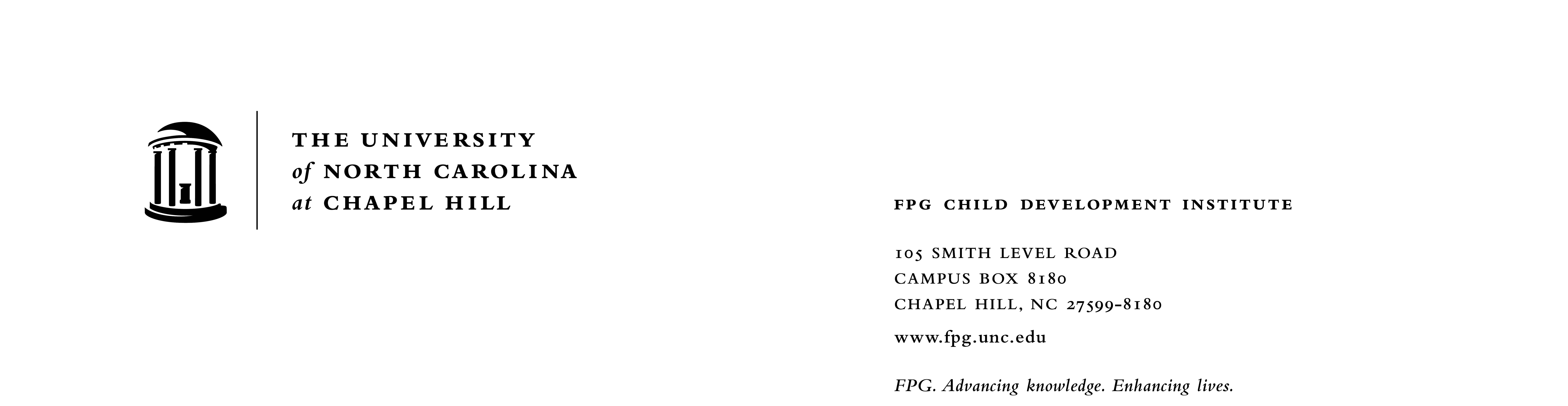
O7: Evaluation of the Head Start Designation Renewal System Frequently Asked Questions (to accompany all initial recruitment emails and letters – O1.1, O2.1, O4.1, O5.1, O6.1)

## Appendix O1. Grantee-Level Recruitment for On-Site Assessments (RQ1)

**Appendix O1.1. Informational Letter to Head Start Program Directors**

**(Grantee-Level)**

**The Evaluation of the Head Start Designation Renewal System**



This information collection is voluntary and will be used to learn whether the Head Start Designation Renewal System works as intended as a valid, reliable, and transparent method for identifying high-quality programs eligible for non-competitive five-year grants and as a system that encourages overall quality improvement. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB number for this collection is 0970-XXXX and expires XX/XX/XXX.

Dear Head Start Director:

Hello! Your Head Start program has been selected to participate in a research study titled *Evaluation of the Head Start Designation Renewal System (DRS)*. This important study will help us determine how well the system is working. This letter gives you some information about the study. A member of our research team will call you in a few weeks to answer any questions you may have and discuss your voluntary participation. Your involvement will aid in the evaluation of the DRS. The data collected through this evaluation will be aggregated across Head Start agencies and will not be used as a direct evaluation of any individual program.

**Purpose of the study**

The Office of Planning, Research and Evaluation (OPRE) in the U.S. Department of Health and Human Services has contracted with the Urban Institute and Frank Porter Graham Child Development Institute at the University of North Carolina – Chapel Hill to evaluate the Head Start Designation Renewal System. The purpose of the evaluation is to understand if the Head Start Designation Renewal System is working as intended, as a valid, reliable, and transparent method for identifying high-quality programs that can receive continuing five-year grants without competition, and as a system that encourages overall quality improvements over time. It also seeks to understand how the system is working, the circumstances in which it works more or less well, and the contextual, demographic, and program factors and program actions associated with how well the system is working.

**Information to be gathered** [to be customized to each program]

During this research study research teams will visit each participating center to collect data. [X] classrooms will be selected for participation. Teams will be in centers for approximately [X] days to do 1) classroom and center observations and 2) interview the director and teachers in the selected classrooms. During the observations all staff can go about their normal daily routines. Interviews will be scheduled when it is convenient for Head Start staff.

**Benefits and risks**

Although you won’t directly benefit from this study, your participation will help insure that children and families in Head Start receive the best possible services. To thank you and your staff for participating your program at the grantee-level will receive [$200-$500 customized by size] and teachers will receive $25. Participation in the study has no bearing on your Head Start grant, and the only risk involved in participating is that you might feel uncomfortable sharing some information about your program. We will keep all the information you give us private and it will be used for the study only. Only staff working on this project will have access to this information.

If you have questions about this study you may contact Allison De Marco at 919-843-9911 or Iheoma Iruka at 919-843-8085. We look forward to working with you and your center during this effort.

Thanks so much,

Peg Burchinal, PhD

Co-Principal Investigator

Senior Scientist

Frank Porter Graham Child Development Institute

University of North Carolina at Chapel Hill

Iheoma Iruka, PhD

Co-Principal Investigator

Scientist

Frank Porter Graham Child Development Institute

University of North Carolina at Chapel Hill

Teresa Derrick-Mills, MPA, PhD

Co-Principal Investigator

Research Associate I

Center on Nonprofits & Philanthropy

Center for Labor, Human Services & Population

The Urban Institute

**Appendix O1.2 Phone Script for Contacting Head Start Grantees**

[Customized by program]

This information collection is voluntary and will be used to learn whether the Head Start Designation Renewal System works as intended as a valid, reliable, and transparent method for identifying high-quality programs eligible for non-competitive five-year grants and as a system that encourages overall quality improvement. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB number for this collection is 0970-XXXX and expires XX/XX/XXX.

**Basic Script:**

*Hello Ms./Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am from UNC-Chapel Hill with a research study titled* Evaluation of the Head Start Designation Renewal System (DRS), *sponsored by the Office of Planning, Research and Evaluation (OPRE) in the U.S. Department of Health and Human Services. I am calling you because your Head Start Program has been selected to participate in our study evaluating the Designation Renewal System. For this study we would interview you about program administration at the grantee level, the center director(s) about program administration at the center level, and select [X] classrooms for observations and brief teacher interviews. This important study will help us to understand if the Head Start Designation Renewal System is working as intended, as a valid, reliable, and transparent method for identifying high-quality programs that can receive continuing five-year grants without competition.*

*We would like to talk with you about participating in this study and get your permission to contact the center director(s) about participating in this study, too. Is this is a convenient time to talk for a few minutes about our study? It should only take five minutes or so.*

**If R says NO, get at time to call back. If R says YES, continue.**

*The purpose of the evaluation is to understand if the Head Start Designation Renewal System is working as intended, as a valid, reliable, and transparent method for identifying high-quality programs that can receive continuing five-year grants without competition.* *70 grantees and 560 classrooms across the United States are included. We will make site visits to conduct interviews with Head Start Program Directors at the grantee-level, center directors and classroom teachers and complete classroom observations.*

*If [you/your staff member] agree to participate, all the information you share with us will be strictly private. We will not share anything [you/she] say with anyone else. [You/your staff member(s)] will be identified only by an ID number rather than by your name on all information we get from you. We also keep private the identities of all respondents who are participating in the study. We hope that the information we learn will help us understand better how the Designation Renewal System is working to ensure the highest quality services are provided to children and families.*

*Here’s what will happen if you decide to participate. Two of our research staff members will make site visits to the selected classrooms. These staff members would spend about [X]* *days there, interviewing you, the director(s), and the [X] teachers in the selected classrooms, and observing their classrooms. Your interview would take about 1 to 1½ hours and can be scheduled at a time convenient for you. The center director interview would take about 1-2 hours. The questions for the teachers will take about 20-30 minutes, and rest of the time we would just observe in the selected classrooms, so your staff members would be free to go about their daily activities. We want to make sure that we disrupt the routine as little as possible; because we know that your primary responsibility is to care for the children in your program. To thank you and your staff for participating your program at the grantee-level will receive [$200-$500 customized by size] and teachers will receive $25. Is this something you’d be willing to do and willing to have your staff members do?*

* **IF NO***:* *Okay. I understand. Would you mind sharing with me what you are uncomfortable with or what part of this will not work for you?* 
  + **If respondent is still resistant, thank her for her time and end call. If respondent indicates that she has specific concerns, try to reassure her (e.g. by reminding about privacy, by emphasizing that we will not interfere with things she needs to get done, etc.)**
* **IF YES:** *That’s great! This will be really helpful to our research. I’d like to go over the informed consent information with you now and get your verbal consent to participate in this research study.*
  + **Interviewer reads the following to the grantee-level director:**

We especially want to make sure that you freely give informed consent to participate in this study. So let me tell you a little more about the research study “Evaluation of the Head Start Designation Renewal System.” The study is being conducted by Co-Principal Investigators Peg Burchinal and Iheoma Iruka, Investigators with the Frank Porter Graham Child Development Institute at the University of North Carolina – Chapel Hill and by Co-Principal Investigator, Teresa Derrick-Mills, Researcher with the Urban Institute.

Joining the study is voluntary. You may refuse to join or you may withdraw your consent, for any reason, without penalty. Participation has no bearing on your Head Start grant.

It is important that you understand this information so that you can make an informed choice about being in this research study. We will send you a copy of this information so you have it for your records. You should ask the researchers any questions you have about this study at any time.

Regarding privacy, as I’ve already said, *if [you/your staff members] agree to participate, all the information you share with us will be strictly private.* Participants will not be identified in any report or publication about this study.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health.   With this Certificate, the study team cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. Exceptions: A Certificate of Confidentiality does not prevent researchers from voluntarily disclosing information about you as required by law, without your consent. For example, the study team may voluntarily disclose information about incidents such as child abuse, or intent to hurt yourself or others. In addition, a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information. Finally, the Certificate may not be used to withhold information from the Federal government needed for auditing or evaluating federally funded projects.

There is no direct benefit to you from participating in the study. The only risk involved in participating is that you might feel uncomfortable disclosing some program practices.

We want to give you a **Study Contact telephone number and email in case you have further questions at any point. The phone number is** (919) 843-8085 and the

**Study Contact email:** [iruka@unc.edu](mailto:iruka@unc.edu)

I also want to let you know that all research on human volunteers is reviewed by a committee that works to protect your rights and welfare. I can give you contact information for the University of North Carolina – Chapel Hill Office for Human Research Ethics now if you’d like. It will also be included in the study information sheet I send. [University of North Carolina – Chapel Hill Office for Human Research Ethics: 919-966-3113 or IRB\_subjects@unc.edu.]

* + *Do you have any questions at this time? Do you give consent to participate in the study?* [Record response and time]
  + *Thank you. We’ll send you a copy of informed consent document so you have a copy for your records.*
* *We’d really appreciate if you could email the center director(s) to let her/him/them know that you have given permission for us to contact her/him/them. We can send you an email that you can share with her/him/them. We’ll also be sending her/him/them a letter to introduce the study so that she/he/they can make a decision about whether or not he/she’d/they’d like to participate when we give her/him/them a call.*

*Can you confirm your email address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Can you confirm the name of the director(s), and the address and phone number(s) for this/those center(s)?* **(Confirm suite number, floor, etc.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ok, great! Thank you so much. We are excited about your participation in the study and think you will find it interesting. We’ll give you a call to schedule your interview once we have talked with the center director(s).

Once we get consent from the center director(s), would you prefer to handle the scheduling logistics of the center site visit(s) or would you prefer we directly handle the scheduling logistics with the center director(s)?

* **IF GRANTEE ELECTS TO HANDLE THE SCHEDULE:** *Once we talk with the center directors, we will contact you with more information about scheduling the site visit for the centers in your program. If there is another person we should talk with about scheduling instead can you give me that person’s name and contact information? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

If you have questions, or concerns about the study at any time, you may contact Allison De Marco at 919-843-9911 or Iheoma Iruka at 919-843-8085.

Good bye and thanks again! We will see you soon!

**Appendix O1.3. Email from Head Start Program Director at the Grantee-Level to Notify Center Director of Study Permission**

[Customized by Grantee Director]

This information collection is voluntary and will be used to learn whether the Head Start Designation Renewal System works as intended as a valid, reliable, and transparent method for identifying high-quality programs eligible for non-competitive five-year grants and as a system that encourages overall quality improvement. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB number for this collection is 0970-XXXX and expires XX/XX/XXX.

Dear [Center Director]:

The Office of Planning, Research and Evaluation (OPRE) in the U.S. Department of Health and Human Services is sponsoring a research study titled *Evaluation of the Head Start Designation Renewal System (DRS)*, conducted by the Urban Institute and the Frank Porter Graham Child Development Institute at UNC – Chapel Hill. Our program and your center have been selected to participate in this research study.

The purpose of the evaluation is to understand if the Head Start Designation Renewal System is working as intended, as a valid, reliable, and transparent method for identifying high-quality programs that can receive continuing five-year grants without competition, and as a system that encourages overall quality improvements over time. It also seeks to understand how the system is working, the circumstances in which it works more or less well, and the contextual, demographic, and program factors and program actions associated with how well the system is working. The study will involve interviews with staff and classroom observations.

I have given the research team permission to contact you to tell you about the study and schedule a time for a site visit. They will be able to answer any questions you might have about the study.

Thank you,

[Grantee Director]

**Appendix O1.4: Head Start Director Consent Form**

This information collection is voluntary and will be used to learn whether the Head Start Designation Renewal System works as intended as a valid, reliable, and transparent method for identifying high-quality programs eligible for non-competitive five-year grants and as a system that encourages overall quality improvement. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB number for this collection is 0970-XXXX and expires XX/XX/XXX.

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# Urban Institute/University of North Carolina-Chapel Hill

**Verbal Consent to Participate in a Research Study**

Adult Participants: Head Start Director Consent

**Social Behavioral Form**

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**IRB Study #** 13-2124

**Consent Form Version Date:** July 30, 2013

Title of Study: Evaluation of the Head Start Designation Renewal System

**Urban Institute Principal Investigator:** Teresa Derrick-Mills, MPA, PhD

**Phone Number:** (202) 261-5731

**UNC Principal Investigators:** Peg Burchinal, PhD and Iheoma Iruka, PhD

**UNC-Chapel Hill Department:** Frank Porter Graham Child Development Institute

**UNC-Chapel Hill Phone number:** (919) 843-8085

**Co-Investigators:** Allison De Marco, MSW, PhD

**Funding Source and/or Sponsor:** Office of Planning, Research and Evaluation (OPRE),U.S. Department of Health and Human Services/ Administration for Children and Families

**Study Contact telephone number:** (919) 843-8085

**Study Contact email:** [iruka@unc.edu](mailto:iruka@unc.edu)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your interest in the research study “Evaluation of the Head Start Designation Renewal System.” The study is being conducted for the Office of Planning, Research and Evaluation in the U.S. Department of Health and Human services by Co-Principal Investigators Peg Burchinal and Iheoma Iruka, Investigators with the Frank Porter Graham Child Development Institute at the University of North Carolina – Chapel Hill and Teresa Derrick-Mills, Researcher with the Urban Institute.

**What are some general things you should know about research studies?**

You are being asked to take part in a research study*.* Joining the study is voluntary. You may refuse to join or you may withdraw your consent, for any reason, without penalty. Participation in the study has no bearing on your Head Start grant.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies. Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study. You will be given a copy of this consent form. You should ask the researchers named above, or staff members who may assist them, any questions you have about this study at any time.

**What is the Purpose of the study?**

This important study will help us to understand if the Head Start Designation Renewal System is working as intended, as a valid, reliable, and transparent method for identifying high-quality programs that can receive continuing five-year grants without competition.

**How many people will take part in this study?**

If you decide to join, you will be one of approximately 70 program directors in this study.

**How long will my part in this study last?**

Head Start Directors will participate in a 66-minute interview.

**What will be involved in the interview?**

Research staff will interview you for approximately 66 minutes during the site visit about leadership, management, and administrative practices of center-based early childhood programs as well as your understanding and perceptions of the Head Start Designated Renewal System. You may decline to answer any or all questions, and you are free to end the interview at any time.

**Will I be paid for the site visit?**

To thank you and your staff for participating, your program at the grantee-level will receive [$200-$500 customized by size] and teachers will receive $25.

**What are the risks or benefits of being in the study?**

There is no direct benefit to you from participating in the study. The only risk involved in participating is that you might feel uncomfortable disclosing some program practices. We will keep all the information you give us private and it will be used for the study only. The notes will be stored in a locked cabinet. Information with your name or other identifying information will be kept in a separate locked cabinet. Only staff working on this project will have access to this information.

**How will my privacy be protected?**

Access to any written notes and other data will be restricted to the research team. Research team members will access data on a secure server. Hard copies of data will be stored in locked filing cabinets in locked offices. Each participant will be given a unique identification number. Electronic and hard copies of notes and other data will be stored without personal identifiers. The file linking ID numbers to personal identifiers will be kept in a securely-located file cabinet and only study personnel will have access to it.

All research personnel have signed a written agreement not to divulge, publish, or otherwise make known to unauthorized persons or to the public any information obtained in the course of this study that could identify the people who participated in the study. Participants will not be identified in any report or publication about this study.

Additionally, to help us protect your privacy, we are obtaining/have obtained a Certificate of Confidentiality from the National Institutes of Health.   With this Certificate, the study team cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. Exceptions: A Certificate of Confidentiality does not prevent researchers from voluntarily disclosing information about you as required by law, without your consent. For example, the study team may voluntarily disclose information about incidents such as child abuse, or intent to hurt yourself or others. In addition, a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information. Finally, the Certificate may not be used to withhold information from the Federal government needed for auditing or evaluating federally funded projects.

**What if I have questions about this study?**

You have the right to ask, and have answered, any questions you may have about this research. If you have questions, or concerns about the study at any time, you may contact Allison De Marco at 919-843-9911 or Iheoma Iruka at 919-843-8085.

**What if I have questions about my rights as a research participant?**

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject you may contact, anonymously if you wish, the University of North Carolina – Chapel Hill Office for Human Research Ethics at 919-966-3113 or by email to IRB\_subjects@unc.edu.

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Title of Study: Evaluation of the Head Start Designation Renewal System

**Urban Institute Principal Investigators:** Teresa Derrick-Mills, MPA, PhD

**UNC Principal Investigators:** Peg Burchinal, PhD and Iheoma Iruka, PhD

**Participant’s Agreement:** I have read this form or had it read to me. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

Check one:

Research Participant **Consents** to Participate: \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Research Participant **Declines** to Participate: \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Research Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Research Team Member Obtaining Consent Date

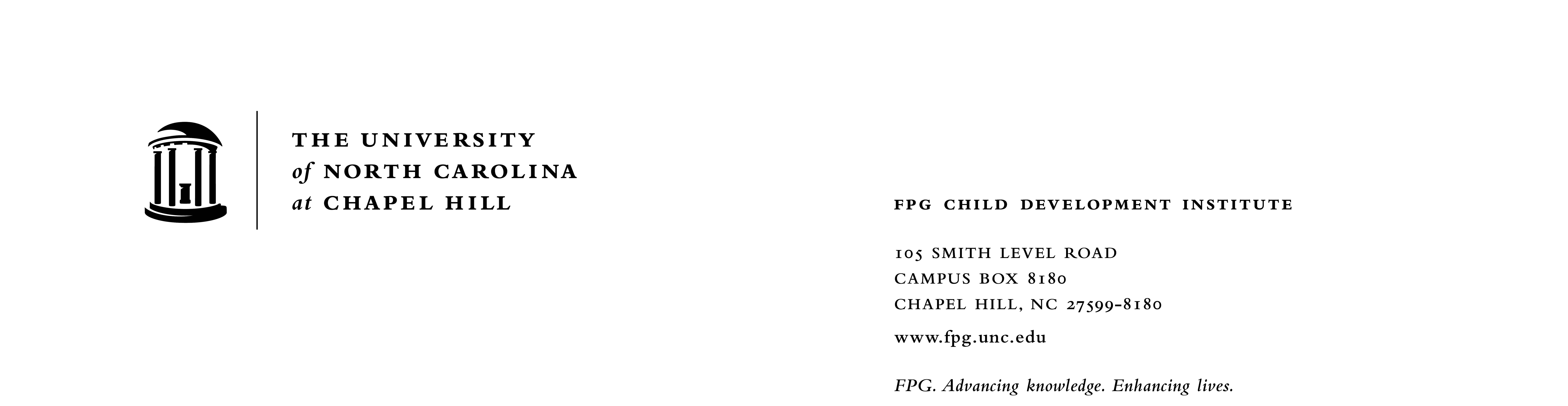
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Printed Name of Research Team Member Obtaining Consent

## Appendix O2: Center-Level Recruitment for On-Site Assessments (RQ1)

**Appendix O2.1: Informational Letter to Head Start Center Directors**

**The Evaluation of the Head Start Designation Renewal System**



This information collection is voluntary and will be used to learn whether the Head Start Designation Renewal System works as intended as a valid, reliable, and transparent method for identifying high-quality programs eligible for non-competitive five-year grants and as a system that encourages overall quality improvement. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB number for this collection is 0970-XXXX and expires XX/XX/XXX.

Dear Head Start center director:

Hello! Your Head Start center has been selected to participate in a research study titled *Evaluation of the Head Start Designation Renewal System (DRS)*. Your Head Start Program Director at the grantee level is aware of this study and has agreed to participate. This important study will help us determine how well the DRS is working. This letter gives you some information about the study. A member of our research team will call you in a few weeks to answer any questions you may have and discuss your participation. While your participation in this evaluation is voluntary, your involvement will aid in the evaluation of the DRS. The data collected through this evaluation will be aggregated across Head Start agencies and will not be used as a direct evaluation of any individual program.

**Purpose of the study**

The Office of Planning, Research and Evaluation (OPRE) in the U.S. Department of Health and Human Services has contracted with the Urban Institute and Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill to evaluate the Head Start Designation Renewal System. The purpose of the evaluation is to understand if the Head Start Designation Renewal System is working as intended, as a valid, reliable, and transparent method for identifying high-quality programs that can receive continuing five-year grants without competition, and as a system that encourages overall quality improvements over time. It also seeks to understand how the system is working, the circumstances in which it works more or less well, and the contextual, demographic, and program factors and program actions associated with how well the system is working.

**Information to be gathered** [to be customized to each program]

During this research study research teams will visit each participating center to collect data. [X] classrooms will be selected for participation. Teams will be in centers for approximately [X] days to do 1) classroom and center observations and 2) interview the director and teachers in the selected classrooms. During the observations all staff can go about their normal daily routines. Interviews will be scheduled when it is convenient for Head Start staff.

**Benefits and risks**

Although you won’t directly benefit from this study, your participation will help insure that children and families in Head Start receive the best possible services. To thank you and your staff for participating, your program at the grantee-level will receive [$200-$500 customized by size] and teachers will receive $25. Participation in the study has no bearing on your Head Start grant, and the only risk involved in participating is that you might feel uncomfortable sharing some information about your program. We will keep all the information you give us private and it will be used for the study only. Only staff working on this project will have access to this information.

If you have questions about this study you may contact Allison De Marco at 919-843-9911 or Iheoma Iruka at 919-843-8085. We look forward to working with you and your center during this effort.

Thanks so much,

Peg Burchinal, PhD

Co-Principal Investigator

Senior Scientist

Frank Porter Graham Child Development Institute

University of North Carolina at Chapel Hill

Iheoma Iruka, PhD

Co-Principal Investigator

Scientist

Frank Porter Graham Child Development Institute

University of North Carolina at Chapel Hill

Teresa Derrick-Mills, MPA, PhD

Co-Principal Investigator

Research Associate I

Center on Nonprofits & Philanthropy

Center for Labor, Human Services & Population

The Urban Institute

**Appendix O2.2 Phone Script for Contacting Head Start Center Directors**

[Customized by program]

This information collection is voluntary and will be used to learn whether the Head Start Designation Renewal System works as intended as a valid, reliable, and transparent method for identifying high-quality programs eligible for non-competitive five-year grants and as a system that encourages overall quality improvement. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB number for this collection is 0970-XXXX and expires XX/XX/XXX.

**Basic Script:**

*Hello Ms./Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am from UNC-Chapel Hill with* a research study titled *Evaluation of the Head Start Designation Renewal System (DRS)*. *I am calling you because [grantee name] was selected to participate in the Evaluation of the Head Start Designation Renewal System and we’d like to invite you and your center to participate in the study. For this study we would interview you about program administration and select X# classrooms for observations and brief teacher interviews.*

*We have already spoken with [name of Head Start director at grantee level] who gave us [your name and number] and gave us permission to contact you about being one of the centers participating in this study. Is this is a convenient time to talk for a few minutes about our study? It should only take five minutes or so.*

**If R says NO, get at time to call back. If R says YES, continue.**

*The Evaluation of the Head Start Designation Renewal System will help to determine the extent to which the system is being implemented as intended and the extent to which it is having the intended effects. 70 grantees and approximately 560 classrooms across the United States are included. We will make site visits to conduct interviews with directors and classroom teachers and complete classroom observations.*

*If [you/your staff members] agree to participate, all the information you share with us will be strictly private. [You/your staff member] will be identified only by an ID number rather than by your name on all information we get from you. We also keep private the identities of all respondents who are participating in the study. We hope that the information we learn will help us understand better how the Designation Renewal System is working to insure the highest quality services are provided to children and families.*

*Here’s what will happen if you decide to participate. Two of our research staff members will come to your program. These staff members would spend about [X] days there, interviewing you, observing in the [X] selected classrooms, and briefly interviewing the teachers in those classrooms. The interview with you would take about 1-2 hours. The questions for the teachers will take approximately 20-30 minutes, and rest of the time we would just observe in the selected classrooms, so [you/your staff member] would be free to go about your daily activities. We want to make sure that we disrupt your routine as little as possible, because we know that your primary responsibility is to care for the children in your program. To thank you and your staff for participating your program at the grantee-level will receive [$200-$500 customized by size] and teachers will receive $25. Is this something you’d be willing to do?*

* **IF NO***:* *Okay. I understand. Would you mind sharing with me what you are uncomfortable with or what part of this will not work for you?* 
  + **If respondent still resistant, thank her for her time and end call. If respondent indicates that she has specific concerns, try to reassure her (e.g. by reminding about privacy, by emphasizing that we will not interfere with things she needs to get done, etc.)**
* **IF YES:** *That’s great! This will be really helpful to our research. I’d like to go over the informed consent information with you now and get your verbal consent to participate in this research study.*
  + **Interviewer reads the following to the director:**

*We especially want to make sure that you freely give informed consent to participate in this study. So let me tell you a little more about the research study “Evaluation of the Head Start Designation Renewal System.” The study is being conducted by Co-Principal Investigators Peg Burchinal and Iheoma Iruka, Investigators with the Frank Porter Graham Child Development Institute at the University of North Carolina – Chapel Hill and by Co-Principal Investigator, Teresa Derrick-Mills, Researcher with the Urban Institute.*

*Joining the study is voluntary. You may refuse to join or you may withdraw your consent, for any reason, without penalty. Participation in the study has no bearing on your Head Start grant.*

*It is important that you understand this information so that you can make an informed choice about being in this research study. We will send you a copy of this information so you have it for your records. You should ask the researchers any questions you have about this study at any time.*

*Regarding privacy, as I’ve already said, if [you/your staff members] agree to participate, all the information you share with us will be strictly private. Participants will not be identified in any report or publication about this study. Additionally, to help us protect your privacy, we are obtaining/have obtained a Certificate of Confidentiality from the National Institutes of Health.   With this Certificate, the study team cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. Exceptions: A Certificate of Confidentiality does not prevent researchers from voluntarily disclosing information about you as required by law, without your consent. For example, the study team may voluntarily disclose information about incidents such as child abuse, or intent to hurt yourself or others. In addition, a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information. Finally, the Certificate may not be used to withhold information from the Federal government needed for auditing or evaluating federally funded projects.*

*There is no direct benefit to you from participating in the study. The only risk involved in participating is that you might feel uncomfortable disclosing some program practices.*

*We want to give you a* ***Study Contact telephone number and email in case you have further questions at any point. The phone number is*** *(919) 843-8085 and the*

***Study Contact email:*** *[iruka@unc.edu](mailto:iruka@unc.edu)*

*I also want to let you know that all research on human volunteers is reviewed by a committee that works to protect your rights and welfare. I can give you contact information for the University of North Carolina – Chapel Hill Office for Human Research Ethics now if you’d like. It will also be included in the study information sheet I send.* [University of North Carolina – Chapel Hill Office for Human Research Ethics: 919-966-3113 or IRB\_subjects@unc.edu.]

* + *Do you have any questions at this time? Do you give consent to participate in the study?* [Record response and time]
  + *Thank you. We’ll send you a copy of informed consent document so you have a copy for your records.*
* **IF FPG IS DOING THE SCHEDULING:** *Let’s go ahead and schedule*
* **IF GRANTEE IS DOING THE SCHEDULING:** *[Name] from [Grantee Name] will contact you to handle scheduling our site visit at your program*

***SCHEDULE CONVENIENT TIME WHEN THE PROGRAM SCHEDULE WILL BE AS TYPICAL AS POSSIBLE (NO HOLIDAYS, TEACHER WORK-DAYS, ETC.)***

*Can you give me your address?* **(Confirm suite number, floor, etc.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Ok, great! Thanks for scheduling this visit with us! We are excited about your participation in the study and think you will find it interesting.*

*[****To confirm:]*** We will see you on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(*day of week, date and time).***

*The person who will be visiting you will call you the day before or the day of the visit to confirm that the appointment is still on as scheduled. If you do need to delay or cancel the appointment we have just set, please call us as soon as you know at the following number: 919-843-9911.*

*Good bye and thanks again! We will see you soon!*

**Appendix O2.3: Center Director Consent Form**

This information collection is voluntary and will be used to learn whether the Head Start Designation Renewal System works as intended as a valid, reliable, and transparent method for identifying high-quality programs eligible for non-competitive five-year grants and as a system that encourages overall quality improvement. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB number for this collection is 0970-XXXX and expires XX/XX/XXX.

# Urban Institute/University of North Carolina-Chapel Hill

**Verbal Consent to Participate in a Research Study**

Adult Participants: Head Start Center Director Consent

**Social Behavioral Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IRB Study #** 13-2124

**Consent Form Version Date:** July 30, 2013

Title of Study: Evaluation of the Head Start Designation Renewal System

**Urban Institute Principal Investigators:** Teresa Derrick-Mills, MPA, PhD

**Phone Number:** (202) 261-5731

**UNC Principal Investigators:** Peg Burchinal PhD and Iheoma Iruka, PhD

**UNC-Chapel Hill Department:** Frank Porter Graham Child Development Institute

**UNC-Chapel Hill Phone number:** (919) 843-8085

**Co-Investigators:** Allison De Marco, MSW, PhD

**Funding Source and/or Sponsor:** Office of Planning, Research and Evaluation (OPRE),U.S. Department of Health and Human Services/ Administration for Children and Families

**Study Contact telephone number:** (919) 843-8085

**Study Contact email:** [iruka@unc.edu](mailto:iruka@unc.edu)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your interest in the research study “Evaluation of the Head Start Designation Renewal System.” The study is being conducted for the Office of Planning, Research and evaluation (OPRE) in the U.S. Department of Health and Human Services by Co-Principal Investigators Peg Burchinal and Iheoma Iruka, Investigators with the Frank Porter Graham Child Development Institute at the University of North Carolina – Chapel Hill and Teresa Derrick-Mills, Researcher with the Urban Institute.

**What are some general things you should know about research studies?**

You are being asked to take part in a research study*.* Joining the study is voluntary. You may refuse to join or you may withdraw your consent, for any reason, without penalty. Participation in the study has no bearing on your Head Start grant.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies. Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study. You will be given a copy of this consent form. You should ask the researchers named above, or staff members who may assist them, any questions you have about this study at any time.

**What is the Purpose of the study?**

This important study will help us to understand if the Head Start Designation Renewal System is working as intended, as a valid, reliable, and transparent method for identifying high-quality programs that can receive continuing five-year grants without competition.

**How many people will take part in this study?**

If you decide to join, you will be one of approximately 300 directors in this study.

**How long will my part in this study last?**

Head Start Center directors will participate in an interview lasting approximately 1 -2 hours.

**What will be involved in the interview?**

Research staff will interview you for approximately 1 -2 hours during the site visit about leadership, management, and administrative practices of center-based early childhood programs as well as your understanding and perceptions of the Head Start Designated Renewal System. You may decline to answer any or all questions, and you are free to end the interview at any time.

**Will I be paid for the site visit?**

To thank you and your staff for participating, your program at the grantee-level will receive [$200-$500 customized by size] and teachers will receive $25.

**What are the risks or benefits of being in the study?**

There is no direct benefit to you from participating in the study. The only risk involved in participating is that you might feel uncomfortable disclosing some program practices. We will keep all the information you give us private and it will be used for the study only. The notes will be stored in a locked cabinet. Information with your name or other identifying information will be kept in a separate locked cabinet. Only staff working on this project will have access to this information.

**How will my privacy be protected?**

Access to any written notes and other data will be restricted to the research team. Research team members will access data on a secure server. Hard copies of data will be stored in locked filing cabinets in locked offices. Each participant will be given a unique identification number. Electronic and hard copies of notes and other data will be stored without personal identifiers. The file linking ID numbers to personal identifiers will be kept in a securely-located file cabinet and only study personnel will have access to it.

All research personnel have signed a written agreement not to divulge, publish, or otherwise make known to unauthorized persons or to the public any information obtained in the course of this study that could identify the people who participated in the study. Participants will not be identified in any report or publication about this study.

Additionally, to help us protect your privacy, we are obtaining/have obtained a Certificate of Confidentiality from the National Institutes of Health.   With this Certificate, the study team cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. Exceptions: A Certificate of Confidentiality does not prevent researchers from voluntarily disclosing information about you as required by law, without your consent. For example, the study team may voluntarily disclose information about incidents such as child abuse, or intent to hurt yourself or others. In addition, a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information. Finally, the Certificate may not be used to withhold information from the Federal government needed for auditing or evaluating federally funded projects.

**What if I have questions about this study?**

You have the right to ask, and have answered, any questions you may have about this research. If you have questions, or concerns about the study at any time, you may contact Allison De Marco at 919-843-9911 or Iheoma Iruka at 919-843-8085.

**What if I have questions about my rights as a research participant?**

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject you may contact, anonymously if you wish, the University of North Carolina – Chapel Hill Office for Human Research Ethics at 919-966-3113 or by email to IRB\_subjects@unc.edu.

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Title of Study: Evaluation of the Head Start Designation Renewal System

**Urban Institute Principal Investigators:** Teresa Derrick-Mills, MPA, PhD

**UNC Principal Investigators:** Peg Burchinal, PhD and Iheoma Iruka, PhD

**Participant’s Agreement:** I have read this form or had it read to me. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

Check one:

Research Participant **Consents** to Participate: \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Research Participant **Declines** to Participate: \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Research Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Research Team Member Obtaining Consent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Research Team Member Obtaining Consent

## Appendix O3: Teacher Consent Form for On-Site Assessments (RQ1)

This information collection is voluntary and will be used to learn whether the Head Start Designation Renewal System works as intended as a valid, reliable, and transparent method for identifying high-quality programs eligible for non-competitive five-year grants and as a system that encourages overall quality improvement. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB number for this collection is 0970-XXXX and expires XX/XX/XXX.

# Urban Institute/University of North Carolina-Chapel Hill

**Consent to Participate in a Research Study**

Adult Participants: Head Start Teacher Consent

**Social Behavioral Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IRB Study #** 13-2124

**Consent Form Version Date:** July 30, 2013

Title of Study: Evaluation of the Head Start Designation Renewal System

**Urban Institute Principal Investigators:** Teresa Derrick-Mills, MPA, PhD

**Urban Institute Phone Number:** (202) 261-5731

**UNC Principal Investigators:** Peg Burchinal PhD and Iheoma Iruka, PhD

**UNC-Chapel Hill Department:** Frank Porter Graham Child Development Institute

**UNC-Chapel Hill Phone number:** (919) 843-8085

**Co-Investigators:** Allison De Marco, MSW, PhD

**Funding Source and/or Sponsor:** Office of Planning, Research and Evaluation, U.S. Department of Health and Human Services/ Administration for Children and Families

**Study Contact telephone number:** (919) 843-8085

**Study Contact email:** [iruka@unc.edu](mailto:iruka@unc.edu) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your interest in the research study “Evaluation of the Head Start Designation Renewal System.” The study is being conducted for the Office of Planning, Research and Evaluation (OPRE) in the U.S. Department of Health and Human Services by Co-Principal Investigators Peg Burchinal and Iheoma Iruka, Investigators with the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill and Teresa Derrick-Mills, Researcher with the Urban Institute.

**What are some general things you should know about research studies?**

You are being asked to take part in a research study*.* Joining the study is voluntary. You may refuse to join or you may withdraw your consent, for any reason, without penalty. Participation in the study has no bearing on your Head Start grant.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies. Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study. You will be given a copy of this consent form. You should ask the researchers named above, or staff members who may assist them, any questions you have about this study at any time.

**What is the Purpose of the study?**

This important study will help us to understand if the Head Start Designation Renewal System is working as intended, as a valid, reliable, and transparent method for identifying high-quality programs that can receive continuing five-year grants without competition.

**How many people will take part in this study?**

If you decide to join, you will be one of approximately 560 teachers in this study.

**How long will my part in this study last?**

Participating in this research study will include both classroom observations and interviews. The interview portion of the site visit will take up to one hour of your time. The observation portion will take place over three to four days, during which time you will be free to go about your daily activities. We ask that you not leave research staff alone with any children in your care during the course of the visit.

**What will be involved in the site visit?**

At the beginning of the site visit, we will provide a clear and detailed explanation of each of the activities planned. We will encourage you to ask questions to help clarify anything that is unclear. You will be free to choose not to participate in any activity planned for that visit without penalty. During the site visit, you will be asked some questions about classroom procedures and we will conduct observations. You may decline to answer any or all questions, and you are free to leave the study at any time.

**Will I be paid for the site visit?**

To thank you for participating, you will receive $25.

**Will my participation in the Head Start program be affected?**

Your participation is voluntary. Whether or not you choose to participate in this research study will have no bearing on your participation in the Head Start program. Although a report on the information from this study will be given to the Office of Head Start, we will not include any information that would identify you in the reports.

**What are the risks or benefits of being in the study?**

There is no direct benefit to you from participating in the study. The only risk involved in participating is that you might feel uncomfortable disclosing some classroom practices. We will keep all the information you give us private and it will be used for the study only, not to evaluate your performance in any official capacity. The notes will be stored in a locked cabinet. Information with your name or other identifying information will be kept in a separate locked cabinet. Only staff working on this project will have access to this information.

**How will my privacy be protected?**

Access to any written notes and other data will be restricted to the research team. Research team members will access data on a secure server. Hard copies of data will be stored in locked filing cabinets in locked offices. Each participant will be given a unique identification number. Electronic and hard copies of notes and other data will be stored without personal identifiers. The file linking ID numbers to personal identifiers will be kept in a securely-located file cabinet and only study personnel will have access to it.

All research personnel have signed a written agreement not to divulge, publish, or otherwise make known to the Office of Head Start, to unauthorized persons, or to the public any information obtained in the course of this study that could identify the people who participated in the study. Participants will not be identified in any report or publication about this study.

Additionally, to help us protect your privacy, we are obtaining/have obtained a Certificate of Confidentiality from the National Institutes of Health.   With this Certificate, the study team cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. Exceptions: A Certificate of Confidentiality does not prevent researchers from voluntarily disclosing information about you as required by law, without your consent. For example, the study team may voluntarily disclose information about incidents such as child abuse, or intent to hurt yourself or others. In addition, a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information. Finally, the Certificate may not be used to withhold information from the Federal government needed for auditing or evaluating federally funded projects.

**What if I have questions about this study?**

You have the right to ask, and have answered, any questions you may have about this research. If you have questions, or concerns about the study at any time, you may contact Allison De Marco at 919-843-9911 or Iheoma Iruka at 919-843-8085.

**What if I have questions about my rights as a research participant?**

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject you may contact, anonymously if you wish, the University of North Carolina – Chapel Hill Office for Human Research Ethics at 919-966-3113 or by email to [IRB\_subjects@unc.edu](mailto:IRB_subjects@unc.edu).

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Title of Study: Evaluation of the Head Start Designation Renewal System

**Urban Institute Principal Investigators:** Teresa Derrick-Mills, MPA, PhD

**UNC Principal Investigators:** Peg Burchinal PhD and Iheoma Iruka, PhD

**Participant’s Agreement:** I have read this form or had it read to me. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Research Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Research Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Research Team Member Obtaining Consent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Research Team Member Obtaining Consent

## Appendix O4: Telephone Interview Recruitment (RQ2)

**Appendix O4.1 Informational Email for Telephone Interview Recruitment**

** THE URBAN INSTITUTE 2100 M STREET, NW. WASHINGTON D.C. 20037**

This information collection is voluntary and will be used to learn whether the Head Start Designation Renewal System works as intended as a valid, reliable, and transparent method for identifying high-quality programs eligible for non-competitive five-year grants and as a system that encourages overall quality improvement. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB number for this collection is 0970-XXXX and expires XX/XX/XXX.

[Date]

[Director Name]

[Program Name]

[Program Address]

Dear [Name of Head Start Director],

We are grateful that you and [NAME OF PROGRAM] participated in our site visit a few weeks ago as part of the research study the *Evaluation of the Head Start Designation Renewal System (DRS)*. As a reminder, the Urban Institute and the Frank Porter Graham Child Development Institute are conducting this study with funding from the Office of Planning, Research and Evaluation (OPRE) in the U.S. Department of Health and Human Services. The goal of the study is to understand if the DRS is working as intended, to explore how the system works, and the circumstances in which it works more or less well.

You are one of 35 program directors we are contacting to ask if you will participate in a follow up phone interview to the site visit. The purpose of the follow-up interview is to learn from Head Start and Early Head Start programs like yours about their experiences with—and responses to—the DRS. The interview will involve a series of open-ended questions and is an opportunity for you to share your views on these important topics. We expect the interview to last about 75-minutes, though some directors will spend a little bit longer and some directors will spend a little bit shorter time speaking with us. We would like to work with you to schedule the interview at a time that that is convenient for you whether that is during the work day, early in the morning or in the evening.

Similar to the other parts of the study, any information we collect during the site visit will be kept private. We will not disclose your program name or names of the people we interviewed in our reports or discussions with anyone outside of the research team. Additionally, to help us protect your privacy, we are obtaining/have obtained a Certificate of Confidentiality from the National Institutes of Health.   With this Certificate, the study team cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. Exceptions: A Certificate of Confidentiality does not prevent researchers from voluntarily disclosing information about you as required by law, without your consent. For example, the study team may voluntarily disclose information about incidents such as child abuse, or intent to hurt yourself or others. In addition, a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information. Finally, the Certificate may not be used to withhold information from the Federal government needed for auditing or evaluating federally funded projects.

We also want to emphasize that the study is not an evaluation of your program’s performance related to the DRS conditions and your decision to participate will have no bearing on your Head Start grant. Rather, the study purpose is to provide information to about how grantees experience —and respond to—the DRS.

For your reference, a study summary is enclosed so you can share it with your staff and partners. Someone from our research team will contact you by phone in the next two weeks to answer any questions you may have and to discuss the possibility of your program’s participation in a site visit.  In the meantime, if you want to contact us, please feel free to contact Teresa Derrick-Mills at [tderrick-mills@urban.org](mailto:tderrick-mills@urban.org) or (202)261-5731.  Thank you again for your cooperation, and we look forward to speaking with you soon.

Best regards,

Teresa Derrick-Mills

Project Director and Co-Principal Investigator

**Appendix O4.2 Phone Script for Telephone Interview Recruitment**

This information collection is voluntary and will be used to learn whether the Head Start Designation Renewal System works as intended as a valid, reliable, and transparent method for identifying high-quality programs eligible for non-competitive five-year grants and as a system that encourages overall quality improvement. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB number for this collection is 0970-XXXX and expires XX/XX/XXX.

Hello, this is *(first and last name)* calling from the Urban Institute. May I please speak to *(fill in name of e-mail recipient)*?

My name is *(first and last)* and I am calling from the Urban Institute. We sent you an e-mail *(fill time e.g. about a week ago)*, asking you to participate in a follow-up interview as part of the Evaluation of the Head Start Designation Renewal System research study we are doing along with the Frank Porter Graham Child Development Institute. Thank you for agreeing to participate in the onsite data collection *(fill time frame such as last week, a couple/few weeks ago, in (month), etc.).* The purpose of the follow-up interview is to learn from Head Start and Early Head Start programs like yours about their experiences with—and responses to—the DRS. The interview will involve a series of open-ended questions and is an opportunity for you to share your views on these important topics.

S1. Did you receive that e-mail from us?

* Yes
* No

I am calling today just to find out if you have any questions about this part of the study, whether you are willing to participate, and if you are, to schedule the telephone interview with you.

S2. Is this a convenient time to talk for a few minutes, or would you like to make arrangements to talk briefly some other time?

* Now is convenient
* Talk some other time *(record contact on case record)*

Okay, great.As mentioned in the e-mail, we expect the survey to last about 75-minutes, though some directors will spend a little bit longer and some directors will spend a little bit shorter time speaking with us. We would like to work with you to schedule the interview at a time that that is convenient for you whether that is during the work day, early in the morning or in the evening.

S3. When would be a good time to conduct the interview?

* Date \_\_\_\_\_\_\_\_\_\_\_\_\_
* Time \_\_\_\_\_\_\_\_\_\_\_\_\_

S4. Wonderful, thank you. I *(or fill name or fill “someone”)* will call you at *(fill time)* on *(fill date)* to conduct the phone interview with you. Should we call you at this number or a different number?

* This number
* Different number \_\_\_\_\_\_\_\_\_\_\_\_\_

S5. *If answered “No” to S1*: So we can send a confirmation of the date and time, can you tell me the best e-mail address at which to reach you?

* E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Great. Before we hang up, do you have any other questions for me about the study? Thank you very much for your time. *If applicable,* We look forward to speaking with you soon. If you have any questions *(if applicable,* or need to reschedule the interview), you can reach me via e-mail or at *(fill number).* END CALL.

## Appendix O5: Recruitment for DRS In-Depth Interviews (RQ2)

**Appendix O5.1 Informational Email for Recruitment for DRS In-Depth Interviews**

** THE URBAN INSTITUTE 2100 M STREET, NW. WASHINGTON D.C. 20037**

This information collection is voluntary and will be used to learn whether the Head Start Designation Renewal System works as intended as a valid, reliable, and transparent method for identifying high-quality programs eligible for non-competitive five-year grants and as a system that encourages overall quality improvement. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB number for this collection is 0970-XXXX and expires XX/XX/XXX.

[Date]

[Director Name]

[Program Name]

[Program Address]

Dear [Name of Head Start Director],

We are grateful that you and [NAME OF PROGRAM] participated in our site visit and telephone interview a few months ago as part of the research study titled *Evaluation of the Head Start Designation Renewal System (DRS)*. As a reminder, the Urban Institute and the Frank Porter Graham Child Development Institute are conducting this study with funding from the Office of Planning, Research and Evaluation (OPRE) in the U.S. Department of Health and Human Services. The goal of the study is to understand if the DRS is working as intended, to explore how the system works, and the circumstances in which it works more or less well.

As we mentioned at the end of the telephone interview, another part of this study involves further in-depth interviews with 15 Head Start grantees from across the country. [NAME OF PROGRAM] has been selected as one of these grantees. We are very interested in hearing more from your program on the topic of the DRS. If you agree to participate, we will schedule a one-and-a-half-day visit to conduct this series of in-depth interviews with you, a few of your senior program managers, [*if applicable* the director of [NAME OF MULTI-PURPOSE GRANTEE AGENCY], and representatives from your Policy Council and governing body.

Similar to the other parts of the study, any information we collect during the site visit will be kept private. We will not disclose your program name or names of the people we interviewed in our reports or discussions with anyone outside of the research team. Additionally, to help us protect your privacy, we are obtaining/have obtained a Certificate of Confidentiality from the National Institutes of Health.   With this Certificate, the study team cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. Exceptions: A Certificate of Confidentiality does not prevent researchers from voluntarily disclosing information about you as required by law, without your consent. For example, the study team may voluntarily disclose information about incidents such as child abuse, or intent to hurt yourself or others. In addition, a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information. Finally, the Certificate may not be used to withhold information from the Federal government needed for auditing or evaluating federally funded projects.

We also want to emphasize that the study is not an evaluation of your program’s performance related to the DRS conditions and your decision to participate will have no bearing on your Head Start grant. Rather, the study purpose is to provide information to the Office of Head Start and other key stakeholders about how grantees experiences with—and responses to—the DRS.

For your reference, a study summary is enclosed so you can share it with your staff and partners. Someone from our research team will contact you by phone in the next two weeks to answer any questions you may have and to discuss the possibility of your program’s participation in a site visit.  In the meantime, if you want to contact us, please feel free to contact Teresa Derrick-Mills at tderrick-mills@urban.org or at (202)261-5731.  Thank you again for your cooperation, and we look forward to speaking with you soon.

Best regards,

Teresa Derrick-Mills

Project Director and Co-Principal Investigator

**Appendix O5.2 Phone Script for Recruitment for DRS In-Depth Interviews**

This information collection is voluntary and will be used to learn whether the Head Start Designation Renewal System works as intended as a valid, reliable, and transparent method for identifying high-quality programs eligible for non-competitive five-year grants and as a system that encourages overall quality improvement. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB number for this collection is 0970-XXXX and expires XX/XX/XXX.

Hello, this is *(first and last name)* calling from the Urban Institute. May I please speak to *(fill in name of letter recipient)*?

My name is *(first and last)* and I am calling from the Urban Institute to follow up on a letter we sent you *(fill time e.g. about a week ago)* related to our research study titled *Evaluation of the Head Start Designation Renewal System*. Thank you for your and your program’s previous participation in the study. As a reminder, the goal of the research is to understand if the DRS is working as intended, how the system works, and the circumstances in which it works more or less well.

As the letter explained, the next phase of our study involves visiting 15 of the grantees involved in earlier data collection to learn more about their experiences with—and reactions to—the DRS. Again, we want to remind you that participation in the study has no bearing on your Head Start grant.

I am calling today just to find out if you have any questions about the next phase of the study, whether your program is willing to participate, and if you are, to begin making arrangements for that visit.

S1. Is this a convenient time to talk for about five minutes, or would you like to make arrangements to talk briefly some other time?

* Now is convenient
* Talk some other time *(record contact on case record)*

Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S2. Great. First of all, just to confirm, are you are the right person to approve and arrange this site visit on behalf of [NAME OF PROGRAM]?

* Yes *(Skip to S3)*
* No *(find out correct contact and end call)*

Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S3. Okay, great.As mentioned in the letter, we would like to conduct a series of interviews over a one-and-a-half-day period that is convenient for you and others in your program.That includes interviews sessions with you, [*if applicable* MULTI-PURPOSE AGENCY GRANTEE NAME’s executive director], senior Head Start managers, representatives from your Policy Council, and representatives from your governing body. In total, we expect to have about [4 or 5] interview sessions of 60 or 90 minutes depending on who is interviewed.

Can you tell us which dates might work now, or do you need to check with others first?

* Dates (may be multiple): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S4. How would you like to go about setting the interview schedule? Would you like to reach out to everyone we would like to speak with and set up the interview schedule or would you like us to do some or all of that outreach and scheduling?

S5. *If we will do scheduling:* Can you give a few names of people to reach out to now, or would you like to check with them first and get back to us?

Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If offering names now:*  Okay, what would be the best way to reach them*?*

*Probe for contact information:*

S6. *If director will do scheduling:* Great. I will e-mail you a sample schedule that you can use as a template.

This is terrific. We look forward to visiting your program and learning more from you about your experiences with the DRS. *(Summarize follow-up steps to finalize visit schedule).*

Do you have my contact information so you can reach out to me if you need to? *(if not, provide e-mail and phone number).*

Thank you very much for your time. We will be in touch soon.

END CALL.

**Appendix O5.3 Consent Form for DRS In-Depth Interviews**

This information collection is voluntary and will be used to learn whether the Head Start Designation Renewal System works as intended as a valid, reliable, and transparent method for identifying high-quality programs eligible for non-competitive five-year grants and as a system that encourages overall quality improvement. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB number for this collection is 0970-XXXX and expires XX/XX/XXX.

**Evaluation of the Head Start Designation Renewal System**

**Informed Consent for Participation**

* You are being invited to participate in a research study titled *Evaluation of the Head Start Designation Renewal System*, conducted by the Urban Institute, a non-profit research organization in Washington, D.C, and the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill, a project subcontractor. This study is funded by the Office of Planning, Research and Evaluation (OPRE) in the U.S. Department of Health and Human Services.
* The purpose of this study is to understand if the Head Start Designation Renewal System is working as intended, as well as how the system is working, the circumstances in which it works more or less well, and the contextual, demographic, and program factors and program actions associated with how well the system is working.

Participation in this study is completely voluntary. You may choose to not answer any question and may stop the interview at any time. There are no consequences for choosing not to participate or not to answer any question. Participation in the study has no bearing on your Head Start grant.

* Interviews with Head Start Program Directors and small group interviews will last about 90 minutes, and interviews with Agency Directors will last approximately 60 minutes.
* Although you may not benefit directly from this study, your participation will help us understand the experiences of Head Start programs, which may inform future Head Start policies and technical assistance efforts.

***The research team will take the following steps to protect your privacy:***

* Everyone who works on this study has signed a confidentiality agreementprohibiting disclosure of anything you say during the interview that would allow someone outside the research team, including government staff and officials, to identify you. The only exception is a researcher may be required by law to report suspicion of immediate harm to yourself, to children, or to others.
* Your name and other identifying information, such as the program’s name and specific location, will be removed from the data to protect your privacy.
* The researchers plan to publish the results of this study in a final report and research briefs, and present the results during several government briefings and national conferences. Your answers will be kept private, meaning your identity will never be revealed in the results.
* Additionally, to help us protect your privacy, we are obtaining/have obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the study team cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. Exceptions: A Certificate of Confidentiality does not prevent researchers from voluntarily disclosing information about you as required by law, without your consent. For example, the study team may voluntarily disclose information about incidents such as child abuse, or intent to hurt yourself or others. In addition, a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information. Finally, the Certificate may not be used to withhold information from the Federal government needed for auditing or evaluating federally funded projects.
* With your permission, we will audio record the session. The recording will serve as a back-up tool to ensure that we capture all your comments in our notes in as close to your words as possible. The digital recording will be kept in secured files accessible only to project staff and subcontractors. Once the project is complete, all recordings will be destroyed.

If you have questions about this study, you may contact Co-Principal Investigator Teresa Derrick-Mills at the Urban Institute, 2100 M Street NW Washington, DC 20037, at (202) 261-5731 or

[tderrick-mills@urban.org](mailto:tderrick-mills@urban.org).

**Signing this consent form indicates that you understand the study procedures and are willing to participate in this interview.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent’s Name (PLEASE PRINT)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent’s Signature Date

□  **Checking this box indicates that you agree to have the interview audio recorded.**

***You will be given a copy of this form for your records.***

## Appendix O6: Recruitment for Competition In-Depth Interviews (RQ3)

**Appendix O6.1 Informational Email for Recruitment for Competition In-Depth Interviews**

** THE URBAN INSTITUTE 2100 M STREET, NW. WASHINGTON D.C. 20037**

This information collection is voluntary and will be used to learn whether the Head Start Designation Renewal System works as intended as a valid, reliable, and transparent method for identifying high-quality programs eligible for non-competitive five-year grants and as a system that encourages overall quality improvement. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB number for this collection is 0970-XXXX and expires XX/XX/XXX.

[Date]

[Director Name]

[Program Name]

[Program Address]

Dear [Name of Head Start Director],

The Urban Institute and the Frank Porter Graham Child Development Institute are conducting a research study titled *Evaluation of the Head Start Designation Renewal System (DRS)*, with funding from the Office of Planning, Research and Evaluation (OPRE) in the U.S. Department of Health and Human Services. The goal of the study is to understand if the Head Start Designation Renewal System (or DRS) is working as intended, to explore how the system works, and the circumstances in which it works more or less well.

One important part of the DRS is the competitive application that it creates for existing grants that are not able to demonstrate that they are meeting the quality standards set by the DRS conditions. In this part of the study, we are trying to learn more about how organizations experience the competitive application process including how it affected your relationships with Head Start and partners in your community, the challenges you expected and experienced, changes you made, and how your organization arrived at the decision to compete. We will combine the information we gather across programs to inform the Office of Head Start about how the competitive process of the DRS effects Head Start at the community level.

We plan to conduct in-depth interviews with 9 organizations from across the country that participated in the competitive application process and won Head Start grants. Some of the organizations had grants prior to the competitive process, and others are new awardees. [NAME OF PROGRAM] has been selected as one of these 9 grantees. If you agree to participate, we will schedule a one-and-a-half-day visit to conduct this series of in-depth interviews with you, a few of your senior program managers, [*if applicable* the director of [NAME OF MULTI-PURPOSE GRANTEE AGENCY], and representatives from your Policy Council and governing body.

Any information we collect during the site visit will be kept private. We will not disclose your program name or names of the people we interviewed in our reports or discussions with anyone outside of the research team. Additionally, to help us protect your privacy, we are obtaining/have obtained a Certificate of Confidentiality from the National Institutes of Health.   With this Certificate, the study team cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. Exceptions: A Certificate of Confidentiality does not prevent researchers from voluntarily disclosing information about you as required by law, without your consent. For example, the study team may voluntarily disclose information about incidents such as child abuse, or intent to hurt yourself or others. In addition, a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information. Finally, the Certificate may not be used to withhold information from the Federal government needed for auditing or evaluating federally funded projects.

We also want to emphasize that the study is not an evaluation of your program’s performance related to the DRS conditions and your decision to participate will have no bearing on your Head Start grant. Rather, the study purpose is to provide information to the Office of Head Start and other key stakeholders about grantees experiences with—and responses to—the DRS.

For your reference, a study summary is enclosed so you can share it with your staff and partners. Someone from our research team will contact you by phone in the next two weeks to answer any questions you may have and to discuss the possibility of your program’s participation in a site visit.  In the meantime, if you want to contact us, please feel free to contact Teresa Derrick-Mills at tderrick-mills@urban.org or (202)261-5731.  Thank you again for your cooperation, and we look forward to speaking with you soon.

Best regards,

Teresa Derrick-Mills

Project Director and Co-Principal Investigator

**Appendix O6.2 Phone Script for Recruitment for Competition In-Depth Interviews**

This information collection is voluntary and will be used to learn whether the Head Start Designation Renewal System works as intended as a valid, reliable, and transparent method for identifying high-quality programs eligible for non-competitive five-year grants and as a system that encourages overall quality improvement. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB number for this collection is 0970-XXXX and expires XX/XX/XXX.

Hello, this is *(first and last name)* calling from the Urban Institute. May I please speak to *(fill in name of letter recipient)*?

My name is *(first and last)* and I am calling from the Urban Institute to follow up on a letter we sent you *(fill time e.g. about a week ago)* related to our research study titled *Evaluation of the Head Start Designation Renewal System (DRS)*. As a reminder, the goal of the research is to understand if the DRS is working as intended, how the system works, and the circumstances in which it works more or less well.

As the letter explained, this phase of our study involves visiting 9 organizations that participated in the competitive process and won awards in the most recent Head Start grant application cycle. We are talking to individuals in organizations that previously had Head Start grants, and organizations that are new awardees. Participation in the study has no bearing on your Head Start grant.

I am calling today just to find out if you have any questions about this phase of the study, whether your program is willing to participate, and if you are, to begin making arrangements for that visit.

S1. Is this a convenient time to talk for about five minutes, or would you like to make arrangements to talk briefly some other time?

* Now is convenient
* Talk some other time *(record contact on case record)*

Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S2. Great. First of all, just to confirm, are you are the right person to approve and arrange this site visit on behalf of [NAME OF PROGRAM]?

* Yes *(Skip to S3)*
* No *(find out correct contact and end call)*

Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S3. Okay, great.As mentioned in the letter, we would like to conduct a series of interviews over a one-and-a-half-day period that is convenient for you and others in your program.That includes interviews sessions with you, [*if applicable* MULTI-PURPOSE AGENCY GRANTEE NAME’s executive director], senior Head Start managers, representatives from your Policy Council, and representatives from your governing body. In total, we expect to have about [4 or 5] interview sessions of 60 to 90 minutes depending on who is interviewed.

Can you tell us which dates might work now, or do you need to check with others first?

* Dates (may be multiple): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S4. How would you like to go about setting the interview schedule? Would you like to reach out to everyone we would like to speak with and set up the interview schedule or would you like us to do some or all of that outreach and scheduling?

S5. *If we will do scheduling:* Can you give a few names of people to reach out to now, or would you like to check with them first and get back to us?

Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If offering names now:*  Okay, what would be the best way to reach them*?*

*Probe for contact information:*

S6. *If director will do scheduling:* Great. I will e-mail you a sample schedule that you can use as a template.

This is terrific. We look forward to visiting your program and learning more from you about your experiences with the competitive Head Start grant award process created by the DRS. *(Summarize follow-up steps to finalize visit schedule).*

Do you have my contact information so you can reach out to me if you need to? *(if not, provide e-mail and phone number).*

Thank you very much for your time. We will be in touch soon.

END CALL.

**Appendix O6.3 Consent Form for Competition In-Depth Interviews**

This information collection is voluntary and will be used to learn whether the Head Start Designation Renewal System works as intended as a valid, reliable, and transparent method for identifying high-quality programs eligible for non-competitive five-year grants and as a system that encourages overall quality improvement. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB number for this collection is 0970-XXXX and expires XX/XX/XXX.

**Evaluation of the Head Start Designation Renewal System**

**Informed Consent for Participation**

* You are being invited to participate in a research study called “Evaluation of the Head Start Designation Renewal System,” conducted by the Urban Institute, a non-profit research organization in Washington, D.C, and the Frank Porter Graham Child Development Institute at the University of North Carolina, a project subcontractor. This study is funded by the Office of Planning, Research and Evaluation (OPRE) in the U.S. Department of Health and Human Services.
* The purpose of this study is to understand if the Head Start Designation Renewal System is working as intended, as well as how the system is working, the circumstances in which it works more or less well, and the contextual, demographic, and program factors and program actions associated with how well the system is working.
* Participation in this study is completely voluntary. You may choose to not answer any question and may stop the interview at any time. There are no consequences for choosing not to participate or not to answer any question. Participation in the study has no bearing on your Head Start grant.
* Interviews with Head Start Program Directors and small group interviews will last about 90 minutes, and interviews with Agency Directors will last approximately 60 minutes.
* Although you may not benefit directly from this study, your participation will help us understand the experiences of Head Start programs, which may inform future Head Start policies and technical assistance efforts.

***The research team will take the following steps to protect your privacy:***

* Everyone who works on this study has signed a confidentiality agreementprohibiting disclosure of anything you say during the interview that would allow someone outside the research team, including government staff and officials, to identify you. The only exception is a researcher may be required by law to report suspicion of immediate harm to yourself, to children, or to others.
* Your name and other identifying information, such as the program’s name and specific location, will be removed from the data to protect your privacy.
* The researchers plan to publish the results of this study in a final report and research briefs, and present the results during several government briefings and national conferences. Your answers will be kept private, meaning your identity will never be revealed in the results.
* Additionally, to help us protect your privacy, we are obtaining/have obtained a Certificate of Confidentiality from the National Institutes of Health.   With this Certificate, the study team cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. Exceptions: A Certificate of Confidentiality does not prevent researchers from voluntarily disclosing information about you as required by law, without your consent. For example, the study team may voluntarily disclose information about incidents such as child abuse, or intent to hurt yourself or others. In addition, a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information. Finally, the Certificate may not be used to withhold information from the Federal government needed for auditing or evaluating federally funded projects.
* With your permission, we will audio record the session. The recording will serve as a back-up tool to ensure that we capture all your comments in our notes in as close to your words as possible. The digital recording will be kept in secured files accessible only to project staff and subcontractors. Once the project is complete, all recordings will be destroyed.

If you have questions about this study, you may contact Co-Principal Investigator Teresa Derrick-Mills at the Urban Institute, 2100 M Street NW Washington, DC 20037, at (202) 261-5731 or

[tderrick-mills@urban.org](mailto:tderrick-mills@urban.org).

**Signing this consent form indicates that you understand the study procedures and are willing to participate in this interview.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent’s Name (PLEASE PRINT)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent’s Signature Date

□  **Checking this box indicates that you agree to have the interview audio recorded.**

***You will be given a copy of this form for your records.***

**Appendix O7: Evaluation of the Head Start Designation Renewal System Frequently Asked Questions *(to accompany all initial recruitment emails and letters)***

This information collection is voluntary and will be used to learn whether the Head Start Designation Renewal System works as intended as a valid, reliable, and transparent method for identifying high-quality programs eligible for non-competitive five-year grants and as a system that encourages overall quality improvement. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB number for this collection is 0970-XXXX and expires XX/XX/XXX.

# Evaluation of the Head Start Designation Renewal System

**Frequently Asked Questions**

1. **What is the Evaluation of the Head Start Designation Renewal System?** This is a *research study* being conducted to evaluate Head Start’s Designation Renewal System (DRS). It is *separate and different* from the DRS itself. The DRS is a system used by the Office of Head Start to identify which Head Start grantees will be eligible for noncompetitive renewals of their grants; and which Head Start grantees will have to compete for renewed funding (for more information, see <http://eclkc.ohs.acf.hhs.gov/hslc/hs/grants/dr>). The DRS Evaluation is a project being conducted independently from the Office of Head Start to look at how well the DRS is working. The evaluation is NOT a “new” DRS and it does not replace the existing system implemented by the Office of Head Start. It is a research study being conducted to understand how the DRS is working.
2. **Why is the Head Start Designation Renewal System being evaluated?** The Head Start Designation Renewal System (DRS) represents a major policy shift for Head Start and has significantly changed the way that the Administration for Children and Families (ACF) administers and manages the program. ACF heard from a wide range of stakeholders about the importance of looking at the effects of this new policy. Given the large scale of the change introduced by the DRS and its significance for the field, it is critical to examine the implementation of the DRS and how it is meeting its goals of transparency, validity, reliability, and overall program quality improvement.
3. **Who is conducting the evaluation?** The [Office of Planning, Research and Evaluation (OPRE)](http://www.acf.hhs.gov/programs/opre) in the U.S. Department of Health and Human Services is the federal office responsible for overseeing this evaluation. They have contracted with The [Urban Institute](http://www.urban.org/) and its subcontractor the [Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill (FPG)](http://www.fpg.unc.edu/) to conduct the study which includes collecting data, analyzing the data, and reporting the findings.
4. **What is the purpose of the *Evaluation of the Head Start Designation Renewal System* study?** The purpose of the evaluation is to understand if the Head Start Designation Renewal System (DRS) is working as intended, how it is working, and the circumstances in which it is working more or less well. This includes examining the process of identifying higher and lower performing grantees, the competitive grant application process, how grantees understand the DRS, and what actions local Head Start programs and staff are taking to improve program quality.
5. **What are the core values of the *Evaluation of the Head Start Designation Renewal System*?** Because of the complexity of the Designation Renewal System (DRS) and the significance of the policy change for the field, the evaluation has been designed around the following core values: independence and objectivity of the evaluation approach and the research team; timeliness of the results; relevance to questions being asked in the field; well-designed methods and valid measures; providing opportunity for capturing the perceptions of the DRS from local grantees; transparency about what the study is, how it is being conducted, and why; and protecting the privacy of any individual or program that agrees to participate in the evaluation.
6. **What questions is the evaluation trying to answer and what can we expect to learn?** Lessons about the Designation Renewal System (DRS) will be drawn from three study components: assessing DRS validity, understanding preparation for the DRS, and assessing DRS Competition.
7. **Assessing DRS Validity.** This component will use independent measures of quality from multiple perspectives, including classroom observations, health and safety checklists, and other measures of program management, operations and financial integrity to answer the following questions: *How effective is the DRS in identifying higher and lower quality Head Start programs? Is the DRS assessing what it is supposed to assess in terms of program quality; and how well does it do so?*
8. **Understanding Responses to the DRS.** This component will use qualitative interviews and focus groups with Head Start program staff to answer the following questions: *How have Head Start programs understood and responded to the provisions of the DRS? What actions have programs take in response to the DRS? How has the DRS influenced their thinking about efforts to improve program operations and quality?*
9. **Assessing DRS Competition.** This component will use information from applicants responding to funding opportunities, as well as qualitative interviews and focus groups with Head Start program staff to answer the following question: *What does competition for Head Start grants look like? In communities where Head Start grantees are designated for competition, how do grantees perceive the competition process and prepare for it?*
10. **What questions will the evaluation NOT answer?** There are a lot of important questions that could be asked about the Designation Renewal System (DRS) and not all of them can be addressed in this one research study. This research study will NOT tell us:

* Whether Head Start program quality improved over time or not.
* Whether the DRS *causes* changes in program policies, actions, or quality.
* How the DRS worked for the first two cohorts of grantees designated for competition.
* How the DRS works for American-Indian/Alaskan-Native Head Start, Migrant/Seasonal Head Start, stand-alone Early Head Start, or programs that are not center-based.

1. **Who will be asked to participate in the evaluation?** Grantees, centers, classrooms and program staff asked to participate in the evaluation will be selected using rigorous procedures designed to ensure that the evaluation produces reliable and valid results. The goal is to select participants that represent the diversity of Head Start programs, as well as the diversity of grantees’ views of and experiences with the Designation Renewal System (DRS). The study needs information both from grantees that will receive a five-year grant noncompetitively, as well as those that must compete for renewed funding. Being asked to participate in the evaluation is NOT an indicator of a grantee’s designation status or whether or not they will be required to compete. Most of the grantees selected for the evaluation will come from the group that has a monitoring review during fiscal year 2013-2014.
2. **Will any grantees be required to participate in the evaluation?** No. Participation in the evaluation is voluntary. Grantees who agree to participate can also withdraw from the study at any time without penalty.
3. **When will grantees selected to participate be contacted and when will the data be collected for the evaluation?** The evaluation team will begin contacting grantees selected to participate in the study in the winter of 2013-2014.The data will be collected between Spring 2014 and Spring 2015.
4. **How will the information that is collected for the evaluation be used?** The information collected for the evaluation will only be used to better understand if the Designation Renewal System (DRS) is working as intended, how it is working, and the circumstances in which it works more or less well. The evaluation team will report the findings from the data collection by summarizing across grantees, centers, and classrooms in a report to the Office of Planning, Research and Evaluation (OPRE). No individual grantees, centers, classrooms or staff members will be identified in the report. The evaluation report will be used by OPRE and other federal partners to consider how the DRS is working and what changes, if any, might be made to the DRS based on what is found.

The information collected for the DRS evaluation will *NOT* be used to:

* Evaluate individual grantees’ performance, effectiveness, or quality.
* Make decisions about whether an individual grantee will have to compete (or not) for renewed funding.
* Make funding award decisions in response to competitions.

1. **Will study participants be identified in any way?** No. The names of participating organizations and individuals will not be revealed in any reports or to any individual beyond those at the Urban Institute or FPG involved in conducting the study. Further, names of participating organizations and individuals will not be released to any government office (including the Office of Head Start and the Office of Planning, Research and Evaluation). Data will be stored so that the names of organizations and individuals cannot be identified. Grantees’ responses to questions and observations of the research team will only be reported in aggregate—the responses and observations of specific individuals or individual grantees will not be revealed. The research team is seeking a Certificate of Confidentiality from the National Institutes of Health for the study to provide extra protection for study participants.
2. **Will the Office of Head Start, regional or State offices be provided with the names of grantees that participate or refuse to participate?** No. The Office of Head Start and the regional and State offices will not know which specific grantees have been asked to participate, which ones do participate, or which ones refuse to participate. The Urban Institute-FPG evaluation team will not disclose which grantees have been identified for participation. The evaluation team is seeking a Certificate of Confidentiality from the National Institutes of Health for the study to provide extra protection for study participants.
3. **Will it help grantees if they participate in the evaluation?** Grantees will receive no direct benefit from participating in the study, but the evaluation is an opportunity for Head Start grantees to share their views of and experiences with the Designation Renewal System (DRS). Also, having good representation from selected Head Start grantees is very important for getting an accurate picture of which parts of the DRS are and are not working as intended. Grantees and staff that agree to participate in the validation portion of the study will be offered a gift to thank them for participating in the data collection.
4. **Will it hurt grantees if they participate in the evaluation?** No, participation in the study will not have any bearing on funding or any other decisions about individual Head Start grants or grantees. Grantees who agree to participate in the evaluation will be asked to spend time scheduling and participating in data collection activities.
5. **Will it hurt grantees if they refuse to participate in the evaluation?** No. There are no consequences for refusing to participate. Participants can also withdraw from the study at any time without penalty. Participation or refusal to participate in the study will have no bearing on funding or any other decisions about individual Head Start grants or grantees. However, having good representation from Head Start programs selected for the study is very important for getting an accurate picture of which parts of the Designation Renewal System (DRS) are and are not working as intended.
6. **If a grantee is selected and agrees to participate in the evaluation, what will it be asked to do?** Different grantees and their staff will be asked to participate in different components of the study. Some will be asked to participate in interviews or focus groups; some will be asked to complete questionnaires; and some will be asked to allow the Urban Institute-FPG evaluation team to observe practices in their centers or classrooms. Some grantees will be asked to participate in multiple components of the study.
7. **Will study participants be paid for participation?** Federal rules prohibit paying study participants for their participation.  However, the rules do allow, and the evaluation will offer, a monetary appreciation gift to grantees and staff who take part in the data collection as a means of thanking them.
8. **When will the results of the evaluation be available?** A final report is expected to be available in 2015 pending the review and release of findings by the U.S. Department of Health and Human Services. Some preliminary findings from the study may be available as early as the fall of 2014.
9. **How will people be able to access the results of the evaluation?** The final report will be published on the [OPRE website](http://www.acf.hhs.gov/programs/opre). Findings from the study will also be made available through presentations and brief summary documents.
10. **Who should I contact if I have questions about the study?** If you have questions about the design of the study, you should contact either Amy Madigan, the Federal Project Officer at the Office of Planning, Research and Evaluation (OPRE) or Teresa Derrick-Mills, the Project Director at The Urban Institute. If you have questions about a visit that is being scheduled, then you should contact the person listed on the visit information or Teresa Derrick-Mills. You can reach Amy Madigan at [amy.madigan@acf.hhs.gov](mailto:amy.madigan@acf.hhs.gov) or 202-401-5143. You can reach Teresa Derrick-Mills at [tderrick-mills@urban.org](mailto:tderrick-mills@urban.org) or 202-261-5731.