

# *A Study of Conversion of Enrollment Slots from Head Start to Early Head Start*

## Request Form for Program Directors to Collect Information Pertaining to Key Staff, Program Characteristics & Documents

### SECTION 1: KEY STAFF INVOLVED IN CONVERSION

To plan our interview schedule, we need some information about which individuals played a key role in early decisions about whether to pursue conversion, the conversion application, and in implementing Early Head Start (EHS) services after conversion was approved. These individuals might include Head Start program staff (such as administrators, managers, educators, home visitors and the like), community partners, and governing representatives. We might also include state or local early care and education leaders to learn more about the supply of early childhood services and policies related to early childhood in your area.

**Please help us to identify these individuals by completing the three tables in this section:**

- Table 1 for Head Start Program Staff
- Table 2 for Technical Assistance Providers
- Table 3 for Community Partners and State Agency Staff

**For each table:**

- Please list staff who were **involved with the conversion application approved on DATE.**
- We're interested in interviewing staff who helped with:
  - **Early discussions** about whether to pursue conversion
  - **Application** development and submission
  - **Preparing for conversion** (i.e., turning the broad application into implementation plans)
  - **Delivering EHS services** (either directly with families or in an administrative/management capacity)
- Due to time constraints, we might not interview all staff listed in the table below. We will work with the coordinator to develop the final interview schedule. We will then share this schedule with Program Directors.

As a reminder, the information we gather during these interviews will be used to improve support and technical assistance for Head Start programs considering and undertaking conversion. This information will NOT be used for federal monitoring.

**Table 1. Head Start Program Staff Involved in Conversion**

- This table is organized by job role/title. When appropriate, you may indicate “not applicable” or add rows to the table. You may also list the same person on multiple rows.
- Please list staff who were **involved with the conversion application approved on DATE.**

Name	Job Role or Title	How did this person support conversion? Mark “X” for all that apply.				Still working at Head Start? (Yes/No)	Email
		Early discussions	Application	Preparing for conversion	EHS Delivery		
	Leadership						
	Governance						
	Fiscal Management						
	Community & Self-Assessments						
	Facilities & Learning Environments						
	Transportation						
	Technology & Information Systems						
	Training & Professional Development						
	Communications (e.g., marketing, parent handbooks)						
	Recordkeeping & Reporting						
	Ongoing Monitoring & Continuous Improvement						
	Human Resources						
	Program Planning & Service System Design						
	Data & Evaluation						
	Recruiting and Enrolling Families						
	Educators (e.g., teachers/providers, curriculum development)						
	Home Visitors						
	Health & Mental Health						

	Family & Community Engagement						
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**Table 2. Head Start Technical Assistance Provider(s) Involved in Conversion**

- This table is organized by job role/title. When appropriate, you may indicate “not applicable” or add rows to the table. You may also list the same person on multiple rows.
- Please list staff who were **involved with the conversion application approved on DATE.**

Name	Job Role or Title	How did this person support conversion? <b>Mark “X” for all that apply.</b>				Still working at Regional Office? <b>(Yes/No)</b>	Email
		Early discussions	Application	Preparing for conversion	EHS Delivery		
	National Technical Assistance Provider						
	Regional Technical Assistance Provider						
	Other Technical Assistance Provider						

**Table 3. Community Partners and State Agency Staff Involved in Conversion**

This table includes a list of all partners who were referenced in your conversion application. Please confirm and complete the table for each of these individuals.

Additionally, we are interested in speaking with state or local early care and education leaders to learn more about the early childhood context in your area. If you have suggestions for who we should speak with, please add their information to the table.

Name & Organization	Job Role or Title	How did this person support conversion? <b>Mark "X" for all that apply.</b>				Still working at this organization? <b>(Yes/No)</b>	Email & Phone
		Early discussions	Application	Preparing for conversion	EHS Delivery		
List all partners from application before sending	E.g., Head Start Collaboration Office						
Fill in as needed							
Fill in as needed							
Fill in as needed							

## SECTION 2: CONFIRMING PROGRAM CHARACTERISTICS

Next, we would like your help in verifying the following information for **Program Name** [if delegate or center, specify]. We are interested in understanding program characteristics around the time of the conversion application approved on **DATE**. Therefore, please pay careful attention to the timeframe information presented in the table.

Characteristics	Source for Information	Timeframe	Please Verify:
Prior experience providing EHS services	HSES	Fill In Before Sending	Fill In Before Sending
Program structure	HSES	Fill In Before Sending	Fill In Before Sending
Organization size	HSES	Fill In Before Sending	Fill In Before Sending
Enrollment capacity	HSES	Fill In Before Sending	Fill In Before Sending
Population served	HSES	Fill In Before Sending	Fill In Before Sending

## SECTION 3: DOCUMENTS USED FOR CONVERSION

Finally, there are a few documents related to the conversion process that we're hoping you can share with us. Please include these in your email response.

**As a reminder, please include documents for the conversion application approved on **DATE**.**

Potential documents could include:

- Application and Budget Justification Narrative
- Self-Assessment
- Community Needs Assessment
- Revised program schedule
- Written workplan or implementation plan, including any timetables for implementing conversion
- Any other documentation submitted with the conversion application, such as:
  - Description of how needs of pregnant women, infants, and toddlers will be addressed
  - Discussion of the qualifications and competencies of the child development staff proposed for the Early Head Start program, as well as a description of the facilities and program infrastructure that will be used to support the new or expanded Early Head Start program.