## Appendix S1: Urban Institute Staff Confidentiality Pledge

**The Urban Institute**

**STAFF CONFIDENTIALITY PLEDGE**

Evaluation of the Head Start Designation Renewal System

**Assurance of Confidentiality**

The Urban Institute assures all respondents and participating organizations that the information they release to this study will be held in the strictest confidence by project staff as well as the contracting organizations. None of the information obtained during the course of the study will be disclosed in such a way that individuals or organizations can be identified by anyone outside the research team. The project team will secure access to the interview and observational data by requesting consent from the participants as stipulated in the approval from the Institutional Review Board. Researchers will guarantee confidentiality whenever they believe respondents have no intent to commit a crime or harm themselves. Their right to privacy is protected under law.

I have carefully read and understand this assurance that pertains to the confidential nature of all information and records to be handled in this study funded by the Office of Planning, Research and Evaluation (OPRE) in the U.S. Department of Health and Human Services. I have read a copy of the “Confidential Data at the Urban Institute – Guidelines for Data Security.” I understand that I must comply with all data security requirements adapted from those Guidelines for this project as approved by the Urban Institute Institutional Review Board and the Certificate of Confidentiality issued by the National Institutes of Health.. As an employee of The Urban Institute, I understand that I am prohibited from disclosing any such confidential information which has been obtained under the terms of this contract to anyone other than authorized partners and agree to follow the procedures outlined to me during training. I understand that any willful and knowing disclosure of information released to this study may subject an Urban Institute employee to disciplinary action, up to and including termination of employment.

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(Print Your Name) (Signature)

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(Date)

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(Witness signature)

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(Date)

## Appendix S2: FPG Responsibilities of Staff in Human Subjects Research

Responsibilities of Staff in Human Subjects Research

The University of North Carolina at Chapel Hill

Title of Research Project: Evaluation of the Head Start Designation Renewal System

**Principal Investigators:** Peg Burchinal and Iheoma Iruka, Frank Porter Graham Child Development Institute at the University of North Carolina – Chapel Hill and Teresa Derrick-Mills, Urban Institute.

As a member of this research team I understand that I share responsibility for the protection of human subjects. By signing this statement, I am indicating my understanding of these responsibilities and I agree to the following:

* If I am involved with the consent process, I understand that the process is to be conducted as approved by the Institutional Review Board. By means of the consent process, I will ensure that prior to their agreeing to participate, potential subjects will understand that participation is voluntary, will have been given all pertinent details about the study and will have the opportunity to ask questions, and that they will understand what will be asked of them in the conduct of this research.
* I understand that names and any other identifying information and all other information about study participants are completely confidential. I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any information obtained in the course of this research project that could identify the persons who participated in the study.
* I understand that I must comply with all data security requirements for this project as approved by UNC’s Institutional Review Board and the Certificate of Confidentiality issued by the National Institutes of Health.
* I understand that any violation as described above may be grounds for disciplinary action, and may include termination of employment.
* I agree to notify my supervisor immediately should I become aware of any violation of ethical principles or regulatory requirements for the protection of human subjects, whether this be on my part or on the part of another person. These might include breach of confidentiality, failure to properly obtain or document informed consent, or deviation from the approved study protocol.

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Signature Date Printed Name

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Signature of PI Date Printed Name