**MULTI-CASE STUDY:
FULL INTERVIEW PROTOCOL FOR HEAD START STAFF AND T/TA STAFF**

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| **Reminders to Interviewers:****Before starting the interview**: 1. **Fill in highlighted text with key information about the program**, including:
	* Program name,
	* Date conversion request was approved,
	* Number of slots converted,
	* Type of slots converted,
	* Data sources used in conversion request,
	* Community partners named in conversion request,
	* Whether the program provided EHS services prior to conversion, and
	* Whether the program converted slots multiple times, including the dates for each.
2. **For large grant recipients with multiple delegates**, make sure you understand which delegates/centers the protocol is focused on.
3. **Review documents**, including:
	* Preparatory interview with grantee directors, and
	* Any documents received from grantee directors following the preparatory interview

**When administering the interview:** 1. **Tailor the protocol to the respondent type.** The protocol is organized by respondent type. Tweak the prompts depending on which staff you are interviewing and depending on their role and involvement in conversion.
2. **Be specific about which conversion you are asking about.** Focus on the conversion that happened 12-18 months ago. However, if time allows, you may also ask how their experience compares to past conversions.
3. **Ask about COVID-19 and Build Back Better throughout.** Consider prompts, as appropriate and throughout the protocol, to clarify how the pandemic and COVID-19 (in terms of direct impact of COVID-19, impact of flexibilities granted by OHS because of COVID-19, and economic changes resulting from the pandemic including supply chain and workforce issues) and Build Back Better may have affected decisions and/or processes.
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CONSENT

Thank you for joining us today. My name is [*insert lead facilitator name*] and I will be facilitating this discussion today. I am from [*MEF Associates/Urban Institute*], an independent research organization contracted by the Office of Planning, Research and Evaluation (OPRE) in the Administration for Children and Families (ACF), within the U.S. Department of Health and Human Services, to conduct this research project. I am joined by my colleague(s) [*insert colleague(s) names and organizations, explain their role on the call (e.g., taking notes)*].

We are working on a project titled “The Conversion of Enrollment Slots from Head Start to Early Head Start (HS2EHS).” The main goal of the project is to build the knowledge base around the conversion of enrollment slots from Head Start to Early Head Start. **Are you generally familiar with what it means to “convert enrollment slots from Head Start to Early Head Start”?**

* ***[If not, or the respondent would like a refresher]…*** The Head Start Act of 2007 allows Head Start grant recipients to shift funding for Head Start preschool-age children to Early Head Start services for pregnant women, infants, and toddlers. Head Start grant recipients may request permission to convert funded enrollment slots from Head Start to Early Head Start, and to then reallocate those funds proportionally. There are many reasons why grant recipients may request permission to convert slots from Head Start to Early Head Start.

The purpose of our research project, and why we’re here today, is to better understand how and why programs convert slots from Head Start to Early Head Start. In our conversation today we are hoping to learn about your experiences as PROGRAM NAME converted slots from Head Start to Early Head Start. We are also hoping to learn about your experiences planning for, implementing, and or receiving Early Head Start services for infants, toddlers, and pregnant women.

For some added context, PROGRAM NAME submitted its request to convert slots in [MONTH/YEAR] and received approval to do so in [MONTH/YEAR]. This request included converting [#] slots from Head Start to [#] slots in Early Head Start to serve infants, toddlers, and/or pregnant women in [CENTER/FAMILY/HOME VISITING].

* As we understand it, PROGRAM NAME previously offered Early Head Start, so this conversion was an opportunity to expand those services.
OR
* As we understand it, PROGRAM NAME did not previously offer Early Head Start, so conversion was an opportunity to begin offering Early Head Start services for the very first time.

We’re interested in hearing your perspective on the conversion process, including what went well, what barriers or challenges you might have encountered, and what factors supported the success of your conversion. **Do you have any questions so far about the project?**

I also need to cover a few logistical items:

* This [meeting/call] should take no more than an hour to complete.
* As a thank you to your program for taking the time to participate in the site visit, we’ve offered a $300 gift card to [PROGRAM NAME].
* These interviews are voluntary, and we consider the information you provide as private. You may skip any questions you don’t know the answer to or prefer not to answer. Although we will take notes, we will not share these notes with anyone outside of our research team. When we write our reports and discuss our findings, information from all the people we speak with will be compiled and summarized without identifying organizations or individual respondents by name. That said, we will provide some non-identifying information, such as respondents’ titles/roles, when discussing findings in our reports so, it’s possible that a discerning reader could figure out from whom a piece of information originated. The information we collect will not be used for monitoring purposes.
* An agency may not conduct or sponsor a federal study, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The OMB control number for this information collection is xxxx-xxxx and it expires xx/xx/xxxx.
* We do not think there are any risks to you in participating. This project will benefit researchers, funders, program administrators, and policymakers in developing and supporting understanding of the conversion process.
* We ask that you participate from a private setting, out of earshot or viewing by unauthorized persons – those not participating in the study. While we take appropriate steps to ensure security, we cannot guarantee full confidentiality on the basis that Zoom and other internet platforms are out of our control.

**Do you have any questions? Do you agree to participate in this interview?**

One last thing, to help us accurately capture the information you share, we would like to record this interview. The recording is just a back-up for our notes and will be kept within our small research team and stored in a secure location that only the research team has access to. Is it okay with you if we record the interview?

(If consent given) We will begin recording now. (Notetaker presses record)

(If consent is not given) We will not record this interview.

QUESTIONS FOR ADMIN/MANAGEMENT STAFF

**INTRODUCTIONS**

**Let’s begin with brief introductions! Can you please share your name, job title, and how long you’ve worked for PROGRAM NAME?**

* Have you been in the same position that whole time?What other positions have you held at PROGRAM NAME?

**AGENDA**

***NOTE: Review the Program Director Preparatory Interview to see how/when the participant was likely involved in conversion. Also note that the interviewee may or may not be the Program Director we spoke with for the Preparatory Interview. Tailor the interview agenda and skip sections below accordingly.***

**Based on our conversations with [DIRECTOR NAME], our understanding is that you were involved in (1) initial discussions about whether to pursue conversion, (2) the conversion request, and (3) preparing for and [implementing/expanding] Early Head Start Services because of conversion. Would you agree?**

**Our plan is to use our time today to talk about [initial discussions about converting slots/requesting approval to convert slots/preparing for and implementing conversion of slots], in this order.**

***IF THE PROGRAM HAS PURSUED CONVERSION MULTIPLE TIMES:* As a reminder, we want to focus today’s discussion on the conversion request that was approved in [MONTH/YEAR]. However, if you think this experience varied in significant ways from prior conversion experiences, please feel free to share this along the way.**

Section 1. Motivation

**There are many reasons why a program might consider converting slots from Head Start to Early Head Start. We would like to ask you a few questions about what motivated PROGRAM NAME to initially pursue conversion.**

**Please describe how you first learned that grant recipients could covert slots from Head Start to Early Head Start.** Probe:

* Where, when, from whom?

 **What did very early discussions about whether to pursue conversion look like? How were you involved?**

* When did someone from PROGRAM NAME first contact the regional office about conversion?

**Why did PROGRAM NAME apply to convert slots from Head Start to Early Head Start?** Probe:

* + Competition from preschool expansion?
	+ Unmet needs in the community for comprehensive services for pregnant women, infants and toddlers?
	+ Desire to provide a birth-5 continuum of services?

**[For those that underwent Designation Renewal per HSES] To what extent did PROGRAM NAME reassess how the program could meet community needs during the Designation Renewal process? Did the Designation Renewal process inform or motivate PROGRAM NAME’s decision to convert enrollment slots? If so, how?**

**Did PROGRAM NAME participate in any training or technical assistance (T/TA) that prompted your decision to convert enrollment slots?**

* + Who provided the T/TA?
	+ What was the T/TA topic?
	+ How did this T/TA inform the decision to convert slots?
	+ What materials did you access/use as part of this T/TA?

**How did you determine that conversion was the right choice for your program?** Probe:

* + Where did you turn for information?
	+ Who did you talk to? (e.g., other grant recipients, national TA centers such as the Center on Program Management and Fiscal Operations, regional TA, Regional Office)

**How did you determine which program option you would convert slots to?**

* *For programs that converted to the home-based option:* How did you learn about the home-based option?
* *For programs that converted to the center-based option:* How did you decide which ages of infants and toddler to serve?
* Did you use the community assessment to help decide which program option to choose?

**Can you describe if/how the community assessment informed your decision to convert slots?** Probe:

* What information or data points informed your decision?
* To what extent did PROGRAM NAME use community assessment data or the process of conducting the needs assessment inform the decision to convert enrollment slots?
* *If used the data or process ask:* To what extent did the community assessment confirm or challenge assumptions about community need?
* Did the community assessment demonstrate community needs PROGRAM NAME wasn’t previously aware of?
* What was most helpful/challenging about using the community assessment for decision-making?

**Did any state or local policies or regulations influence your decisions or approach to conversion?** Probe:

* + ECE policies (e.g., child care subsidies, licensing regulations, quality rating systems, accreditation requirements)
	+ Other policies (e.g., minimum wage requirements)

**How was [community] affected by the COVID-19 pandemic? How was PROGRAM NAME affected? To what extent did that influence your consideration of converting slots?**

**Were there any additional factors that motivated PROGRAM NAME to convert slots that weren’t mentioned in your request?**

* + *Probe about recent policy and funding developments*
	+ *Probe about other major policy changes in the state*

**Were you involved in any conversations between PROGRAM NAME and the Regional Office when deciding whether to convert slots? How did they go?** Probe:

* + When did you or other program staff begin discussing the possibility of conversion with the Regional Office?
	+ Who from the Regional Office was involved at this stage?
	+ About how many conversations did you have with the Regional Office?
	+ What topics did you cover when communicating with the Regional Office?
	+ How helpful were these communications?
	+ What resources (if any) did the Regional Office provide?
	+ What, if anything, could have made the communication with the Regional Office more useful?

**Can you describe the process taken to obtain governance** **approval?** Probe:

* + How were the board of trustees and/or policy council/school district (if applicable) involved?
	+ What went well? Were there any challenges? (e.g., leadership support and buy-in to EHS)

**Did you involve others in your community or state in the initial decisions about whether to convert slots? In your request to convert slots, you mentioned working with: [list the community or state partners in the request].** Probe:

* How was this organization involved in your early decisions about whether to pursue conversion? (e.g., topics covered, frequency of communication, usefulness of involvement)
* Were there any additional state or community partners involved in early decisions? *Probe:*
	+ Head Start Collaboration Office

**Had [PROGRAM NAME] considered converting enrollment slots at any time before the request approved in [MONTH/YEAR]?**

* *If Yes:* Were there any instances where you considered converting enrollment slots but did NOT ultimately submit a request?
	+ *If Yes:* What were the reasons you did not ultimately submit a conversion request? Were there challenges in the conversion process that you did not feel the program could overcome? Was there resistance to converting? What alternatives to conversion did you consider, and did you follow through with any of them?

***IF STAFF EXPERIENCED MULTIPLE CONVERSIONS…* To what extent was your motivation for this conversion request similar or different to previous conversions?**

Section 2. Request Development & Submission

**Please briefly describe how you were involved in developing the request to convert slots? Who else from PROGRAM NAME was involved, and in what capacities?**

**Please describe what went well and what was most challenging in terms of developing the request?**

**What, if any, guidance did you receive from the regional office when developing the request?** Probe:

* What guidance did you receive from your program specialist?
* What guidance did you receive from your fiscal specialist?

**Describe what technical assistance, resources, or other supports (formal OR informal):**

|  |  |
| --- | --- |
| **Were available to you to support you when developing the request?** *[If communication with a person, clarify their specific title/role. If documents, clarify which documents.]***Were most useful to you when developing the request?****Were least useful to you when developing the request?****Would have been helpful to have, but didn’t exist when developing the request?** | ***NOTE TO INTERVIEWER: For each, probe for the following sources of TA, resources, support:**** National T/TA (via National T/TA Centers)
* Regional T/TA Network/Specialists
* Local T/TA for Grant Recipients
* Community or State Partners
* Other experts in state/local communities
* Head Start TTA
* Head Start Collaboration Office
* ECLKC (Head Start Early Childhood Learning & Knowledge Center)
* Outside consultants
* Peer support from other Head Start programs (including information on MyPeers)
 |

**Did you use Head Start technical assistance funds to support your conversion request? If so, how did you spend these funds?**

**When reviewing your request for approval to convert we noticed that you used data sources such as: list here**. **Can you tell us how you used the data for decision-making or to justify the request?** Probe:

* What was most challenging about collecting and using these data for decision-making? [Probe: availability of data, accuracy of data, staff capacity]
* What data sources were most helpful? [Probe: specific resources]
* Was there data you would have liked to have to inform decision making? [Probe: Types of data]
* What was most helpful in using the data for decision making [Probe: specific resources, technical assistance]

**Once the conversion request was submitted, what happened next?** Probe:

* To what extent did the program have back-and-forth communication with Regional OHS?
* What was discussed or negotiated? Over what period of time?

***IF STAFF EXPERIENCED MULTIPLE CONVERSIONS…* To what extent was your approach for this conversion request similar or different to previous conversion requests?**

Section 3. Preparing for and Implementing Early Head Start Services

**Next, we’re interested in how you prepared for and implemented EHS services after your program received approval to convert enrollment slots. We’re interested in preparations you made before the request was approved, as well as preparations that were made just after the request was approved.**

***NOTE TO INTERVIEWER:*** *Probe throughout for information about timing to understand if the events happened before vs. after approval.*

**Can you briefly describe what your responsibilities were when PROGRAM NAME transitioned to [provide OR expand] EHS services due to conversion?**

**IMPLEMENTATION PLANS AND PHASE-IN PERIOD**

**Describe how you worked to turn your conversion request into an implementation** **plan.**

* Was this implementation plan written in PROGRAM NAME’s request?
* Did you create any additional written materials, like a workplan?
* Did you create a timeline? What did this timeline look like?
* How long did it take to create an implementation plan from the time you started until you completed the plan? About how many hours did you spend?

**What guidance or support did you receive in developing your implementation plan?**

* What guidance did you receive from the regional office?
	+ To what extent was it helpful? How?
	+ To what extent was working with the regional office challenging? How?
* Did you use any TA supports in developing the plan? (National Centers (such as the National Center on Program Management and Fiscal Operations)? Head Start TA? Assigned regional TTA provider?)
	+ To what extent was it helpful? How?
	+ What could have been improved?
* Was there guidance you would have liked to receive but was not available? If so, what guidance?

**Who else helped you develop your implementation plan?**

* Did you have a planning team? (Who was involved? Roles? Meeting schedule?)
* Did you contract with consultants or implementation planners?
* Did you develop any written agreements or MOUs with outside organizations to offer services and/or training?

**Your request for conversion was approved on DATE. How long did it take to start implementing the services described in your request?** Probe:

* What was the reasoning for choosing this approach?

**Thinking back to when you started delivering EHS services, did you have a phase in period or did you begin to deliver services to all newly enrolled EHS families on a specific date?**

**We know that people can react very differently to change. Can you share a little about how you felt about converting slots?** Probe:

* What was the general attitude among…
	+ - Staff who worked directly with families?
		- Program leadership and senior management?

**SERVICE CHANGES & MEETING HEAD START PROGRAM PERFORMANCE STANDARDS**

**Next, I have a few questions about how services have changed as a result of conversion.**

**How long did it take for PROGRAM NAME to receive approval to convert after submitting the request?**

* + To what extent was how long it took to receive approval a challenge for your program?
	+ For some grant recipients, things change between when they submit their conversion request and when it is approved. These changes may affect whether they can deliver the services they originally proposed on the timeline they proposed. What happened between submitting your request and getting it approved? Did it affect your ability to deliver the services you proposed? Probe:
		- Changes in partners?
		- Changes in facilities?
		- Changes in community needs?

**Can you describe how conversion has changed the way PROGRAM NAME provides services? What were the most significant changes that you made?** Probe:

* Changes to program structure?
* Changes in program options?
* Changing, adding, or modifying curriculum?
* Making changes to staffing?
* Making changes to facilities?
* [Classroom/group] size or [teacher-child/adult-child] ratio change?
* Types of services to children or families?
* Ability to provide more/better services to already enrolled families
* Hours of operation?
* Others?

**One important aspect of conversion is ensuring that services meet the requirements of the Head Start Program Performance Standards. Are you familiar with these standards?**

* ***IF NEEDED****: The Head Start Program Performance Standards outline the requirements programs must meet for serving children and families. The standards cover both Head Start and Early Head Start, but there are some standards that are related to providing quality services for infants, toddlers, their families, and expectant mothers. The standards include requirements for:*
	+ *Eligibility, Recruitment, Selection, Enrollment, and Attendance;*
	+ *Providing education, health, mental health, and nutrition services;*
	+ *Engaging families;*
	+ *Community engagement;*
	+ *Program governance and other administrative aspects of the program.*

**Can you describe what PROGRAM NAME is doing to meet the Head Start Program Performance Standards to ensure quality and relevant services for infants and toddlers and their families (and expectant families, if applicable)?** Probe:

* Recruiting and enrolling families/children (including attendance)
* Curriculum development
* Parent engagement
* Supporting racial diversity and inclusion
* Child assessments and screenings
* Health and safety
* Services for children with special needs/disabilities
* Transitions
* Quality improvement
* Finding and building a qualified workforce

**How does PROGRAM NAME provide oversight to monitor or ensure compliance with the Head Start Program Performance Standards?** Probe:

* How have those procedures changed since the conversion of enrollment slots from Head Start to Early Head Start?
* How are you using information from monitoring to inform your quality improvement plan?
* What resources/TA did you access to help meet the goals in your improvement plan?

**What was (or is) most challenging or difficult about delivering EHS services after approval of your request to convert slots?**

* + Were there any expected or unexpected challenges to implementing services (infant and toddler care and support services for families) after conversion? What strategies have you used to address those unexpected challenges?
	+ Challenges related to funding?
	+ Challenges related to providing ongoing professional development?
	+ Challenges related to differences between the Head Start Program Performance Standards and child care licensing or other state requirements?
	+ What resources or technical assistance would have been helpful to address those challenges?

**WORKFORCE**

**Next, I have a few questions about how you planned for any staffing and workforce-related changes that were needed to convert slots. We’re interested in plans you made before the request was approved, as well as plans that were made just after the request was approved.**

**Were there any changes to the organizational structure that you needed to plan for?** Probe:

* Who did you work with to develop plans for organizational changes? (Regional Office, Head Start T/TA, consultants, etc.)

**Did you develop a plan to recruit new staff or retain existing staff?** If yes, probe**:**

* What strategies did you use? For what type of staff?

**Were there any other staffing changes that you needed to plan for?** Probe:

* What changes did you plan for:
	+ - Teaching staff?
		- Family child care providers?
		- Home visitors?
		- Other staff?
* How did you determine what staffing changes were needed?
* How did you ensure that staffing changes were compliant with state licensing requirements?
* How did it go once you started making staffing changes?
* How did you communicate the changes associated with conversion to staff? What did you say?
* Did things go according to plan? Were there any surprises?
* Were you able to hire staff that represented the cultures and languages of the families you serve? Were you able to hire staff that represented the racial and ethnic identities/communities of the families you serve?
* Did staff choose to leave because of the conversion? If so, what reasons did they give for leaving?

**What professional development was needed to support staff in implementing Early Head Start services for slots that were converted?** Probe:

* Who did you work with to train staff? Did you work with any community partners?
* Were there any challenges in offering this professional development to staff? How did you overcome these?

**Did you develop or modify any community partnerships to help PROGRAM NAME meet its workforce needs? Tell me more about that.**

* What worked well?
* What were the challenges in developing or modifying community partnerships to meet workforce needs?

**In converting slots, how did you think about EHS managers? Did you hire new managers, reassign existing managers, and/or reallocate time for existing managers to serve both Early Head Start and Head Start?**

* Were there other changes to managerial structure and managers’ responsibilities that came with conversion?
* Did managers receive any training specific to Early Head Start or work with infants, toddlers, and pregnant women?

**TECHNICAL ASSISTANCE, RESOURCE, SUPPORTS**

**What guidance did you receive from the regional office about implementing Early Head Start services after your conversion request was approved?**

**What technical assistance, resources, or other supports (formal OR informal):**

|  |  |
| --- | --- |
| **Were available to you to support you in preparing for or delivering of EHS services?** **Did you use?****Were most useful to you?****Were least useful to you?****Would have been helpful to have, but didn’t exist?** | ***NOTE TO INTERVIEWER:*** * *Ask for supports for serving infants and toddlers, home visiting, services for pregnant women.*
* *If communication with a person, clarify their specific title/role.*
* *If documents, clarify which documents.*
* *Probe for:*
	+ - National T/TA (via National T/TA Centers)
		- Regional T/TA Network/Specialists
		- Local T/TA for Grant Recipients
		- Community or State Partners
		- Other experts in state/local communities
		- Head Start TA
		- Head Start Collaboration Office
		- ECLKC (Head Start Early Childhood Learning & Knowledge Center)
		- Outside consultants
		- Peer support from other Head Start programs (including information on MyPeers)
 |

**COMMUNICATING WITH AND RECRUITING FAMILIES**

**How did you communicate to families that you were offering Early Head Start slots?** Probe:

* When did you begin communicating the changes to families (currently enrolled families and potential enrollees from the community; Head Start families and Early Head Start families)?
* What went well and what was challenging?

**Can you tell us how and when you started recruiting families with infants/toddlers and [if applicable] pregnant women?** Probe:

* + How easy or difficult has it been to fill your EHS slots after converting?
	+ Are the demographic groups you are serving different from those served in HS? If so, how?
	+ What went well? What was most challenging?

**PROGRAM OPERATIONS AND MANAGEMENT**

**Once you started implementing EHS services, did you change any community partners you work with to deliver services?** Probe:

* Did you begin any new community partnerships? If so, what partnerships? Why?
* What has gone well with these community organizations? What has been most challenging?
* Did you need to negotiate or update any partnership agreements or existing arrangements to prepare for conversion?
* If yes, did you begin these negotiations before or after the request was approved?

**Did the composition of your Head Start Advisory Committee or other governance committees change with the conversion?**

* Were new partners brought on board?

**Once you started implementing EHS, how did you track progress and monitor continuous improvement?** Probe:

* + What data did you use?
	+ What was most challenging about using these data? What was most helpful?
	+ Was there additional data that it would have been helpful to have?

**Once you started implementing EHS, how did you develop or update internal recordkeeping?** Probe:

* + To meet requirements for Head Start Program Performance Standards, Uniform Guidance, CCDBG, CCDF guidelines, state child care licensing regulations, quality rating systems, accreditation requirements?
	+ What was most challenging about using these data? What was most helpful?

**Once you started implementing EHS, did you make changes to how you provide transportation?** Probe:

* + What was most challenging? What was most helpful?

**Can you describe how you started planning for changes to facilities and learning environments?**

* Did you negotiate leases or other agreements?
* Did you hire contractors to make changes in the space?
* How did you comply with state licensing or national accreditation requirements?
* How did you ensure spaces were developmentally appropriate?
* Did the program begin implementing changes before the request was approved? If yes, what changes?

**It’s been some time since PROGRAM NAME’s request to convert slots was approved. To what extent do you think the resulting expansion of Early Head Start slots is meeting the community’s needs?** Probe:

* Availability of slots?
* Fit of program option with community needs?

**COMPARING TO PREVIOUS CONVERSIONS**

***IF STAFF EXPERIENCED MULTIPLE CONVERSIONS…* Thinking about all we discussed today in terms of expanding EHS services due to conversion, to what extent was your experience similar or different to previous conversions?**

**What lessons did you learn from previous conversions? How did you apply those lessons in the conversion we’ve been discussing today? What, if any challenges did you encounter? How did you address those challenges?**

***PROCEED TO WRAP-UP SECTION AT THE END OF THIS PROTOCOL.***

QUESTIONS FOR REGIONAL TRAINING AND TECHNICAL ASSISTANCE STAFF

**Let’s begin with brief introductions! Can you please share your name, job title, and how long you’ve worked for [T/TA CENTER/OFFICE NAME]?**

* + Have you held other positions there? If so, what were they?

**We would like to begin with questions about PROGRAM NAME’S motivation for pursuing conversion. Then, we’ll talk about the process of requesting OHS approval to convert slots. Finally, we’ll talk about how PROGRAM NAME planned for and started implementing services.**

***If the program has pursued conversion multiple times:* As a reminder, we want to focus today’s discussion on the conversion request that was approved in [MONTH/YEAR]. However, if you think this experience varied in significant ways from prior conversion experiences for PROGRAM NAME, please feel free to share this along the way.**

Section 1. Motivation

**Tell me about your relationship with PROGRAM NAME before they began pursuing conversion of enrollment slots. Did you work with them before conversion? On what topics?**

**When did staff from PROGRAM NAME first begin speaking with you about conversion? Tell me about that exchange.** Probe:

* + Who raised the topic of conversion?
	+ When you first started discussing conversion, had PROGRAM NAME staff already made the decision to convert? Or did you discuss the issue with them as they weighed options?
	+ What challenges did PROGRAM NAME face that may have influenced their decision to convert slots?

**How did you support PROGRAM NAME in determining whether to pursue conversion?**

* + What topics did you cover when communicating with the program about conversion?
		- Community Assessment? Tell me more about that.
			1. What questions did they have?
			2. What did you advise?
		- Using data to inform decision-making? Tell me more about that.
			1. What questions did they have?
			2. What did you advise?
		- Other?
	+ Did you provide any resources to the program? If so, what were they? *(e.g., technical assistance, documents, etc.)*
	+ What aspects of communication between PROGRAM NAME and the TA CENTER/OFFICE could have been improved?
		- How receptive to TA were the staff at PROGRAM NAME?

Section 2. Request Development & Submission

**Next, did you communicate with PROGRAM NAME about conversion when they were actively developing their request?** If yes, probe:

* Can you tell us a bit about how you worked with PROGRAM NAME during this time?
	+ How often did you communicate with the program? Is this more, less, or about the same amount of communication you’d expect to have with a typical conversion?
	+ What topics did you cover when communicating with the program?
	+ What challenges did PROGRAM NAME face in developing their conversion request?
	+ Did you provide any resources to the program? If so, what were they? *(e.g., technical assistance, documents, etc.)*
	+ What aspects of communication between PROGRAM NAME and the TA CENTER/OFFICE could have been improved?

Section 3. Preparing for and Implementing Conversion

**Finally, did you communicate with PROGRAM NAME after their conversion request was approved and PROGRAM NAME started converting slots?** If yes, probe:

* + Can you tell us a bit about how you worked with PROGRAM NAME during this time? Who did you work with?
	+ How often did you communicate with the program? Is this more, less, or about the same amount of communication you’d expect to have with a typical conversion?
	+ What topics did you cover when communicating with the program?
		- Head Start Program Performance Standards?
		- Using data to make decisions?
		- Quality Improvement?
		- Staffing?
		- Other?
	+ Were you aware of any changes the program made to prepare for conversion prior to receiving formal approval? If so, what were they?
	+ What challenges did PROGRAM NAME face as they prepared for and implemented conversion of slots?
	+ Did you provide any resources to the program? If so, what were they?
	+ What aspects of communication between PROGRAM NAME and the TA CENTER/OFFICE could have been improved?

 ***PROCEED TO WRAP-UP SECTION AT THE END OF THIS PROTOCOL.***

QUESTIONS FOR STAFF WHO OVERSEE FISCAL OPERATIONS

 **Let’s begin with brief introductions! Can you please share your name, job title, and how long you’ve worked for PROGRAM NAME?**

**We would like to begin with questions about the process of requesting OHS approval for conversion. Then, we’ll talk about how you planned for and started implementing services.**

***If the program has pursued conversion multiple times:* As a reminder, we want to focus today’s discussion on the conversion request that was approved in [MONTH/YEAR]. However, if you think this experience varied in significant ways from prior conversion experiences, please feel free to share this along the way.**

Section 1. Motivation

**Were you involved in conversations about the decision to convert slots from Head Start to Early Head Start? In what capacity?**

Section 2. Request Development & Submission

**Can you briefly describe how you were involved in developing the conversion request?**

**How many conversion requests have you worked on? Did you work on any requests other than the one approved in MONTH/YEAR?**

**Tell me how you built the budget for implementing conversion and delivering [expanded] Early Head Start services.**

* + What costs did you consider? (e.g., facilities, staffing, classroom materials, curriculum)
	+ What was challenging about building the budget for conversion?

**How did you determine the number and type of slots to convert to? NOTE TO INTERVIEWER**: HAVE THE NUMBER AND TYPE OF SLOTS HANDY FROM THE PREP CALL WITH PROGRAM DIRECTORS.

* # of Center-based slots
* # of Family Child Care slots
* # of Home-based Program slots
* # of Locally Designed Program slots
* # of Pregnant Women slots

*For programs that have multiple EHS program options:* **Did expenses vary based on the type of care converting to?** (family child care, center care, home visiting, etc.)

**Besides you, who else was involved in putting together the financial information that was included in your conversion request? In what capacity?**

**Did you receive any guidance from regional office staff (e.g., your program specialist or fiscal specialist) about putting together the budget for conversion?**

**Can you describe what technical assistance, resources, or other supports (formal OR informal):**

|  |  |
| --- | --- |
| **Were available to you to support you when developing the request?** *[If communication with a person, clarify their specific title/role. If documents, clarify which documents.]***Were most useful to you when developing the request?** (e.g., cost calculators)**Were least useful to you when developing the request?****Would have been helpful to have, but didn’t exist when developing the request?** | ***NOTE TO INTERVIEWER: For each, probe for the following sources of TA, resources, support:**** National T/TA (via National T/TA Centers)
* Regional T/TA Network/Specialists
* Local T/TA for Grant Recipients
* Community or State Partners
* Other experts in state/local communities
* Head Start technical assistance
* Head Start Collaboration Office
* ECLKC (Head Start Early Childhood Learning & Knowledge Center)
* Outside consultants
* Peer support from other Head Start programs (including information on MyPeers)
 |

***IF STAFF EXPERIENCED MULTIPLE CONVERSIONS…* To what extent was your approach for this conversion request similar or different to previous conversion requests? Why?**

Section 3. Preparing for and Implementing Conversion

**Next, I have some questions about the financial aspects of planning for and implementing conversion. We’re interested in preparations you made before the request was approved, as well as preparations and changes that were made after the request was approved.**

***NOTE TO INTERVIEWER:*** *PROBE THROUGHOUT FOR INFORMATION ABOUT TIMING TO UNDERSTAND IF THE EVENTS HAPPENED BEFORE VS. AFTER APPROVAL.*

**Was the funding you received (after the request was approved) different from the funding you applied for? If yes, how so?** *Probe:*

* Was the model approved different from the model included in the original request?
* Was the level of funding that was approved different from what you requested?

**Did conversion impact any other funding sources you received? If yes, probe for…**

* What types of funding sources?
* How significant was the impact?
* How did you plan for those changes?
* Were any of those changes unexpected?
* How did you/PROGRAM NAME address these changes?

**Next, I have some questions about the financial aspects of implementing EHS services.**

**Once conversion was approved, what were the most significant changes to fiscal management systems and procedures?** Probe:

* How did you go about making these changes?
* What did you find most challenging about these changes?
* What was most helpful?

**Think back to the time after the request to convert slots was approved and PROGRAM NAME began making changes to [implement/expand] Early Head Start services. How accurate did your planning budgets end up being?** Probe:

* Where, if at all, did you find that your budget did not align with the reality of preparing to convert slots and implementing the conversion? Tell me more about that.
* How did you address that gap?

**What other sources, if any, is PROGRAM NAME using to fund Early Head Start services?**

* *If program implements home-based EHS, probe for:* CACFP

***IF STAFF EXPERIENCED MULTIPLE CONVERSIONS…* Thinking about how you prepared the financials to support conversion, to what extent was your experience similar or different to previous conversions? How so?**

**What lessons did you learn from previous conversions? How did you apply those lessons in the conversion we’ve been discussing today?**

**What, if any, challenges did you encounter? How did you address those challenges?**

QUESTIONS FOR STAFF WORKING DIRECTLY WITH FAMILIES

**Let’s begin with brief introductions! Can you please share:**

* **How many years you have been providing services to children [and/or families if family services coordinator or person working with pregnant mothers]?**
* **How long you have worked in your current job at PROGRAM NAME?**
* **Do you have any degrees, credentials or certifications that related to your work with young children or pregnant women that you want us to know about?**
* **Have you been involved in expanding EHS services at PROGRAM NAME previously due to other conversion requests? If yes, how?**

Section 1. Motivation

**Were you involved in any conversations about the decision for PROGRAM NAME to convert slots from Head Start to Early Head Start (for this conversion)? In what capacity?**

Section 2. Request Development & Submission

**Were you involved in developing the request to convert slots from Head Start to Early Head Start? In what capacity?**

Section 3. Preparing for and Implementing Conversion

**We would like to begin with questions about the time period when PROGRAM NAME [started to deliver OR expanded] EHS services for infants, toddlers, and pregnant women. As a reminder, this would have started sometime after MONTH/YEAR, when the conversion request was approved.**

***IF THE PROGRAM HAS PURSUED CONVERSION MULTIPLE TIMES:* However, if you think this experience varied in significant ways from prior experiences when you [started to deliver or expanded] EHS services, please feel free to share this along the way.**

***NOTE TO INTERVIEWER:***

* *PROBE THROUGHOUT FOR INFORMATION ABOUT TIMING TO UNDERSTAND IF THE EVENTS HAPPENED BEFORE VS. AFTER APPROVAL.*
* *PAY CAREFUL ATTENTION TO WHETHER THE PROGRAM SERVED EHS PRIOR TO THE CONVERSION REQUEST. WORDING OF QUESTIONS VARIES DEPENDING ON THIS.*

**TRANSITION PERIOD AND CHANGE**

**Were you working at PROGRAM NAME around MONTH/YEAR?**

***NOTE TO INTERVIEWER:*** *THE FOLLOWING QUESTIONS ABOUT TRANSITIONING TO EHS ARE ONLY APPLICABLE TO STAFF WHO WERE WORKING AT THE PROGRAM BEFORE OR AROUND THE TIME WHEN CONVERSION WAS APPROVED. SKIP THESE QUESTIONS ABOUT THE TRANSITION PERIOD IF STAFF WERE HIRED AFTER CONVERTING SLOTS.*

**How did you first learn that PROGRAM NAME would be reducing Head Start slots and expanding Early Head Start services?** Probe:

* From whom? When?
* Were the reasons for conversion explained to staff?
* Did program staff understand why these changes were being made?

**How, if at all, did your job change when PROGRAM NAME started working to reduce Head Start slots and expand Early Head Start services?** Probe:

* + How did the services you provide to children change?
	+ How did the services you provide to families change?
	+ Did you change classroom activities or routines?
	+ Were there changes to the staff you worked with on a daily basis?
	+ Did you implement a new curriculum or change the way you implement a curriculum you were using?
	+ Did your [classroom/group] size or [teacher-child/adult-child] ratio change?

**We know that people can react very differently to change. Can you share a little about how you and your peers felt about PROGRAM NAME’s shift to serving more infants and toddlers?** Probe:

* What was the general attitude among staff who worked directly with families?
* What was the general attitude among program leadership and senior management?
* Were there any changes that were more challenging than others?

**How did things go once you started to [deliver OR expand] EHS services?** Probe:

* Did things go according to plan?
* Did anything surprise you?
* What went well? What was challenging?

**WORKING WITH CHILDREN AND FAMILIES**

***[For EHS teachers]* Tell me about your classroom. How is it set up? If I walked in at 10:00 AM on a weekday:**

* What would I see?
* What would I hear?
* Who would be in the classroom?

**Walk me through a typical day at PROGRAM NAME for you.**

* What is the most important work you do to support infant/toddler development? How much of your day do you get to spend doing that?
* What curriculum do you use?
	+ Is it specific to infant/toddler development?
	+ Is it inclusive of diverse backgrounds (racial, ethnic, cultural, linguistic)?

**Do you share a similar background with the children and families you work with?** (racial, cultural, linguistic, etc.)

* To what extent does sharing or not sharing a similar background help or hinder your work with families in the Early Head Start program?

**Next, we’re curious to understand whether EHS services are meeting the needs of parents. Do you have a story to share with us that illustrates how EHS services may or may not be meeting the needs of parents with infants and toddlers?** Probe:

* Was that experience fairly typical of parents of infants and toddlers involved with PROGRAM NAME? Or more out of the ordinary?
* How could services be improved to better meet the needs of parents with infants and toddlers?
* Are there certain groups of parents with infants and toddlers who still have unmet needs? If so, which parents (e.g., geographical location; language groups; cultural, racial, and/or ethnic groups; children of a particular age)?

**Do you have a story to share with us that illustrates how EHS services are or are not meeting the needs of pregnant women?** Probe:

* Was that experience fairly typical of pregnant women involved with PROGRAM NAME? Or more out of the ordinary?
* How could services be improved to better meet the needs of pregnant women?
* Are there certain groups of pregnant women who still have unmet needs? If so, which groups of pregnant women (e.g., geographical location; language groups; cultural, racial and/or ethnic groups)?

**PROFESSIONAL DEVELOPMENT & SUPPORT**

**What professional development or training opportunities were offered to support you in working with infants, toddlers, and/or pregnant women as part of EHS? Which did you take advantage of?** Probe:

* Training on infant/toddler development
* Curriculum training
* Diversity and inclusion training
* Other?

**How well has the training you received prepared you to provide high quality EHS services?**

* What was helpful? What was not helpful?
* What would have been helpful to have that you could not get?
* In what areas would you like to receive more training?
* Are there any barriers to accessing the training you need (release time, cost, location, and availability)?
* Is there training that you would like to receive that is not currently offered?

**Please describe any other support you have received to help you in your work with infants, toddlers, and/or pregnant women.**

* Meetings with a supervisor?
* Support from a coach or mentor?
* Observation and feedback on your teaching and caregiving? *[For home-based EHS:* home visiting practices?*]*
* Assessment and feedback on your classroom materials, room arrangement, or daily schedule? *[For home-based EHS:* feedback on home visiting practices, socialization spaces and activities, family engagement]
* Assessment and feedback on your interaction with parents/caregivers?

**How helpful have these supports been? Are there other supports you think would be helpful?**

**CHALLENGES AND SUCCESSES**

**What do you view as the biggest barriers in terms of [delivering OR expanding] EHS services? What could have been done differently to make the transition to EHS [services or expansion] more successful?** Probe for:

* Challenges that arose while waiting for approval of the conversion request?
* Staff capacity (If so, what skills, knowledge, or expertise was needed?) [*Include education staff, managers, coaches, directors [for Family Child Care: child development specialists]*
* Previous experience offering services to infants and toddlers?
* Facilities adequate to offer infant and toddler services?
* Communication among those charged with providing EHS services?
* Financing sufficient to offer new services?
* Professional development systems in place to support?
* Knowledge of Head Start Program Performance Standards related to serving infants and toddlers, their families, and expectant mothers?

**Tell me about how the pandemic affected PROGRAM NAME’s EHS program?** Probe:

* What changes related to health and safety: masking, group sizes, cleaning?
* Did PROGRAM NAME make any changes related to enrollment/attendance? (*Are parents preferring home-based options?*)
* How have changes affected your work with children and families?
* Are any of the changes PROGRAM NAME made going to carry forward even if the pandemic becomes less of an issue?
* Were there any changes that impacted particular groups of parents or pregnant mothers? If so, which groups (e.g., geographical location; language groups; cultural, racial, and/or ethnic groups; children of a particular age)?
* What do you see as the EHS program’s greatest achievement or success during the pandemic?

**Thinking beyond the pandemic—back to PROGRAM NAME’s conversion to [begin delivering OR expand] EHS services, what do you view as your biggest success?**

**COMPARING TO PREVIOUS CONVERSIONS**

 **IF STAFF EXPERIENCED MULTIPLE CONVERSIONS… Thinking about all we discussed today in terms of expanding EHS services, to what extent was your experience similar or different to previous conversions?**

***PROCEED TO WRAP-UP SECTION AT THE END OF THIS PROTOCOL.***

WRAP-UP

**Is there anything we didn’t get to discuss that you think would be important for us to know about the conversion process?**

**Are there other individuals you recommend that we speak with?** We are aiming to interview people with specific, detailed knowledge of the process of converting enrollment slots from HS to EHS.

Thank you for your sharing your time and expertise with us today. On behalf of our whole team, we are grateful for your contribution to this study. Our next steps are to continue interviewing staff to learn about your experiences with conversion. We will use what we learn to contribute to the knowledge base about the conversion process. This knowledge may be used to better support Head Start programs and to create or enhance existing technical assistance efforts.

As a reminder, you won’t ever be named in what we produce, and the information we’re collecting will never be used for monitoring.

If you think of anything else you would like to share, you can follow-up with us by email. [COORDINATOR] has our contact information and can share this with you. You can learn more about this study and keep up to date with what’s going on by visiting OPRE’s website and following OPRE, the Urban Institute, and MEF Associates on social media.