

Head Start Collaboration Office [YEAR] Annual Report Questionnaire

ABOUT THIS 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.

INSTRUCTIONS

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

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 3 hours 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.

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)
4. *† What region is the collaboration office located in?
5. When did you begin in this position?
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
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

B. PROFESSIONAL DEVELOPMENT

† 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.

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)

2. Please indicate the area(s) of higher education where the collaboration office was involved development or revision of a state credential/certificate

infant toddler

preschool

mental health

early childhood special education

development or revision of a degree

Associate degree in ECE with a focus on infant and toddler development

Baccalaureate degree in ECE with a focus on infant and toddler development

Master degree in ECE with a focus on infant and toddler development

development or revision of online coursework or degree

infant toddler

preschool

enhancement of coursework

infant toddler

social emotional

brain development

support for articulation

facilitated partnerships

other (please specify)

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 Early Learning Outcomes Framework: Ages Birth to Five (ELOF)
 - dual language in developing ELG/ELS
 - initial development or revisions to
 - infant toddler
 - preschool
 - birth to 5 continuum
 - other (please specify)

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)

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

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)

7. Please provide a narrative description of your work in professional development indicated above and if applicable, measurable results. If no work in professional development indicated above, then leave blank.

8. If there are any other professional development activities the collaboration office has been involved in that have not been reported 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
 - other (please specify)

2. If you indicate that the collaboration office has been involved in transition planning in Question 1, please indicate if the collaboration office has met with one of the following:

SEAs

LEAs

Superintendents

Principals

Bureau of Indian Affairs (BIA)

Tribal Schools

Charter Schools

Other

3. 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)
4. Please provide a narrative description of your work in school readiness and pre-K indicated above and if applicable, measurable results. If no work in school readiness and pre-K indicated above, then leave blank.
5. 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

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)

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 data system including early childhood

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)

4. Please provide a narrative description of your work in data or state/region funding indicated above and if applicable, measurable results. If no work in data or state/region funding indicated above, then leave blank.

5. 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.

1. Please indicate if the collaboration office has used the Parent Family Community Engagement Framework to guide work with other systems or projects within the state or region
Yes
No
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)
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)
4. Please indicate if the collaboration office has been involved in the development of MOUs with child welfare
Yes
No
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)
6. Please indicate if the collaboration office has worked on issues relating to the specific topic areas below
fatherhood
parent advisory groups
parent data

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 been involved in or supported efforts to expand access to 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)
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)
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 include a link to the crosswalk in the description in Question 6 of this section)
 - other (please specify)

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

2. 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)

3. 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)

4. Please indicate if the collaboration office has been involved in support or development of Health Networks in your state or region
 - Yes
 - No

5. 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)

I. OTHER REGIONAL PRIORITIES THAT ARE NOT INCLUDED IN ANY OF THE SECTIONS

Include a description and some measurable results where possible.

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)