



Assessing the Need to Convert Head Start Enrollment Slots to Early Head Start

Findings from the HS2EHS Case Studies

Carly Morrison and Kate Stepleton
MEF ASSOCIATES

Diane Schilder and Catherine Kuhns
URBAN INSTITUTE

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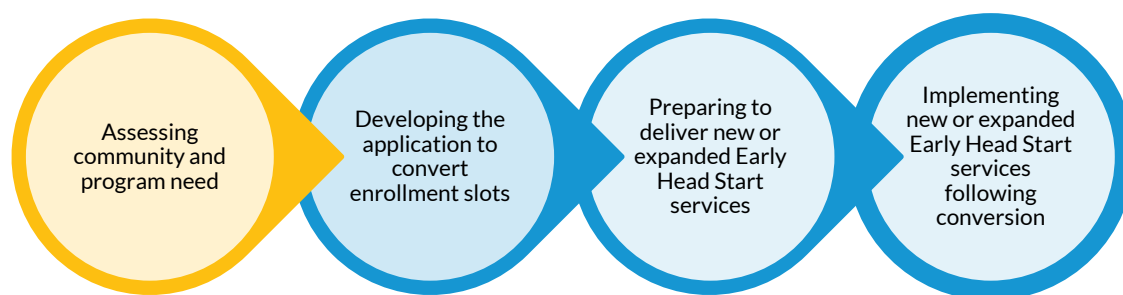
Federal guidance allows Head Start grant recipients to apply to the Office of Head Start (OHS) to shift funding (i.e., convert enrollment slots) from Head Start services for preschool-age children to Early Head Start services for pregnant women, infants, and toddlers. This process necessitates strategic planning and the careful development and implementation of new processes with the aim of ensuring high-quality service delivery tailored to the unique needs of pregnant women, infants, and toddlers—delivered in accordance with the Head Start Program Performance Standards. For a grant recipient considering converting enrollment slots, the first step is to assess whether conversion will help meet the needs of both the community and program. Program staff must gather information and consider a range of factors to make this decision. Study participants, including program staff, OHS Regional Office staff, training and technical assistance providers, and community partners, described how grant recipients moved through this initial phase of the conversion process, illustrating lessons for others considering conversion of enrollment slots.

This brief presents select findings from The Conversion of Enrollment Slots from Head Start to Early Head Start (HS2EHS) Case Studies,¹ six case studies of grant recipients that converted enrollment slots from Head Start to Early Head Start in 2021. In this brief, we focus on how grant recipients *assess the need for conversion* (figure 1).² The full report (Stepleton et al. 2024b) includes findings pertaining to the entire conversion process from start to finish. Specifically, this brief highlights findings related to the following research questions:

- What motivates grant recipients to prepare for and convert enrollment slots?
- How do motivations vary based on policy, program, and/or community characteristics?
- How do grant recipients make decisions about conversion and assess community needs?
- How do grant recipients determine if the program is meeting community needs?

FIGURE 1

Four Phases of Conversion of Enrollment Slots from Head Start to Early Head Start



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Source: Authors' framework for analysis of case study data.

¹ Kate Stepleton, Diane Schilder, Carly Morrison, Catherine Kuhns, Irma Castañeda, Jonah Norwitt, Olivia Mirek, and Anna Fleming, *Conversion of Enrollment Slots from Head Start to Early Head Start (HS2EHS) Case Studies* (Washington, DC: Urban Institute, 2024), <https://www.urban.org/research/publication/conversion-enrollment-slots-head-start-early-head-start-hs2ehs-case-studies>.

² This brief is one of four describing findings from the HS2EHS case studies pertaining to a particular phase of conversion of enrollment slots from Head Start to Early Head Start. The other three briefs are (1) Kate Stepleton, Carly Morrison, Diane Schilder, and Catherine Kuhns, "Developing an Application to Convert Head Start Enrollment Slots to Early Head Start," OPRE Report #2024-309 (Washington, DC: Urban Institute, 2024); (2) Diane Schilder, Catherine Kuhns, Kate Stepleton, and Carly Morrison, "Implementing New or Expanded Early Head Start Services after a Conversion," OPRE Report #2024-310 (Washington, DC: Urban Institute, 2024); and (3) Catherine Kuhns, Diane Schilder, Kate Stepleton, and Carly Morrison, "Preparing to Deliver New or Expanded Early Head Start Services after a Conversion," OPRE Report #2024-311 (Washington, DC: Urban Institute, 2024). Along with the full report, these briefs can be found at "Conversion of Enrollment Slots from Head Start to Early Head Start (HS2EHS)," US Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, accessed June 4, 2024, <https://www.acf.hhs.gov/opre/project/conversion-enrollment-slots-head-start-early-head-start>.

BOX 1

Case Study Methodology

To answer the above research questions, we conducted case studies of six Head Start programs that converted enrollment slots from Head Start to Early Head Start. We were particularly interested in how two program characteristics—history of converting enrollment slots and history of delivering Early Head Start services—might affect the conversion process. As such, we aimed to identify a sample of grant recipients that reflected variation along these two dimensions but shared the experience of converting slots within a few months of each other. We also sought to identify a set of programs that varied in features of their conversions (i.e., the share of slots converted to home- versus center-based Early Head Start and the length of time between initial submission of a conversion application and approval) and certain program characteristics (i.e., geographic region, urbanicity, agency type, enrollment, and the presence of public preschool in programs' service areas).

We carried out virtual site visits from November 2022 to March 2023. Each virtual site visit included a series of one-on-one or small group interviews conducted via videoconference, accompanied by a review of information from the Head Start Enterprise System (HSES) and documents furnished by program staff. For each participating grant recipient, we aimed to interview several members of the program's leadership; finance staff; staff working directly and regularly with children and families; a board member; at least one staff person from a community agency that partnered with the grant recipient; OHS Regional Office staff; training and technical assistance providers; and experts who could provide information on the local early care and education context.^a

^a For a detailed description of the HS2EHS case studies' methodology, refer to the appendix of the full report: Kate Stepleton, Diane Schilder, Carly Morrison, Catherine Kuhns, Irma Castañeda, Jonah Norwitt, Olivia Mirek, and Anna Fleming, *Conversion of Enrollment Slots from Head Start to Early Head Start (HS2EHS) Case Studies* (Washington, DC: Urban Institute, 2024), <https://www.urban.org/research/publication/conversion-enrollment-slots-head-start-early-head-start-hs2ehs-case-studies>.

What Motivates Grant Recipients to Prepare for and Convert Enrollment Slots?

Participants noted that a lack of infant and toddler education and child development services in their community was the primary motivation for their program to convert slots. Participants from most programs in the study noted a lack of *high-quality* infant and toddler education and child development services as well as a lack of *affordable* education and child development services options in their community. Participants also reported that insufficient supply was particularly problematic in rural areas.

A community needs assessment detailed a lot of data on child care deserts, which, all the counties we served showed up as a desert for zero to three years old. Many of our locations didn't have any [providers], and some had few.

—program director

For many programs, the conversion was in line with the organization's long-term, strategic goal to expand Early Head Start services to offer continuity of care for families and minimize children's transitions among programs. Staff from a few participating programs said parents with children enrolled in Head Start and other parents in the area frequently asked about Early Head Start availability. Staff at most programs hoped to create a continuum of services for children from birth to age 5 by launching or expanding Early Head Start. For instance, one program used conversion to add Early Head Start services in two locations with existing Head Start classrooms so that children could move from one classroom to the next in the same center.

Enrollment challenges, either at the grant recipient level or in a particular center, also motivated program leaders to pursue conversion in all but one of the study's participating programs. In some cases, this was exacerbated by the COVID-19 pandemic (box 1). Participants reported struggling to find children and families who met the income criterion for Head Start. For example, one participant stated that the "income threshold [to be eligible for Head Start services] is not a reliable indicator of need." That is, many children need Head Start services, but their families' incomes are too high to qualify. Competition with publicly funded and private, subsidy-eligible preschool programs contributed to enrollment challenges. For example, multiple participants indicated that families with preschool- and school-age children preferred the state-funded preschool program because it was more convenient to bring their children to one location. One program in the study reported that their local school district ended a partnership with Head Start to open a preschool program.

Only one of the participating programs was under a formal underenrollment plan³ for their Head Start grant at the time of the focal conversion. Still, program leaders for all the grant recipients that were struggling to enroll preschool-age children saw an opportunity to close underenrolled Head Start classrooms and redistribute the funding to support new Early Head Start classrooms. While the community's need for Head Start decreased due to the availability of other preschool programming, the demand for infant and toddler education and child development services increased. Reports of decreased demand for Head Start services and increased demand for infant and toddler education and child development services are consistent with findings from a previous analysis of grant recipient conversion applications slots between 2020 and 2022 (Lou, Berger, and Schilder 2023a).

³ Head Start programs that consistently fall short of their funded enrollment goals work with the Office of Head Start to develop a plan to increase enrollment.

BOX 2

Case Study Programs' Assessment of the Effects of the COVID-19 Pandemic on the Need for Conversion of Enrollment Slots

- For several programs, the COVID-19 pandemic exacerbated enrollment challenges in Head Start. For example, a participant from one program observed a decrease in Head Start enrollment since the start of the pandemic; meanwhile, Early Head Start enrollment remained consistent.
- Participants across most programs noted that uncertainty caused by the pandemic was a barrier when deciding whether to pursue conversion; they could not predict community needs, and supply chain issues hindered efforts to outfit new Early Head Start spaces.
- The widespread closure of family child care providers increased community need for slots for infants and toddlers.
- Although the pandemic was not the central reason for converting enrollment slots, dips in Head Start enrollment during the pandemic sped up leaders' decisionmaking about whether to convert slots.

Source: Interviews conducted with participants in the HS2EHS case studies.

How Do Motivations to Convert Slots Vary Based on Policy, Program, and/or Community Characteristics?

We observed differences in motivations to convert slots based on whether the program had done so before, whether the program previously provided Early Head Start services, and whether the service area was rural. Several programs indicated they experienced enrollment challenges because of competition with public preschool programs, but this competition affected programs differently.

Leaders from programs that had previously converted enrollment slots approached the decisionmaking and planning processes differently than those that had not converted slots before. Leaders across all six programs assessed community needs, but they used what was learned either to inform the decision to convert or support a decision that had already been made, depending on their experience with converting slots in the program. When a program had previous conversion experience, leaders were regularly tracking community needs so they could predict when a conversion would benefit the community. For example, leaders from some programs described how a series of conversion requests were part of their long-term strategic plans to serve a higher share of infants and toddlers. Moreover, these leaders understood what was involved in the conversion process upfront, which made the decisionmaking process easier for the focal conversion. In contrast, leaders from programs that had not undergone conversion consulted various data sources and often engaged several staff *before* making

the decision to move forward with a conversion request. They used data to discern that there was a community need in the first place and then decided that conversion was an appropriate strategy to address this need.

Prior experience implementing Early Head Start also shaped how program leaders approached conversion. Participants from several programs that delivered Early Head Start before the focal conversion drew on their knowledge of the program and systems in place to support it when developing their conversion plan. Compared with the program that had not previously offered Early Head Start, staff at programs with prior experience with Early Head Start services reported less administrative burden when applying to convert slots because they relied on their existing processes and practices. The program without prior Early Head Start experience had to build out Early Head Start plans from scratch, and some staff were hesitant about serving younger children. Staff from this program found it helpful to observe another program delivering Early Head Start to understand what would be necessary for implementation.

Leaders of programs with sites in rural locations used conversion to address challenges specific to these areas, including limited demand for preschool services and a lack of infant and toddler education and child development services. Staff from several programs explained that conversion allowed them to close Head Start classrooms in rural locations that were not meeting enrollment goals. They also reported a desire to introduce infant and toddler education and child development services in rural areas where these services were previously scarce or nonexistent.

Some programs in states with publicly funded preschool experienced competition that created enrollment challenges for Head Start. For example, several participants mentioned that their programs struggled more to enroll four-year-olds than three-year-olds because of competition for the former in their service area. Therefore, participants saw a need to shift and grow the programs' capacity to serve younger children, including infants and toddlers.

How Do Grant Recipients Make Decisions about Conversion and Assess Community Needs?

Although participating programs differed in structure and context, there was consistency in their processes for determining whether and how to convert enrollment slots. Staff from all programs conducted internal assessments and then informed or sought approval from one or more governing bodies. Leaders communicated with OHS Regional Office staff to varying degrees at this point in the process.

Program leaders discussed conversion internally before preparing the formal conversion application. In all programs, the program director or another member of the leadership team had primary responsibility for the conversion. The decisionmaking process usually began with the director or another member of program leadership gathering input and securing buy-in. For example, one participant stated that their program's leaders made sure all staff understood what conversion entailed

and wanted to proceed before moving forward with preparing an application. Once the decision was made to convert enrollment slots, program staff began to plan and pull together elements needed for the conversion application.

Grant recipients' governing bodies, including the policy council and the board of directors, also had a role in determining whether conversion was appropriate to meet community and program needs. For example, at one program, the director engaged the board chair early to support the decisionmaking process. They discussed what facilities were needed to deliver Early Head Start, such as equipment, space, and safety features. They also considered families' transportation needs and other items from the community assessment. Staff from most programs participating in the study stated that support from the board of trustees and the policy council was key to gaining approval for the conversion application from OHS, as programs relied on feedback from these governing bodies to craft a sound justification of the community need. When presenting the proposal for conversion to the board of directors and policy council, leaders introduced the idea of conversion, shared data supporting the need for conversion, brought the formal proposal, and finally obtained approval to move forward with preparing an application. In these early conversations with governing bodies, program leaders addressed questions about whether currently employed staff or currently enrolled children would be displaced.

Starting discussions about conversion early to allow time to gather input from staff and OHS is important. When determining whether and how to convert enrollment slots, participating programs sought input from a range of staff within OHS, including regional program specialists and fiscal specialists, to varying degrees. Leaders in programs pursuing conversion for the first time relied on OHS to provide guidance about what needed to be included in the conversion application. Some case study participants noted they were unable to locate clear instructions about how to apply or what changes needed to be made in preparation for the conversion.⁴ These staff sought more information and met several times with their program specialist to discuss the conversion budget, locations of the converted classrooms, and facilities upgrades that were needed. The program specialist for the program without prior Early Head Start experience also connected leaders to Early Head Start programs in their state to facilitate informal, peer-to-peer technical assistance.

Implementation Decisions

Once program leaders decided to pursue conversion, they had to make additional decisions about how to implement the reduction of Head Start slots and initiation or expansion of Early Head Start services.

LOCATION

Because all programs in the study had multiple locations, leaders had to decide where the new Early Head Start slots would be located. They also had to determine where to eliminate Head Start slots. All programs used data from their community assessment, and some programs also used their own data

⁴ OHS staff reported to the study team that a number of efforts are now underway to address these types of concerns—to improve clarity about the conversion process, provide additional supports for grant recipients, and support a streamlined and timely conversion process.

collections to help them identify where to establish the new Early Head Start classrooms. This is consistent with another review of applications from Head Start programs that converted enrollment slots between 2020 and 2022, showing that nearly 90 percent cited program data and more than two-thirds cited data from community assessments (Lou, Berger, and Schilder 2023b).

Leaders from all programs weighed a variety of considerations to determine where to open new Early Head Start classrooms, including the number of children on center-specific waitlists for Early Head Start; the availability and suitability of facilities; staffing considerations; and the local early care and education context, including licensing. Here are examples of these considerations:

- Several programs eliminated Head Start slots at centers with the greatest challenges enrolling preschool-age children.
- Several programs added center-based Early Head Start slots in areas with little-to-no center-based infant and toddler education and child development services.
- Leaders in some programs pursued conversion in locations with the highest poverty rate compared with the rest of the service area, using this measure as a proxy for need for services. For example, one program chose to use conversion to establish a new Early Head Start classroom in the portion of their service area with the highest concentration of child poverty, high birth rates, high numbers of income-eligible pregnant women, and high numbers of teen pregnancy.
- For most of the participating programs, programs converted existing Head Start classroom spaces into Early Head Start classrooms. Updating existing classrooms to ensure the environment, equipment, and supplies are age appropriate for infants and toddlers, and providing infant toddler training to qualify or credential existing staff for Early Head Start, simplified the planning process by removing the need to find classroom space and minimizing disruptions to existing staffing.
- Staff from some programs indicated that they opened Early Head Start classrooms in centers where the administrative staff were housed to provide support to teaching staff who were new to the program or new to Early Head Start.

PROGRAM OPTION

Program leaders also had to consider which Early Head Start program option(s) to deliver with newly converted slots. Programs can convert slots to center-based, home-based,⁵ or family child care services. The six programs in these case studies considered converting to center-based and home-based services even though one of the programs in the case study offered family child care services. In one instance, a program used data from their community assessment, including survey data on parents' satisfaction with current Head Start operations and data on the local supply of quality education and child development services for infants and toddlers, to determine that center-based Early Head Start would best meet local needs. The program staff noted that center-based Early Head Start would support parents' employment schedules and address an unmet need for high-quality infant and toddler education and child

⁵ In Head Start, "home-based" refers to providing services through home visits and group socializations.

development services in their service area. The conversion application stated, “Full-day, center-based care ensures children and families served can benefit from the most intensive intervention and provides working families and families in school with a high-quality option for their young children so that they can sustain employment and move towards self-sufficiency.” It also noted, “Center-based care supports parents’ employment and education goals and provides a more intensive intervention to improve child outcomes and ensure school readiness.” Study participants from one program mentioned that they never considered providing home-based services because they had only ever delivered center-based Early Head Start and had been successfully meeting the community’s needs with that option.

How Do Grant Recipients Determine if the Program Is Meeting Community Needs?

Leaders from all participating programs used the community assessment process to inform their decision to convert (for a full list of data sources used to inform decisions, see box 2). Specifically, all grant recipients compared the number of children that their program served with the estimated number of children who were eligible for Early Head Start and Head Start in the service area. From these data, program staff calculated the share of the community’s eligible children that the program served. Participating programs were then able to identify which locations would benefit most from a conversion and where to establish or expand Early Head Start services. Program staff also used data from the community assessment to determine child care deserts in their service area. For example, participants from one program stated that their program only served about 1 percent of eligible Early Head Start children, and only about half of the state-funded preschool providers offered infant care. The program’s leaders felt these data demonstrated that there were still gaps in infant and toddler education and child development services despite the presence of state-funded preschool and Early Head Start.

The community assessment process either motivated the decision to convert or helped programs confirm an already-made decision to convert. One of the main facilitators of decisionmaking was the availability of data to help leaders make the decision to convert. Participants also indicated that data from the community assessment helped demonstrate the need to convert slots to the board members and policy council members.

As a board member, I feel like they’re [program staff] very conscientious in saying, “We’ve noticed these trends in certain centers,” and they don’t just have tunnel vision to one center—they really take a look at the whole picture and how are services matching that community’s needs. And they do community assessments of course too, but there’s just a lot of thought.

—board member

Program leaders used waitlist data as a proxy for unmet need and demand for services. Waitlist data informed the program leaders' decisions on where to establish the new Early Head Start classrooms. A member of the leadership team for one program even described keeping a list of parents that expressed interest in Early Head Start services at a site that did not have any Early Head Start classrooms. Although not a formal waitlist, this list provided evidence of demand for Early Head Start in that location.

BOX 3

Data Sources Used for Decisionmaking

- community assessments
- internal program data (including waitlist data)
- research conducted by a local university
- school district data or surveys
- local surveys of child care need
- family surveys
- input from community members
- federal government data sources, such as the American Community Survey
- state government data sources, such as state early childhood agency data
- data collected by other entities, such as nonprofit or advocacy organizations, local governments, or research or policy organizations

Sources: Data from authors' interviews conducted with participants and reviews of applications in the Head Start Enterprise System.

Additionally, several grant recipients used their own data collections, such as surveys that track local preschool program enrollment, the program's enrollment across communities (from their internal data management system), and family surveys. Staff in these programs reviewed data from local surveys of child care need or surveys that they administered, and they evaluated information describing factors like existing and potential facility characteristics and child outcomes data for classroom by age. One program's leaders used internal data to identify how many children currently enrolled in Head Start had younger siblings that would be eligible for Early Head Start; they then strategically chose to place most of the converted classrooms in the portion of their service area with projected need and no Early Head Start classrooms nearby. Other programs had staff that distributed surveys to parents to ask about families' interest in Early Head Start services and the ages of their

children. In addition, one participating program examined enrollment for the next year, how many children were returning, and how many children they had to recruit to better plan for the conversion.

Staff also engaged other community members when deciding whether to pursue conversion. For example, participants from one program noted that they were able to observe other Early Head Start programs in the area before deciding to move forward with the conversion application, giving them an idea of what to expect when initiating their own Early Head Start program. In many programs, study participants engaged other community members, such as the health department, school systems, local political leaders, county welfare boards, or county judges. Program staff also sought general input from community members, Head Start families, and parents inquiring about the potential availability of Early Head Start for infants and toddlers.

Recommendations from Study Participants

Participants shared several recommendations for other programs deciding whether to pursue conversion.

Recommendations for Grant Recipients Assessing the Need for Conversion of Enrollment Slots

- Begin conversations with an OHS Regional Office program specialist early in the process of considering converting slots.
- For programs without prior experience implementing Early Head Start, request training and technical assistance as soon as possible after deciding to move forward with conversion.
- Collect data on community need for infant and toddler education and child development services and on availability of preschool slots on a continuous basis to identify potential need for conversion.
- Consult multiple data sources to make decisions about pursuing conversion.
- Begin discussions about conversion at least one year ahead of planned implementation of new or expanded Early Head Start services and engage program staff, the policy council, the board of trustees, or other governing bodies in discussions and the planning process.
- Consider conversion as part of the broader strategic plan for the program.

Conclusion

Findings from the multi-case study demonstrate how Head Start grant recipients evaluate whether conversion will meet the needs of their community and program. Leaders from grant recipients that participated in the study indicated two main motivations for conversion. The motivation cited by most participating grant recipients was lack of high-quality and affordable infant and toddler services in their

community. Grant recipients were motivated to add Early Head Start slots to increase the availability of infant and toddler care and also to build a continuum of care from birth through age 5. The second primary motivation for conversion was Head Start enrollment challenges. All but one participating grant recipient faced enrollment shortfalls, either across the grant recipient or in a particular center. Study participants attributed lack of demand for preschool-age care to the increase in availability of other preschool programming, and, according to several programs, the COVID-19 pandemic worsened enrollment challenges. At the same time that grant recipients experienced reduced demand for preschool services, demand for infant and toddler care increased.

These findings align with other research on the motivation for conversion of enrollment slots. Research by Lou, Berger, and Schilder (2023a) shows that most grant recipients (88 percent) cited community need for infant and toddler care and education as a reason for conversion, including demand for infant and toddler care and education and lack of infant and toddler care and education. In addition, more than half (66 percent) of grant recipients in their study sample cited enrollment challenges as a motivating factor to convert enrollment slots. Similarly, these findings are consistent with reports from the New Mexico Legislative Finance Committee (2019) and Derrick-Mills et al. (2016) showing program leaders believe a lack of enrollment in Head Start is driven in part by increased competition from preschool expansion.

We also found variation in motivations and approaches to decisionmaking on conversion. Study participants from grant recipients that had previously converted slots considered conversion a component of their long-term strategic plan, and community-need data informed when to convert and in which sites to add Early Head Start slots. Study participants from grant recipients that had not previously pursued conversion assessed community need and consulted staff first to decide whether a conversion could meet that need. Prior experience with Early Head Start was also a factor in how program leaders considered the decision about conversion. Participants from several grant recipients with existing Early Head Start services could draw on their knowledge of the program standards and existing systems, and the relatively limited staff time needed to operate additional Early Head Start classrooms factored into the decision to convert. Program leaders from the grant recipient without prior Early Head Start experience, on the other hand, devoted a great deal of time and effort in learning about Early Head Start requirements and thinking through how they would adapt their program, before eventually deciding to pursue conversion. Finally, study participants discussed contextual elements. For instance, some programs' rural sites had particularly low enrollment in preschool classrooms and limited availability of infant and toddler care elsewhere in the community. Others experienced competition due to expansions in publicly funded preschool, which prompted conversion.

In making decisions about the need for conversion, program leaders from participating grant recipients relied on several data sources. First, leaders from all participating programs used the community assessment process to gather data on the extent of community need for infant and toddler care and where that need was located within the service area. Second, program leaders used waitlist data as a proxy for unmet need or demand for services. Third, several participating grant recipients had internal data sources, such as surveys or program enrollment data, that provided leaders with insight on

community need. Finally, staff in many programs engaged community members such as the health department, school systems, or local political leaders.

The sources of data reported by those participating in the multi-case study are similar to the findings from Lou, Berger, and Schilder (2023b) on data sources used in conversion applications. Lou and colleagues (2023b) reported that 88 percent of conversion applications cited administrative data or data collected by the program in documenting their motivation to convert. Examples include waitlist, enrollment, and survey data, and grant recipients' community assessments.

Before making a final decision to move forward with preparing an application to convert, program leaders gathered input from others and considered what would be needed to implement Early Head Start. Participating program leaders spoke with staff about the decision to apply for conversion, engaged governing bodies (i.e., the policy council and/or board of trustees), and discussed the decision with OHS staff. Participants emphasized the importance of starting these conversations as early as possible in the planning process. Leaders also planned for implementation decisions such as location (i.e., where to eliminate Head Start slots and where to add Early Head Start slots) and program option (i.e., center-based, home-based, or family child care).

Case study participants shared important insights into the process for assessing the need for conversion. Although the findings in this brief reflect a purposive sample of six grant recipients that submitted applications to convert enrollment slots during the COVID-19 pandemic, the multi-case study findings are similar to other research findings on the motivations of grant recipients seeking to convert enrollment slots (Lou, Berger, and Schilder 2023a; 2023b). However, we recommend continuing research to better understand variation in motivation by Head Start program characteristics, state contexts (including the availability of publicly funded preschool initiatives), and other factors.

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About the Authors

Carly Morrison is a senior research associate with MEF Associates. She researches social programs that serve children and families and often leads site identification, recruitment, and operations for descriptive and impact studies. Morrison coordinated MEF's work on the case studies and contributed to data collection, analysis, and report writing.

Kate Stepleton is a principal associate with MEF Associates and director of the Children and Families domain. She leads and contributes to research projects related to child and family well-being in a range of policy areas. With Diane Schilder, Stepleton is coprincipal investigator and co-led the design and implementation of the case studies.

Diane Schilder is a senior research fellow in the Center for Labor, Human Services and Population at the Urban Institute. She leads a range of early childhood research and evaluation projects. She is coprincipal investigator and project director of the Conversion of Enrollment from Head Start to Early Head Start project. With Kate Stepleton, Schilder co-led the design of the case studies.

Catherine Kuhns is a senior research associate in the Center on Labor, Human Services, and Population. Her research focuses on child welfare and public programs that support the well-being of low-income children and families. For this study, she led site visit data collection and contributed to the analysis and report writing.

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SUBMITTED TO

Jenessa Malin, senior social science research analyst
Krystal Bichay-Awadalla, social science research analyst
Office of Planning, Research, and Evaluation
Administration for Children and Families
US Department of Health and Human Services

Prime Contract No: HHSP233201500064I

SUBMITTED BY

Diane Schilider, principal investigator
Urban Institute
500 L'Enfant Plaza SW
Washington, DC 20024

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