

Head Start Collaboration Office 2015 Annual Report

This annual report will support the work completed by your Head Start Collaboration Office (HSCO). The annual report will allow the Office of Head Start (OHS) to capture and promote your collaboration office accomplishments that are both quantitative and qualitative. The categories were determined by information that was submitted in past reports along with current priorities and therefore is intended to build on past work as we move forward. While we structure a number of questions to focus on current priorities, we also allow for work outside of the priorities to be reported at the end of each section.

Please only report on work completed during the 2015 calendar year. When necessary, you may include some background information prior to 2015 to understand the work being reported. If no work has been completed in an area during 2015, there is no need to enter any information.

A. DEMOGRAPHIC INFORMATION - Please fill out the following demographic information

*** indicates a required question**

*** indicates a question that will be used to populate your collaboration profile webpage on Early Childhood Learning & Knowledge Center (ECLKC)**

1. *Name _____
2. *Title _____
3. **Select the state of the Head Start Collaboration Office (HSCO)
[drop down list]
4. **What region is the collaboration office located in?
[drop down list]
5. When did you begin in this position?
[date picker]
6. **Select the Department that best represents the location of the HSCO
 - Department of Education
 - Department of Human or Social Services
 - Workforce Department
 - Governor's Office
 - Combined Education and Human Services Department
 - Other _____
7. **Where is the HSCO actually housed (e.g. specify the division within the department)

8. **Is this position appointed by the Governor or their Designee
 - Yes
 - No

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9. *Please provide the Vision and Mission of the department in the State where the HSCO is located. You may include the Purpose/Mission of the HSCO if applicable.

10. How many staff positions are there in the HSCO?

Director ___ Full-time employees (FTE)

Coordinator ___ FTE

Assistant/Admin ___ FTE

Other ___ FTE _____ (please indicate position)

11. *Does your state or region have an identified State Advisory Council? If so, provide the name of the council and the involvement of the HSCO.

Yes _____

No

Regional Advisory Council

12. *List up to ten **major partnerships/collaborations** that are in place between the HSCO and other entities

13. *List the **major goals** for your HSCO

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***Responses to sections B-G will be used to populate the results on your ECLKC collaboration office profile webpage and can be used in completing your mid and annual reports.**

B. PROFESSIONAL DEVELOPMENT - Include a description and measurable results where possible.

1. Please indicate if the collaboration office has been involved in any education for **legislative actions** around Professional Development in the following areas:
- educational requirements for Early Childhood Education (ECE)
 - system development
 - other (please specify) _____

If any selected, please provide a narrative description and when applicable, measurable results:

2. Please indicate the area(s) of higher education where the collaboration office was involved	
Development or revision of a state credential/certificate	<input type="checkbox"/> infant toddler <input type="checkbox"/> preschool <input type="checkbox"/> mental health <input type="checkbox"/> early childhood special education
Development or revision of a degree	<input type="checkbox"/> Associate degree in ECE with a focus on infant and toddler development <input type="checkbox"/> Baccalaureate degree in ECE with a focus on infant and toddler development <input type="checkbox"/> Master degree in ECE with a focus on infant and toddler development
development or revision of online coursework or degree	<input type="checkbox"/> infant toddler <input type="checkbox"/> preschool
enhancement of coursework	<input type="checkbox"/> infant toddler <input type="checkbox"/> social emotional <input type="checkbox"/> brain development
support for articulation	<input type="checkbox"/>
facilitated partnerships	<input type="checkbox"/>
other	<input type="checkbox"/> please specify _____

If any selected, please provide a narrative description of your work and if applicable, measurable results:

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3. Please indicate the area(s) where the collaboration office has been involved in the development or implementation of Early Learning Guidelines/Standards (ELG/ELS)	
alignment with the Head Start Child Development and Early Learning Framework (HSCDELF)	<input type="checkbox"/>
dual language in developing ELG/ELS	<input type="checkbox"/>
initial development or revisions to	<input type="checkbox"/> infant toddler <input type="checkbox"/> preschool <input type="checkbox"/> birth to 5 continuum
other	<input type="checkbox"/> please specify _____

If any selected, please provide a narrative description of your work and if applicable, measurable results:

4. Please indicate the area(s) where the collaboration office has been a part of development or revision of **core knowledge and competencies for practitioners/professionals**
- infant toddler
 - birth to five continuum
 - drafting documents
 - other (please specify) _____

If any selected, please provide a narrative description of your work and if applicable, measurable results:

5. Please indicate the area(s) where the collaboration office has been involved in facilitating **conference or training activities**
- statewide
 - regional
 - in partnership with National Head Start Association (NHSA)
 - in partnership with other organization (please specify) _____
 - other (please specify) _____

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If any selected, please provide a narrative description of your work and if applicable, measurable results:

6. Please indicate the area(s) where the collaboration office has been involved in the development or enhancement of **Professional Development Registry activities**

- statewide system
- Early Childhood professional tracking
- trainer requirements and tracking
- meeting of Head Start professional development requirements
- other (please specify) _____

If any selected, please provide a narrative description of your work and if applicable, measurable results:

7. If there are any **other professional development activities the collaboration office has been involved in that have not been reported elsewhere** in this section, please provide a narrative description of your work and if applicable, measurable results:

C. SCHOOL READINESS and PRE-K - Include a description and some measurable results where possible.

1. Please indicate the area(s) where the collaboration office has been involved in the promotion of **school readiness efforts**

- importance of relationships and trust
- continuity of care
- transition planning
- pre-literacy and literacy efforts
- early math and science and/or STEM efforts
- Kindergarten Entry Assessment (KEA)
- summits or conferences
- Memorandum of Understandings (MOUs)
- public engagement and marketing tool

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other (please specify) _____

If any selected, please provide a narrative description of your work and if applicable, measurable results:

2. Please indicate if the collaboration office has been involved in or supported involvement with **pre-K**

- partnerships
- funding (please be as specific as possible in the narrative)
- other (please specify) _____

If any selected, please provide a narrative description of your work and if applicable, measurable results:

3. If there are any **other school readiness or pre-K activities** the collaboration office has been involved in that are not reported in this section, please provide a narrative description of your work and if applicable, measurable results:

D. DATA and STATE FUNDING RELATED WORK - Include a description and some measurable results where possible.

1. Please indicate if the collaboration office has worked on setting up **unique identifiers** that include Head Start children in your state or region

- Yes
- No

If yes selected, please provide a narrative description of your work and if applicable, measurable results:

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2. Please indicate if the collaboration office has developed or updated any **profiles** regarding data for your state or for certain populations

- Fact Sheets or Profiles - please include the geographic level in the description (such as county/city etc)
- economic impact studies
- mapping studies
- other (please specify) _____

If any selected, please provide a narrative description of your work and if applicable, measurable results:

3. Please indicate if the collaboration office has contributed to the development of a **state data system** or other data system in your region.

- been a part of task force or coalitions for planning and developing the state's or region's early childhood data system
- developed or been a part of an MOU to share data
- deliberate integration of Head Start data into the state data system
- work on common definitions within the state
- other (please specify) _____

If any selected, please provide a narrative description of your work and if applicable, measurable results:

4. If there are any **other data or state/region funding related activities the collaboration office has been involved in that are** not reported in this section, please provide a narrative description of your work and if applicable, measurable results:

E. PARENT/FAMILY AND DIVERSITY RELATED - Include a description and some measurable results where possible.

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1. Please indicate if the collaboration office has done deliberate work to incorporate the **Parent Family Community Engagement Framework** into other systems within the state or region

Yes

No

If yes selected, please provide a narrative description of your work and if applicable, measurable results:

2. Please indicate if the collaboration office has been engaged in work around **home visiting** such as:

MIECHV and Early Head Start work

coordination and/or systems work within your state or region

development or support of pilots around home visiting

other (please specify) _____

If any selected, please provide a narrative description of your work and if applicable, measurable results:

3. Please indicate what work the collaboration office has been engaged in that supports **dual language learners and/or cultural responsiveness**

MOUs or work with the Office of Refugee Resettlement

development of any early English language development standards

other (please specify) _____

If any selected, please provide a narrative description of your work and if applicable, measurable results:

4. Please indicate if the collaboration office has been involved in the development of **MOUs with child welfare**

Yes

No

If yes selected, please provide a narrative description of your work and if applicable, measurable results:

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5. Please indicate if the collaboration office has been involved in developing **materials or conferences/meetings** to support parent/family/community engagement

- conferences or meetings
- materials
- other (please specify) _____

If any selected, please provide a narrative description of your work and if applicable measurable results:

6. Please indicate if the collaboration office has **worked on issues** relating to the specific topic areas below:

- fatherhood
- parent advisory groups
- parent data
- financial literacy
- homelessness
- domestic violence
- incarcerated parents
- Strengthening Families work
- other (please specify) _____

If any selected, please provide a narrative description of your work and if applicable, measurable results:

7. If there are any **other parent/family or diversity related activities the collaboration office has been involved in that are** not reported in this section, please provide a narrative description of your work and if applicable, measurable results:

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F. Quality Rating and Improvement System (QRIS) - Include a description and some measurable results where possible.

1. Please indicate any work the collaboration office has been intentionally involved in regarding **Head Start in QRIS**

- piloting efforts
- alignment issues
- active participation in development of QRIS
- reducing barriers to Head Start involvement to increase number of grantees who are a part of QRIS
- provided support in the adoption of "Caring for Our Children Basics", proposed Health and Safety Model Standards. (once they become available)
- other (please specify) _____

If any selected, please provide a narrative description of your work and if applicable, measurable results:

2. If there are any **QRIS activities** that the collaboration office has been involved in that are not reported in this section, please provide a narrative description of your work and if applicable, measurable results:

G. EARLY EDUCATION SYSTEM OUTSIDE OF QRIS - Include a description and some measurable results where possible.

1. Please indicate if the collaboration office has done work to increase the number of **quality infant and toddler spaces** within your state or region

- within Early Head Start
- within Early Head Start - Child Care Partnerships
- within early care and education
- other (please specify) _____

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If any selected, please provide a narrative description of your work and if applicable, measurable results:

2. Please indicate if the collaboration office has **regular meetings or communications** with other early care and education professional

- child care
- state data system staff
- pre-K
- QRIS
- higher education
- K-12
- other (please specify) _____

If any selected, please provide a narrative description of your work, the frequency of these meetings and if applicable, measurable results:

3. Please indicate if the collaboration office has worked on a **cross walk between state child care licensing and Head Start Program Performance Standards**

- in discussion
- started the process
- completed (please e-mail a copy to Karen.Heying@acf.hhs.gov or provide a link to the crosswalk in the description)
- other (please specify) _____

If any selected, please provide a narrative description of your work and if applicable, measurable results:

4. Please indicate if the collaboration office has worked on **Family Child Care** issues in your state or region

- licensing issues for partnering with Head Start/Early Head Start
- piloting efforts
- increasing quality in general for family child care
- other (please specify) _____

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If any selected, please provide a narrative description of your work and if applicable, measurable results:

5. Please indicate if the collaboration office has worked on general **early care and education systems** work in your state or region around the following areas

- State Advisory Council (SAC)/Interagency work
- Planning and developing frameworks
- MOU/Interagency agreements
- General alignment across systems
- state funding
- materials/public awareness
- other (please specify) _____

If any selected, please provide a narrative description of your work and if applicable, measurable results:

6. If there are any **other early childhood system outside of QRIS related activities the collaboration office has been in involved in and are** not reported in this section, please provide a narrative description of your work and if applicable, measurable results:

H. HEALTH RELATED - Include a description and some measurable results where possible.

1. Please indicate if the collaboration office has been involved in activities around support of a **medical or dental home**

- medical
- dental

If any selected, please provide a narrative description of your work and if applicable, measurable results:

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2. Please indicate if the collaboration office has been involved in any work around the **Affordable Care Act (ACA)**

- yes
 no

If yes selected, please provide a narrative description of your work and if applicable, measurable results:

3. Please indicate if the collaboration office has been involved in intentional activity to support **Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screenings**

- lead toxicity screening
 hearing screening
 vision screening
 dental screening
 other (please specify) _____

If any selected, please provide a narrative description of your work and if applicable, measurable results:

4. please indicate if the collaboration office has been involved in intentional activities around **oral health initiatives**

- coordination for increased access
 conference coordination
 partnerships
 funding
 other (please specify) _____

If any selected, please provide a narrative description or your work and if applicable, measurable results:

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5. Please indicate if the collaboration office has been involved in support or development of **Health Networks** in your state or region

Yes

No

If yes selected, please provide a narrative description of your work and if applicable, measurable results:

6. Please indicate what level of involvement the collaboration office had in your state or region around early childhood and **disabilities**

development of state or regional MOUs

public awareness campaigns

support materials

other (please specify) _____

If any selected, please provide a narrative description of your work and if applicable, measurable results:

7. Please indicate what areas of involvement the collaboration office had around **mental health and social emotional issues** in your state or region

specific involvement in infant and toddlers

materials development

coordination of conferences

support for the development of coaching and mentoring groups

interagency coordination

other (please specify) _____

If any selected, please provide a narrative description of your work and if applicable, measurable results:

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8. If there are any **other health related activities that the collaboration office has been involved in that are** not reported in this section, please provide a narrative description of your work and if applicable, measurable results:

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I. OTHER REGIONAL PRIORITIES THAT ARE NOT INCLUDED IN ANY OF THE SECTIONS - Include a description and some measurable results where possible.

1. List and describe up to three **other collaboration office regional priorities** not reported in any of the previous sections (if there are no regional priorities identified, this may be left blank)
