



Characteristics of Head Start Grant Recipients That Converted Enrollment Slots between 2019 and 2021

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November 2022

Head Start programs¹ serve children (from birth to age 5) and pregnant women from families with low incomes and offer early learning, nutritional, health, social, and family well-being services. Head Start programs are funded by direct grants from the federal government to agencies in local communities throughout the nation that provide services in centers, schools, family child care homes, and through home visiting. Head Start grant recipients can provide services to preschool-age children through Head Start programs and Early Head Start grant recipients are funded to provide services to infants, toddlers, and pregnant women.

Grant recipients can request to convert enrollment slots from Head Start to Early Head Start; that is, they can submit applications to the Office of Head Start (OHS) to shift funding from services for Head

¹ The term Head Start refers to grant recipients that offer Head Start services to preschool-age children, Early Head Start programs that offer services to infants, toddlers and pregnant women and children and families through the Migrant and Seasonal Head Start, and American Indian Alaska Native Head Start.

Start preschool-age children to Early Head Start services for pregnant women, infants, and toddlers. Grant recipients may have different motivations or rationales for converting enrollment slots from Head Start to Early Head Start. Many states and localities have increased their funding of public pre-K and may now be able to serve children currently or previously served by Head Start in pre-K programs. Alternatively, Head Start grant recipients may find that the needs of the communities they serve have changed and may convert slots in response to a limited supply of infant and toddler care in the community or challenges maintaining enrollment in their preschool programs. Converting slots requires strategic planning and the careful development and implementation of new processes to ensure high-quality service delivery tailored to the unique needs of pregnant women, infants, and toddlers and delivered in accordance with the Head Start Program Performance Standards.² The Conversion of Enrollment Slots from Head Start to Early Head Start (HS2EHS)³ project examines how and why Head Start grant recipients prepare for and engage in enrollment conversions and aims to identify facilitators and barriers to the provision of high-quality Early Head Start services that meet community needs. One goal of the project is to describe the program and community characteristics of grant recipients that convert enrollment slots from Head Start to Early Head Start.

To this end, this brief aims to describe (a) the characteristics of Head Start grant recipients that convert enrollment slots; and (b) the characteristics of grant recipients' applications to OHS to convert enrollment slots. This information may be useful to Office of Head Start staff, training/technical assistance (T/TA) staff, and Head Start grant recipients.

Specifically, this brief aims to address the following research questions:

1. What are the characteristics of grant recipients that converted enrollment slots from Head Start to Early Head Start, and how do the characteristics compare with those that did not convert enrollment slots?
2. What are the characteristics of grant recipients' applications to convert slots from Head Start to Early Head Start?

Methods

To identify grant recipients that converted enrollment slots from Head Start to Early Head Start, we searched the Head Start Enterprise System (HSES)—the central reporting website for OHS. We identified all Head Start grant recipients in Regions 1 through 10 that submitted applications through the HSES to convert enrollment slots between 2019 and 2021 and had those applications approved. To answer the first research question, we analyzed HSES data to describe the characteristics of grant recipients that

² "Head Start Program Performance Standards," US Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Head Start Early Childhood Learning and Knowledge Center, accessed August 19, 2022, <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii>.

³ "Conversion of Enrollment Slots from Head Start to Early Head Start (HS2EHS), 2020 – 2025," HHS, ACF, accessed August 19, 2022, <https://www.acf.hhs.gov/opre/project/conversion-enrollment-slots-head-start-early-head-start>.

converted enrollment slots (i.e., grant recipients with approved conversion applications) and compared these with the characteristics of grant recipients that had not converted enrollment slots (i.e., all other grant recipients). To answer the second research question, we examined approved conversion applications from 2019 to 2021. See box 1 for more information on the sample of grant recipients that converted enrollment slots and the grant recipients that did not convert enrollment slots.

BOX 1

Definitions

Grant recipients that converted enrollment slots: 104 Head Start grant recipients from Regions 1 through 10^a submitted requests for conversion (which we refer to as applications) to OHS to convert enrollment slots from Head Start to Early Head Start that were approved between 2019 and 2021. Of the 104 Head Start grant recipients, 87 operated Early Head Start programs before their conversion. The sample does not include grant recipients that (a) converted enrollment slots as part of recompetition or (b) temporarily shifted enrollment slots from Head Start to Early Head Start based on emergency guidance.

Grant recipients that did not convert enrollment slots: 1,794 Head Start grant recipients from Regions 1 through 10 did not have applications approved by OHS to convert enrollment slots from Head Start to Early Head Start between 2019 and 2021. Of the 1,794 grant recipients, 1,356 operate Early Head Start programs.

^a Grant recipients in Region 11 (the region representing grant recipients providing services to federally recognized American Indian and Alaska Native tribes) are not required to follow the same process as grant recipients in other regions, and those from Region 12 (the region representing grant recipients providing services to Migrant and Seasonal Workers) provide services for children from birth through age 5; therefore, grant recipients from these regions were not included in the sample.

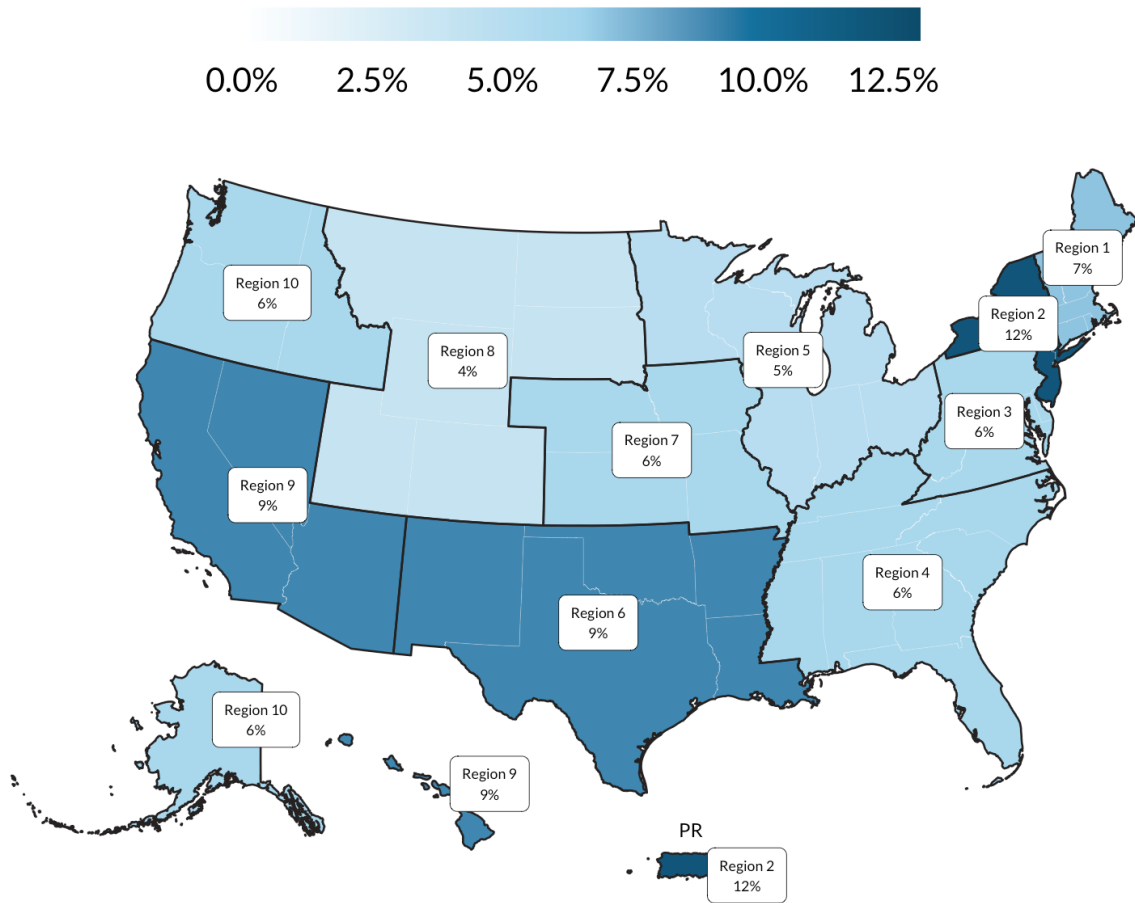
Findings

Research Question 1: *What are the characteristics of grant recipients that converted enrollment slots from Head Start to Early Head Start, and how do the characteristics compare with those that did not convert enrollment slots?*

Head Start Regions Varied in the Share of Grant Recipients That Converted Enrollment Slots

The share of grant recipients that converted enrollment slots ranged from 4 percent in region 8 to 12 percent in region 2. Figure 1 shows the share of grant recipients that converted enrollment slots for Head Start regions 1–10.

FIGURE 1
Share of Grant Recipients That Converted Enrollment Slots by Region



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Sources: Authors' analysis of data in the HSES and in the Program Information Report (PIR).

Notes: We calculated the share of grant recipients that converted enrollment slots by region. The numerator is the number of approved applications in the HSES for each Head Start region. The denominator is the total number of Early Head Start grant recipients that posted PIR data for the 2020–21 reporting period. The 2020–21 PIR dataset did not include records from two grant recipients in Region 4 and one from Region 2. See the methodology appendix for more details.

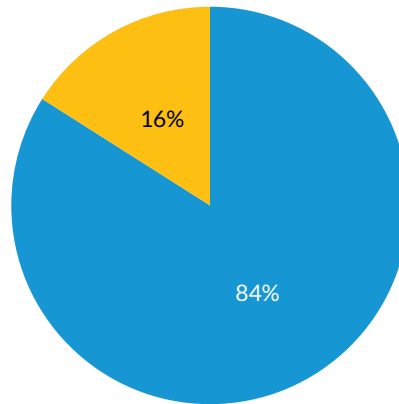
Most Grant Recipients That Converted Enrollment Slots Were Existing Early Head Start Grant Recipients

About 84 percent of grant recipients that converted enrollment slots were funded to offer Early Head Start in the year before the conversion. This is similar to the proportion of grant recipients that did not convert slots that were funded to offer Early Head Start in the prior year.

FIGURE 2

Percentage of Grant Recipients That Converted Enrollment Slots That Were Funded to Offer Early Head Start the Year before Converting Enrollment Slots

- Grant recipients that offered Early Head Start before converting
- Grant recipients that did not offer Early Head Start before converting



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Sources: Authors' analysis based on data in the HSES and PIR.

Grant Recipients That Converted Enrollment Slots Had, on Average, Larger Funded Enrollments than Those Who Did Not Convert Enrollment Slots

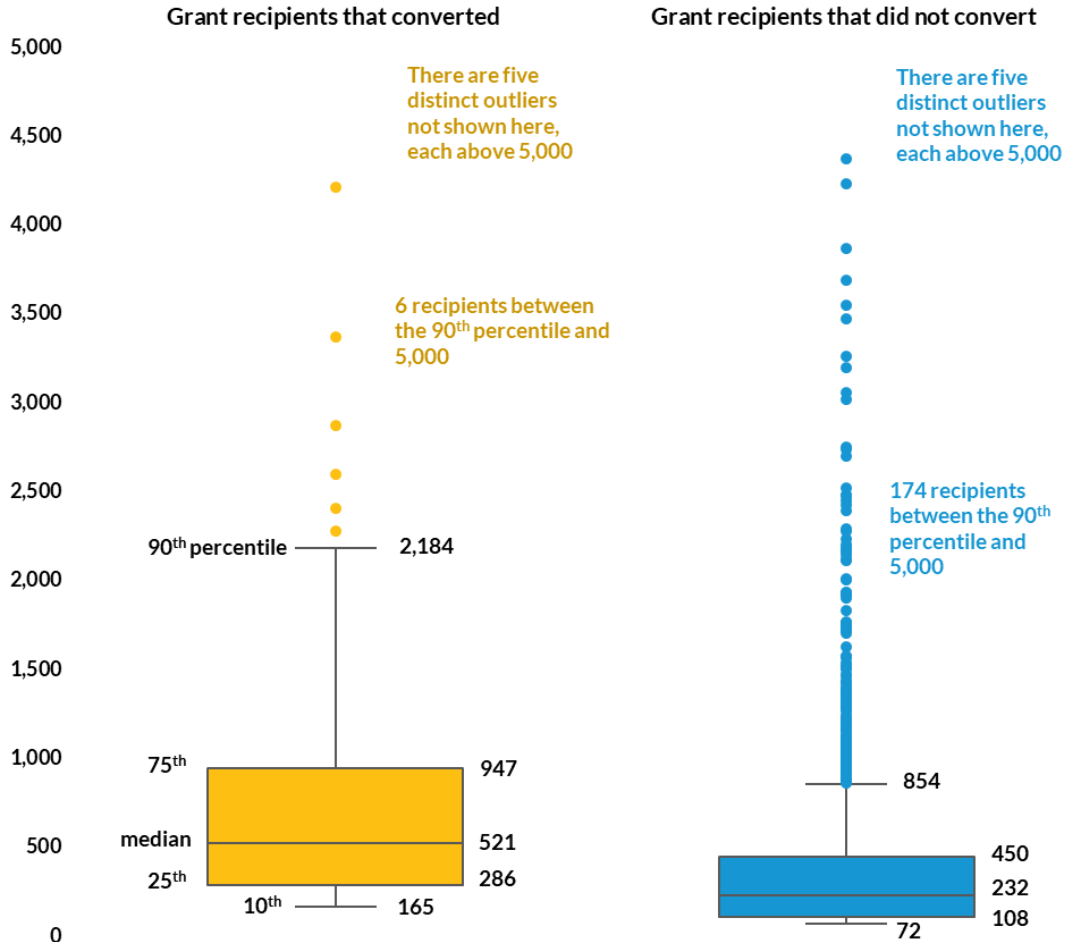
Grant recipients that converted enrollment slots reported higher average total funded enrollment than grant recipients who did not convert enrollment slots. However, grant recipient enrollments varied substantially. The median total funded enrollment for grant recipients that converted slots was 521, but enrollment ranged from 37 to 10,060.⁴ The median enrollment for grant recipients that did not convert slots was 232, with a range from 16 to 8,676 (figure 3).⁵

⁴ We present the median because several grant recipients were quite large, thereby distorting the mean. The mean total funded enrollment of grant recipients that converted slots was 1,079.

⁵ We present the median because several grant recipients were quite large, thereby distorting the mean. The mean total funded enrollment of grant recipients that did not convert was 397.

FIGURE 3

Total Funded Enrollments of Grant Recipients That Converted Slots and Those That Did Not Convert Slots



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Source: Authors' analysis based on data in the HSES.

Wide Variability Exists in the Proportion of Slots Converted⁶

On average, grant recipients that converted slots proposed to convert about 7 percent of their total funded Head Start and Early Head Start enrollment.⁷ The median number of total slots that grant recipients converted was 17. The number of Early Head Start slots ranged from zero to 324 with an average increase of about 17 percent of total Early Head Start enrollment. The median decrease in Head Start funded enrollment was 46 slots or about 9 percent of Head Start enrollment.⁸ However, the number ranged from less than 10 enrollment slots to about 700. Head Start and Early Head Start programs have distinct Head Start Program Performance Standards requirements, such as those related to ratios and groups sizes, that may influence the average cost of an enrollment slot.

Center-Based Early Head Start Was the Most Common Program Option among Grant Recipients after Converting Enrollment Slots

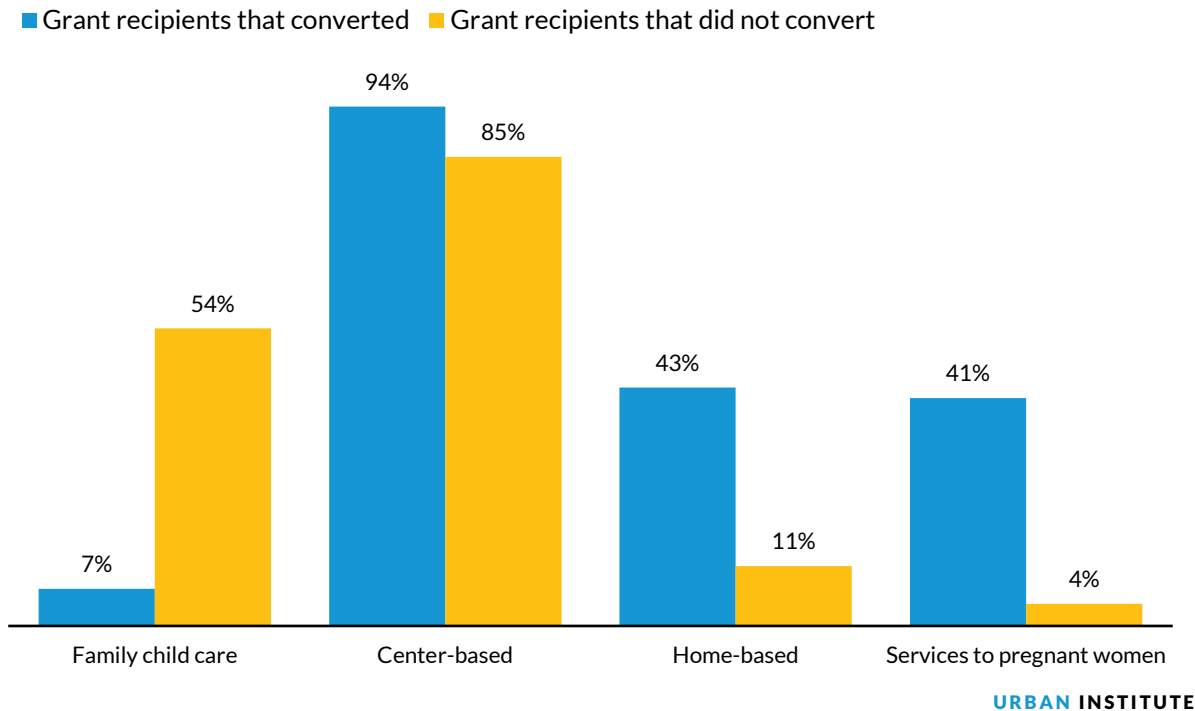
Grant recipients that converted enrollment slots were more likely than grant recipients that did not convert enrollment slots to offer the Early Head Start center-based option (94 percent versus 85 percent), the home-based option (43 percent versus 11 percent), as well as services to pregnant women (41 percent versus 4 percent). Grant recipients that converted enrollment slots were less likely to offer Early Head Start services through a family child care option than grant recipients that did not convert enrollment slots (7 percent versus 54 percent; figure 3). Grant recipients that converted slots were no more likely than grant recipients that did not convert slots to offer a locally designed option.

⁶ Three grant recipients reported decreases in Early Head Start enrollment after conversion. It appears these grant recipients paired requests to convert slots with requests to change program options. For example, because the center-based program option for Early Head Start is more expensive to administer than the home-based program option, a program's move from home-based to center-based services might be paired with a reduction in overall number of slots.

⁷ To explore the size of the proposed conversion in relation to a grant recipient's program size, we divided the proposed number of Head Start slots each grant recipient identified for the conversion by the total funded enrollment before the conversion for that grant recipient.

⁸ The mean reduction was 84 slots. We present the median because the data are skewed by a few grant recipients with high enrollment numbers.

FIGURE 4
Percentage of Grant Recipients, by Program Option Offered



Source: Authors' analysis based on data in the HSES.

Notes: Authors tested for statistical significance; results presented highlight significant differences.

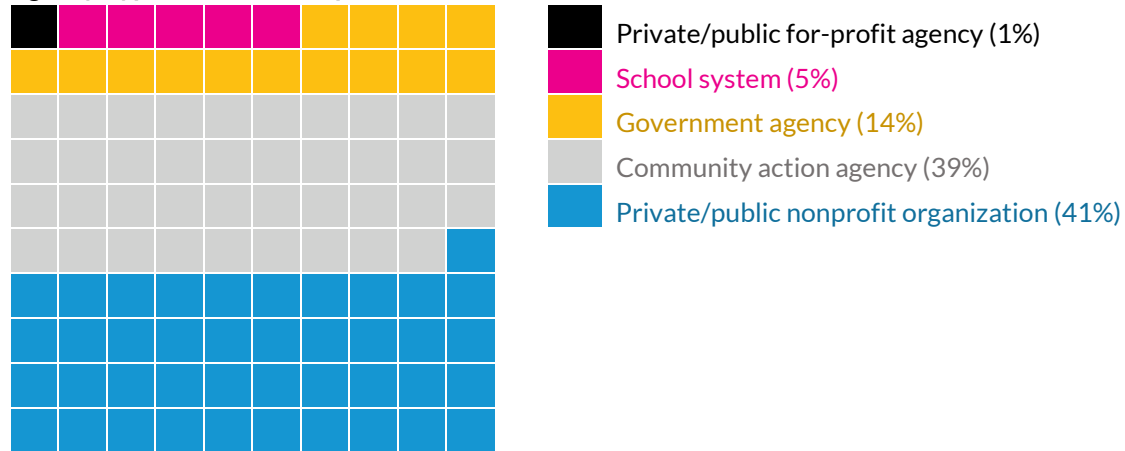
Grant Recipients That Converted Enrollment Slots Were Most Commonly Nonprofit Organizations

Forty-one percent of grant recipients that converted slots identified themselves in HSES as **nonprofit organizations** (e.g., a church or nonprofit hospital).⁹ Grant recipients that did not convert enrollment slots were also most commonly nonprofit organizations (51 percent). Thirty-nine percent of grant recipients that converted enrollment slots and 34 percent of grant recipients that did not convert slots identified as community action agencies. Thirteen percent of grant recipients that converted enrollment slots and 7 percent of grant recipients that did not convert slots identified as government agencies. About 5 percent of grant recipients that converted enrollment slots and 11 percent of grant recipients that did not convert slots identified as being a part of a school system. Approximately 1 percent of grant recipients in both groups identified as a private or public for-profit entity.

⁹ We did not test for statistically significant differences because grant recipients can identify as multiple agency types. The denominator is the total number of agency types listed by each grant recipient.

FIGURE 5

Agency Type for Grant Recipients That Converted Enrollment Slots



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Source: Authors' analysis based on data in the HSES.

Notes: Blocks show the percent of agencies represented in the analytic sample of grant recipients that converted enrollment slots. Each block represents 1 percent of grant recipients that converted enrollment slots.

Research Question 2: What are the characteristics of grant recipients' applications to convert slots from Head Start to Early Head Start?

Most Applications to Convert Enrollment Slots Were Amendments to Change the Scope of Services

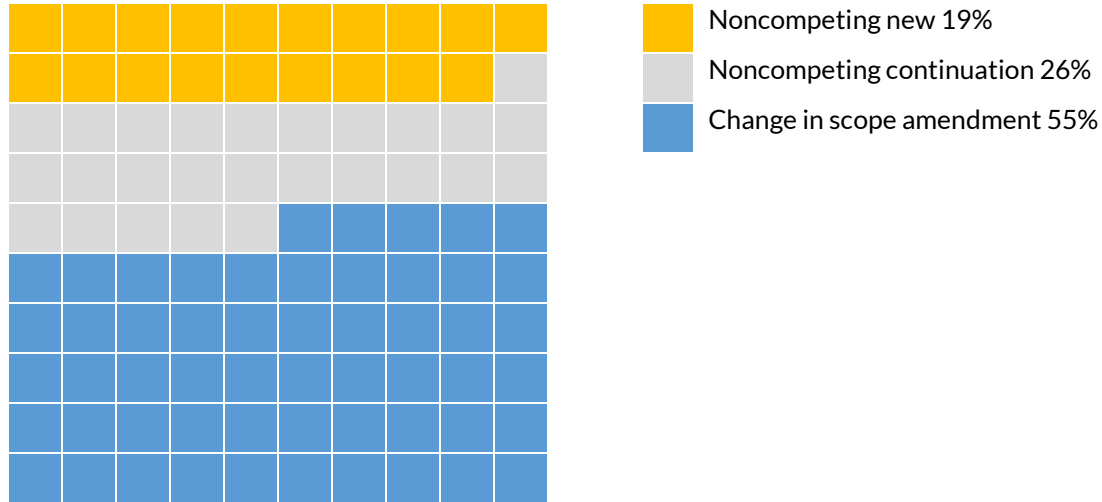
To convert enrollment slots, grant recipients can submit an application amendment to change the scope of services they offer. One type of change in scope is a conversion of slots. A grant recipient may submit a request for a change of scope at any time during the five-year project period of their grant. Grant recipients may also request to convert enrollment slots as part of their annually required noncompeting continuation application or a new noncompeting five-year application.¹⁰

Of the 110 applications to convert enrollment slots, about 55 percent were amendments to change the scope of services, 26 percent were noncompeting continuation applications, and 19 percent were noncompeting new applications.

¹⁰ A noncompeting continuation application is a request or award for a subsequent budget period within a previously approved project period for which a recipient does not have to compete with other applicants. A noncompeting new application is submitted to request funds for a new five-year project period. See "CED Change of Scope Request," Office of Community Services, accessed July 28, 2022, <https://www.acf.hhs.gov/ocs/ced-change-scope-request>; "Types of Applications," National Institutes of Health, accessed July 28, 2022, <https://grants.nih.gov/grants/how-to-apply-application-guide/prepare-to-apply-and-register/type-of-applications.htm>.

FIGURE 6

Application Types Used by Grant Recipients to Request a Conversion



Source: Authors' analysis of data from the HSES.

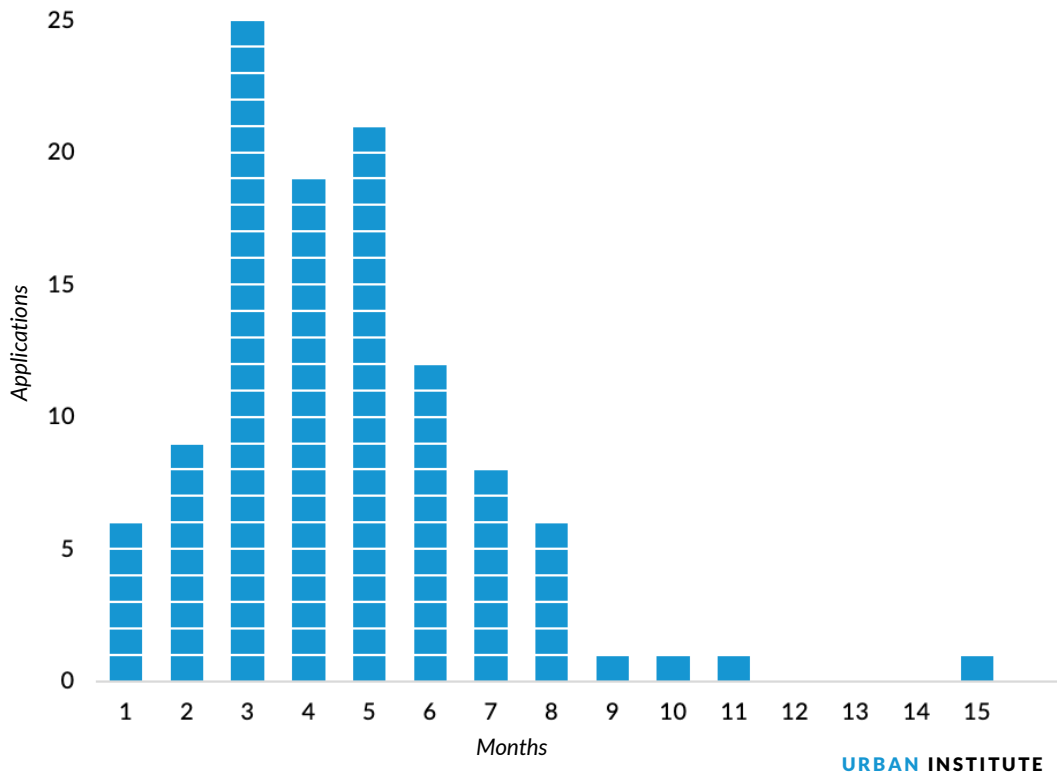
Notes: Blocks show the percent of application by each type of application. Each block represents 1 percent of grant recipients that converted enrollment slots.

Approval to Convert Enrollment Slots Took an Average of Four Months

We found that, once grant recipients submitted the official request to convert enrollment slots by uploading an application to HSES, it took an average of 120 days for the applications to be approved by OHS. However, the time frame varied from zero to 434 days. In other words, in some cases OHS approved the application the same day it was uploaded, and in other instances it took more than a year for the application to be approved. It is important to note that grant recipients are encouraged to engage in extensive communication with their OHS Program Specialists before submitting an official request to convert slots in HSES. The extent of communication may influence the clarity or comprehensiveness of the submission and the timeline for its approval.

FIGURE 7

Average Length of Time between Application for a Conversion and Approval



Source: Authors' analysis of data from the HSES.

Notes: Blue bars show the number of grant applications approved by month after the application was uploaded. Each blue box represents one grant recipient. For example, six grant applications were approved within one month and one grant application was approved 15 months after it was initially submitted.

Conclusion

This brief describes the characteristics of grant recipients that converted enrollment slots between 2019 and 2021 and the characteristics of their applications. We found variation in terms of the location, previous experience offering Early Head Start services, program size, program option, and types of organizations that converted enrollment slots. Specifically, we found the following:

- Conversions varied in where they took place, with higher shares of grant recipients converting enrollment slots in some states and regions than in others.
- Most grant recipients that converted enrollment slots offered Early Head Start the year before the conversion, similar to the proportion of grant recipients that did not convert slots that were funded to offer Early Head Start in the prior year.
- On average, grant recipients that converted enrollment slots had higher funded enrollments than grant recipients that did not convert slots, but the range of funded enrollment slots varied.

- The proportion of Head Start slots converted varied widely.
- Center-based Early Head Start was the most common program option after grant recipients converted enrollment slots.
- Nonprofit organizations were the most common agency type to convert enrollment slots, followed by community action agencies.
- Change of scope amendments were the most common way grant recipients requested to convert enrollment slots.
- It typically took about four months after grant recipients initiated official requests to convert enrollment slots in HSES for their applications to be approved, highlighting the importance of ongoing communication with regional office staff.

Research Gaps and Next Steps

This brief provides descriptive information about grant recipients that converted enrollment slots and their applications. Findings suggest a need for additional research to better understand regional variation in conversion and how experiences of grant recipients that were funded to offer Early Head Start the year before they converted compared with those that were not previously funded to offer Early Head Start services. Additional research is also needed to understand why some grant recipients converted a relatively small number and small share of their overall slots and others converted higher numbers and a higher share of overall slots. Finally, questions remain around why amendments to grant requests are the most common type of application and why some applications were processed relatively quickly whereas others took more than a year. The HS2EHS project will continue to explore these and other questions related to the conversion of enrollment slots in future project activities.

Appendix. Methodology

We accessed the Head Start Enterprise System (HSES) to identify all requests to convert enrollment slots that were approved by the regional office between fiscal year 2019 and 2021. This yielded a sample of 144 grant recipients. Thirty-four applications were removed after we determined they were still under review and pending approval, the conversions were not from Head Start to Early Head Start slots, or the conversions were not completed. The final analytic sample consisted of 110 independent applications to convert enrollment slots submitted by 104 grant recipients.

Once we finalized the analytic sample, a trained researcher on our team reviewed each application and coded for (1) application type; (2) agency type; (3) funded enrollments for Head Start and Early Head Start before and immediately after the application to convert enrollment slots was approved; (4) history of providing Early Head Start services; and (5) Early Head Start program option(s) offered. After the first round of data entry was complete, a second researcher on our team provided a quality assurance check by reviewing each of the variables.

For our analyses using the 2020–21 PIR, we downloaded national data. We used Stata to clean and analyze the data. The PIR dataset included only grant recipients with Head Start and Early Head Start programs from Regions 1 to 10 to align with the sample inclusion criteria used to pull HSES data. Thus, the PIR dataset did not include data from American Indian and Alaskan Native or Migrant and Seasonal Head Start programs.

For the 2020–21 PIR dataset that was used to create the sample of grant recipients that did not convert, all grant recipients reported the region number, state, grant number and name, program number and name, agency type, city, and zip code. However, there were 43 grant recipients who were either missing or had zeros entered for all of their 2020–21 PIR data. After removing all grant recipients that had converted from the PIR dataset, the final sample of grant recipients that did not have a conversion in the PIR data included 1,794 unique grant recipients—1,352 of which had received Early Head Start grants and 1,221 of which had received Head Start grants.¹¹ Note that some grant recipients received both Early Head Start and Head Start grants.

The PIR data for the sample of grant recipients that converted are based on grant recipient level PIR data. For example, to measure the total funded enrollment for each grant recipient, we calculated the total funded enrollment slots available across grant recipients' Head Start and Early Head Start programs (including the number of slots for pregnant women). Those Early Head Start and Head Start programs with missing funded enrollment data were not included in this calculation.

Analytic Techniques

We performed descriptive statistical analysis, independent sample *t*-tests, and chi-squared tests to test for statistically significant relationships between converting enrollment slots and variables of interest.

To determine variation in the share of grant recipients that converted enrollment slots by region, we divided the number of approved applications in the HSES for each region by the total number of Early Head Start grant recipients that posted PIR data for the 2020–21 reporting period. As noted, the 2020–21 PIR data did not include records from two grant recipients in Region 4 and one from Region 2.

To determine the share of grant recipients that converted enrollment slots that were funded to offer Early Head Start services the year before conversion, we divided the number of grant recipients that converted enrollment slots that offered Early Head Start the prior year by the total number of grant recipients that converted enrollment slots. We compared this with the share of grant recipients that did not convert that had offered Early Head Start services in 2020–21 PIR data and found no significant differences. We used 2020–21 PIR data for grant recipients that had not converted because data were not collected in 2020 because of the pandemic.

To compare the average total funded enrollment of grant recipients that converted slots with the average total funded enrollment of the comparison group, we performed an independent samples *t*-test.

¹¹ One grant recipient with a conversion was no longer an active in 2021 according to the HSES and the 2020-21 PIR data.

Analyses revealed a statistically significant difference in average total funded enrollment between grant recipients that converted slots ($M = 1079, SD = 1868$) and the comparison group ($M = 397.13, SD = 586$); $t(110.32) = -3.82, p = .0001$ (for a one tailed test where $H_a: \text{diff} < 0$).

To assess whether a relationship exists between being a grant recipient that converted and program option, we performed chi-squared tests of independence. Our analysis revealed a significant dependent relationship between converting enrollment slots and the number of grant recipients that offered the center-based program option: $\chi^2(1,460) = 6.59, p = .010$. Note that $N = 1,460$ includes 104 grant recipients that converted and the 1,356 grant recipients with Early Head Start funding that did not convert. Our chi-squared tests of independence revealed statistically significant dependent relationships between converting enrollment slots and offering options through center- and home-based options: $\chi^2(1,460) = 88.94, p = .000$, as well as services to pregnant women: $\chi^2(1,460) = 217.41, p = .000$. Our analyses also revealed a statistically significant relationship between being a grant recipient that converted enrollment slots and offering the family child care option: $\chi^2(1,460) = 86.28, p = .000$. Our analyses revealed no statistically significant relationship between converting enrollment slots and the likelihood of offering a locally designed program option: $\chi^2(1,460) = 0.7827, p = .379$.

Limitations

Our data analysis is based on a sample of grant recipients that submitted applications to convert enrollment slots from fiscal years 2019 through 2021. The sample is not representative of all conversion applications because it includes only grant recipients with applications that were approved during this period and does not include applications that were submitted through the competitive grant cycle. The sample of grant recipients that converted enrollment slots does not include grant recipients that submitted applications that were withdrawn or not approved.

For some analyses, we compared three years (2019–21) of requests for conversion to one year (2020–21) of PIR data. For example, to determine the percentage of grant recipients that had not converted that had Early Head Start services the prior year, we examined 2020–21 PIR data only. The 2020–21 PIR data provides the most useful comparison because it is the most recent data available. PIR were not collected in 2020 because of the pandemic and therefore are not available for the three-year period.

It is important for readers to know that data in the HSES are entered by Head Start grant recipients, and we did not independently verify the accuracy of the data grant recipients entered.

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Acknowledgments

This brief was funded by the Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute's funding principles is available at urban.org/fundingprinciples.

We thank Jenessa Malin and Krystal Bichay-Awadalla from the Office of Planning, Research and Evaluation, as well as Sarah Merrill and Larissa Zoot of the Office of Head Start for their ongoing guidance and input. We also thank Jonathan Schwabish, Ajjit Narayanan, Julia Isaacs, and Taryn Morrissey for their excellent input and feedback.

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Prime Contract No: HHSP233201500064I

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This brief is in the public domain. Permission to reproduce is not necessary. Suggested citation: Schilder, Diane, Catherine Kuhns, Shannon Gedo, Alexander Carther, Kate Stepleton and Zaria Roller. 2022. "Characteristics of Head Start Grant Recipients That Converted Enrollment Slots between 2019 and 2021." OPRE Report #2022-267. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, US Department of Health and Human Services.

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