**Staff Questionnaire – Program Director/Assistant Program Director**

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| **Interview Details** |  |
| Program Name: | Past and Current Position(s) at Program: |
| Level of Care: | Date/Time of Interview: |
| Full Name: | Interviewer: |

\*Note: Before beginning the interview and/or providing this questionnaire to staff, provide a brief introduction, including monitor role and purpose of monitoring visit, confidentiality of staff interview, and clarify any questions. See *Introduction Prompt for Staff* for additional guidance as needed.

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|  | NOTES |
| **Provide a general overview of how your program is doing.**   * **What do you see as some of the strengths of your program?** * **What are some of the challenges?** |  |
| **Tell me about your role and main responsibilities.**   * **Which staff members do you supervise directly?** * **How do the lines of communication work at the program?** |  |
| **What changes do you envision for your program in the next year?**   * **In the next couple of years?** * Have these changes been shared with your program’s PO? |  |
| **How is ORR P&P and updates to the P&P communicated to program staff?**   * How often do you meet with staff? All staff? Individual teams? |  |
| **Does the program have a system to assess ongoing staff training needs?**   * Have you identified any training topics that you would like your staff to take? |  |
| **What does *trauma-informed care* mean to you?**  **Describe how the program delivers trauma-informed care to UACs?** *(This is a chance to explore how the program is currently implementing trauma-informed care at the organizational level. Does the program need additional resources/tools to effectively put in place trauma-informed practices and techniques?* |  |
| **Explain the procedures currently in place to monitor and evaluate program operations.**   * How do you detect non-compliance with ORR P&P? * How do you detect non-compliance with federal/state/local regulations? * Do you feel like this process is effective? * Do you feel like they need to be improved or changed? |  |
| **Describe actions taken when noncompliance is detected and provide examples (*staff conduct, reporting, etc.*)** |  |
| **How does the program incorporate input from minors, staff, program partners, legal service providers, and children’s sponsors to assess the program?**   * How does the program incorporate information collected through ongoing self-monitoring (*e.g. weekly case reviews, routine staff meetings*) to assess the program? |  |
| **How is the program’s budget?**   * Are there sufficient funds to provide for the UAC? * Does the program have sufficient funds to meet all ORR requirements? |  |
| **How would you improve the program?** |  |
| **What recommendations do you have that I bring back to share with ORR headquarters?**   * Is there anything that you would like to ask or discuss, that was not previously mentioned? |  |

## Additional Notes

Enter Additional Notes.