

# State Department of Education Contacts

State of \_\_\_\_\_ Date \_\_\_\_\_

**Instructions:** The purpose of the State Department of Education Contacts Form is to obtain key State contacts and information on upcoming legislation or events relevant to Head Start in the State. The information will be used when reaching out to a State, particularly during travel from the Office of Head Start (OHS) to those States. The contact information provided should be for State officials and publicly available.

Head Start Collaboration Office (HSCO) Director Name \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Department where HSCO is located \_\_\_\_\_  
HSCO Relationship to Department of Education: \_\_\_ Excellent \_\_\_ Good \_\_\_ Satisfactory \_\_\_ Limited  
Name of Department of Education Office \_\_\_\_\_

## Early Childhood Contact

Name \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Department where contact is located \_\_\_\_\_  
\_\_\_ HSCO has an existing working relationship with the above contact  
\_\_\_ The contact above is from a directory, HSCO has no working relationship them  
Additional early childhood contact based on HSCO having a working relationship with this person  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

## Elementary Education Contact

Name \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Department where contact is located \_\_\_\_\_  
\_\_\_ HSCO has an existing working relationship with the above contact  
\_\_\_ The contact above is from a directory, HSCO has no working relationship them  
Additional elementary education contact based on HSCO having a working relationship with this person  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

## Superintendent/Secretary of Education Contact

Name \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Department where contact is located \_\_\_\_\_  
\_\_\_ HSCO has an existing working relationship with the above contact  
\_\_\_ The contact above is from a directory, HSCO has no working relationship them  
Additional Superintendent/Secretary of Education contact based on HSCO having a working relationship with this person  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

## Other Potential Contact

Name \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**Paperwork Reduction Act Burden Statement:** This collection of information is voluntary. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**State Department of Education Contacts**  
**State of \_\_\_\_\_ Date \_\_\_\_\_**

Where the Department is located \_\_\_\_\_

\_\_\_\_ HSCO has an existing working relationship with the above contact

\_\_\_\_ The contact above is from a directory, HSCO has no working relationship them

Additional other contact based on HSCO having a working relationship with this person

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Possible Legislation/Budget Upcoming that Could Impact Head Start**

Name of Bill \_\_\_\_\_

Brief Description

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**Concerns/Possible Head Start Impact of Legislation/Budget**

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**Major Meetings/Events in 2019-2020 to potentially attend** (month and date if known and who will be attending from the State)

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