

## Office of Head Start (OHS) Change in Scope Application Checklist

<b>Recipient Name</b>	<input style="width: 90%;" type="text"/>
<b>Grant Number</b>	<input style="width: 50%;" type="text"/>
<b>Date Submitted to OHS</b>	<input style="width: 50%;" type="text"/>
<b>Type</b>	<input type="checkbox"/> Enrollment Reduction <input type="checkbox"/> Conversion <input type="checkbox"/> Both

### **Change in Scope Application Guidance:**

A request to reduce funded enrollment or convert Head Start slots to Early Head Start slots is considered a change in scope request. Requests are submitted to the Office of Head Start (OHS) for approval and must be submitted a minimum of 120 days prior to the planned implementation date.

The following are the authorities to this process:

- [Section 640\(g\)\(3\)](#) allows programs to propose a reduction to funded enrollment to maintain quality of program services.
- [Section 645\(a\)\(5\)](#) permits programs to convert Head Start slots to Early Head Start slots to better meet community need.




Additionally, OHS has issued Information Memorandums (IM) and additional guidance to support recipients in the development and submission of change in scope requests:

- Information Memorandum (IM) for Enrollment Reductions and Conversion of Head Start Slots to Early Head Start Slots - [ACF-IM-HS-22-09](#)
- Resource supplement to ACF-IM-HS-22-09 - [Enrollment Reduction and Conversion Considerations](#)
- Strategies to Stabilize the Head Start Workforce - [ACF-IM-HS-22-06](#)

Recipients should communicate and review their request and supporting data and budget with their Program Specialist prior to submission of the request to ensure the request is clear and complete. In addition to the resources listed above, the checklist below is an optional tool designed to help recipients submit high-quality requests, which in turn, can expedite the approval process.

**Part 1: Required Documents to Include in the Request**



The request must include the following documents:



Document(s)	Considerations	Included
SF-424 and SF-424A	For enrollment reduction requests, demonstrate the net changes for Head Start and Early Head Start  TIP: The SF-424A should reflect a net \$0 change unless requesting funding for one-time or start-up costs exceeding the authorized budget.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	For conversion requests, demonstrate movement of funds from Head Start to Early Head Start  TIP: On the SF-424A, Head Start will reflect a negative total and Early Head Start will reflect a positive total.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Program Narrative	Include a complete description of the proposed changes, to include justification of elements listed in section “Part 2: Required Elements to Include in the Request”  TIP: Ensure your narrative notes sources and provides key data points supporting your rationale.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Budget & Budget Narrative	Address all the elements listed in section “Part 3: Budget Considerations and Requirements”	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed Program Schedule	Include the proposed program options	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Complete the program schedule tab within the application package that is reflective of the proposed changes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If the proposed changes result in a reduction of hours of planned classroom activities, provide a rationale in the program narrative	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Account for state funded slots in the proposed schedule, if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Governing Board or Tribal Council Approval	Chairperson listed in HSES aligns with signed statement	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Meeting minutes and signed statement indicate approval of request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Council Approval	Chairperson listed in HSES aligns with signed statement	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Meeting minutes and signed statement indicate approval of request	<input type="checkbox"/> Yes <input type="checkbox"/> No




Element	Considerations	Included
Supporting Documents	<p>Include any supporting documents, providing only relevant sections of the document that support <i>any data analysis</i> included in the request. Supporting documents may include, but are not limited to:</p> <p><input type="checkbox"/> Cost allocation plan   <input type="checkbox"/> Current and proposed organizational charts  <input type="checkbox"/> Program calendar demonstrating annual days and weeks of service  <input type="checkbox"/> Selection criteria form  <input type="checkbox"/> Proposed implementation timeline   <input type="checkbox"/> Other</p>	<i>Check all that apply in column to left</i>


**Part 2: Required Elements to Include in Request**

*Prior to submitting a change in scope request, recipients, at a minimum, must consider the elements below in their request, and concisely and adequately address these elements throughout their request.*

Element	Considerations	Included
Justification	<p>Include the following data:</p> <ol style="list-style-type: none"> <li>1. The current enrollment, underenrollment, and waitlist data by program option and location</li> <li>2. Number of slots proposed to be reduced and/or converted by program option and location</li> </ol> <p> <i>TIP: This information can easily be demonstrated in a table format.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>Describe the program’s strategic plan for the request, to include goals, expected outcomes, and the sustainability of the request across the project period</p> <p> <i>TIP: If eliminating or adding a new program option (i.e., home-based services), include adequate information on why the need has changed and how the request will address the new needs of the community.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>Describe how the program will prevent currently enrolled children from displacement</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>Describe how the program will support families if children are transitioning to alternate sites or program options</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<p>Describe how the proposed number of slots and funding are adequate for the intended purpose</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>For those engaged in Full Enrollment Initiative (FEI), describe how the request supports the recipient in addressing underenrollment</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Element	Considerations	Included
Community Assessment	Describe how this request is responsive to the needs of eligible children and families while considering strengths and resources of the community	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe the needs of currently enrolled families	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address community risk factors	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Compare the population of children in the community to the number of Head Start and/or Early Head Start eligible children by age groups	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe if there have been considerations to updating the selection criteria that reflect the needs of the community	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe availability of slots in early childhood programming in the community, to include the availability of space and facilities within the community	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equity	Describe how the proposed changes will have an impact on racial/ethnic groups and historically marginalized populations	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe the consideration to racial/ethnic groups and historically marginalized populations in the decision-making process for the request	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe the safeguards to be implemented to guarantee the request will not result in disproportionate slot loss for certain groups and populations	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Demonstrate how the program has considered the impact to the community in areas where centers are proposed to be eliminated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-Assessment	Summarize the evaluation of the most recent annual self-assessment results that justify this request	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe how internal systems will support the request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wage Comparability	Provide an analysis on staff turnover, exit interview data, and the consideration of educational attainment reflective of the service area	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Include information on current and proposed wages for program staff, and wages of comparable early childhood development positions, including school district positions, in the service area  <i>TIP: Please include a summary of the wage comparability data rather than uploading the entire wage comparability study.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe the level of increases to be provided to specific positions and the extent to which the increases will close existing gaps  <i>TIP: The information above can easily be demonstrated in a table format to include position, current wage, proposed wage, and percent of change</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Element	Considerations	Included
Service Delivery Model	Discuss changes in slots by program option, location, and service duration	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Update the program schedule to reflect proposed changes  <i>TIP: Ensure the response for this section is aligned with the requirements for the Proposed Program Schedule under "Part 1: Required Documents to Include in the Request"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe how the program will meet service duration requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Administrative and Supervisory Structure	Describe whether there is administrative cost that can be reduced  <i>TIP: Verify administrative costs are below the 15% administrative requirement post reduction and/or conversion</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe the current organizational structure and how it will change relative to the scope of the request	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe the reasonableness of the percentages of non-program staff salaries charged to the Head Start and/or Early Head Start grant given the proposed changes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	For supervisory staff and for administrative staff, separately justify which positions are still reasonable and necessary, and which positions will be eliminated given the proposed changes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staffing and Training	Describe the impact that the proposed changes have on staffing, including classroom ratios and family service staff caseloads	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe updates to the coaching plan, given the proposed changes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe updates to the training plan, given the proposed changes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Implementation Timeline	Include the proposed timeline for implementation and describe the reasonableness of the implementation date  <i>TIP: If the request requires a new or revised license, outline the timeline for securing that license.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Explain if the budgetary implementation date is different from the service implementation date	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe the backup plan if there is a delay in the implementation of the request, if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No




Element	Considerations	Included
Additional Elements for Conversion Requests	<i>If the request does not include a request for conversion of slots, please mark N/A in the column to the right and skip the remaining part of this section</i>	<input type="checkbox"/> N/A
	Describe the impact the proposed conversion has on staffing, training, and coaching plans	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe how the program will ensure teachers have the correct qualifications to teach in Early Head Start classrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe the facilities and program infrastructure that will be used to support the new or expanded Early Head Start program	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe how the request meets State or local licensing requirements, if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<p>If Early Head Start services are not currently provided, please describe the planning and implementation plan for the following:</p> <ul style="list-style-type: none"> <li>- Researched-based and developmentally appropriate curriculum</li> <li>- Assessment tools and timeframes</li> <li>- Developmental screening tools</li> <li>- School readiness goals</li> <li>- Training and technical assistance support</li> <li>- Community partnerships to serve this special population</li> </ul> <p> <i>TIP: If more funds are required for training and technical assistance, please have a conversation with your assigned Program Specialist.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe the plan to serve pregnant people and outline if there will be enough slots to support infants, if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	If offering center-based services, describe at what age will infants be transitioned into center-based slots	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Describe how the program will ensure required continuity of services to families/children if center-based slots are not available when needed	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ensure the conversion request includes all items outlined in <a href="#">Determining program structure, 45 CFR §1302.20(c)(3)</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Part 3: Budget Considerations and Requirements

The budget and budget narrative should demonstrate all changes as a result of the proposed Head Start or Early Head Start enrollment reduction or conversion.



*TIP: The Budget Tool for Enrollment Reductions and Conversions is another helpful resource to use while creating the budget for your request.*

Element	Considerations	Included
Budget and Budget Narrative	Identify and describe all potential cost savings and reinvestment by line item within each object class category  <i>TIP: Use the authorized budget from your non-competing new or non-competing continuation application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Demonstrate the repurposed use of funds by program and by line item within each object class category	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If there are one-time or start-up costs associated with this request, describe the costs and how the program proposes to pay for them	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Describe any minor facility upgrades or renovation needs related to this request (less than \$250,000)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Identify whether there are unspent funds from a previous budget year that can be carried over and used to support any one-time or start-up costs  <i>TIP: Unobligated funds must be used within the project period with proper planning. A budget revision request may be necessary depending on the purpose for which the funds were originally approved. If you are interested in using unobligated funds for this request, please reach out to your assigned Program Specialist.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Describe how other funding sources, such as state funds, will be leveraged and note any impact to the non-federal share budget  <i>TIP: If funding for one-time or start-up costs is from an external source, explain the backup plan if such funds are delayed or eliminated</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Include the current cost per child (= Operational Budget/Authorized Funded Enrollment) and proposed cost per child (= Operational Budget/Proposed Reduced or Converted Enrollment) as data points	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe efforts to reduce costs through partnerships	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Confirm that an analysis was completed to ensure the cost allocation plan has been reviewed and updated based on the change in scope request	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A