

# 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 4 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. How long have you been in this position?
6. When did you begin in this position?
7. \*† Select the Department that best represents the location that receives the state funding for the HSCO in your State or region.

Department of Education

Department of Human or Social Services

Workforce Department

Governor's Office

Combined Education and Human Services Department

Other

8. \*† Where is the HSCO actually housed (e.g. specify the division within the department)
9. \*† Is this position appointed by the Governor or their  
Designee Yes  
No
10. † 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.

11. How many staff positions are there in the HSCO? Indicate the percentage of time for each position. If this does not add up to 1 FTE, please explain in the comment area.

	Full-time employees (FTE)
Director	FTE
Coordinator	
Assistant/Admin	FTE
Other	FTE (Please indicate position)

12. † 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

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

14. List the major goals for your HSCO. This should not be a list of the priorities for HSCO, but these should be specific to your state goals and may be based on the general priorities from OHS.

## 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) (for example, regulatory changes to expand professional registries, credentials, and competencies)
  - system development (for example, changes in compensatory practices, alignment of policies regarding Child Care Development Block Grant and state licensing rules)
  - legislation to promote complementary early childhood services such as health, mental health, workforce development, and other areas
  - other (please specify)
  
2. Please indicate the area(s) of higher education where the collaboration office was involved
  - a. development or revision of a state credential/certificate
    - infant toddler
    - preschool
    - mental health
    - early childhood special education
  
  - b. development or revision of a degree
    - Associate degree in ECE
    - Baccalaureate degree in ECE
    - Master degree in ECE
    - 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
  
  - c. development or revision of online coursework or degree
    - infant toddler

- preschool
  - EarlyEdU programs
  - content and format contributions
- d. enhancement of coursework
- infant toddler
  - social emotional
  - brain development
  - support for articulation
  - facilitated partnerships
  - other (please specify)
- e. funding of coursework
- T.E.A.C.H. Scholarships
  - others
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 revision to infant toddler
  - initial development or revision to preschool
  - initial development or revision to birth to 5 continuum
  - dissemination of ELG/S to programs and local communities
  - 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
  - mental health professionals
  - family services

- 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 (or the equivalent for District or Territory)
  - regional in collaboration with Regional Head Start Association
  - in partnership with National Head Start Association (NHSA)
  - other (please specify)
- a. What kinds of training activities did the collaboration office support within these partnerships?
- conferences
  - workshops/training sessions
  - train the trainer events
  - webinars
  - communities of practice
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
  - connecting to Head Start professional development requirements
  - alignment with QRIS, ELG/S, and CKCs
  - other (please specify)
7. Please provide a narrative description of your work in professional development indicated above and if applicable, measurable results. Please indicate the specific item number you are detailing in this section (e.g., 2a. participated in higher education workgroup to define credential requirements for infant and toddler mental health clinicians). 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
  - facilitation of relationships and trust-building between LEA and local programs
  - continuity of care and the importance of caregiver relationships for infants and toddlers
  - transition planning
  - pre-literacy and literacy efforts
  - early math and science and/or STEM efforts
  - Kindergarten Entry Assessment (KEA)
  - School Readiness summits or conferences
  - Memoranda of Understanding (MOUs) with schools around school readiness and Pre-K collaboration
  - public engagement and marketing tools
  - 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:
  - o State Education Agencies (SEAs)
  - o Local Education Agencies (LEAs)
  - o superintendents
  - o principals
  - o Bureau of Indian Affairs (BIA)
  - o Tribal schools
  - o charter schools
  - o other (please specify)
  
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. Please indicate the specific item number you are detailing in this section (e.g., 3. participated in workgroup to identify fiscal guidelines for programs using blended funding). 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



## 6. 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

- a. If yes, what activities did you engage in?

- provided guidance regarding Head Start data collection strategies used by programs in the state
- offered relevant Program Information Report (PIR) data
- identified participation rate of Head Start programs in statewide unique identifier data systems
- identified benefits for programs from data

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
- participated in data governance committees
- 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. Please indicate the specific item number you are detailing in this section (e.g., 2. Used GIS mapping technology to identify service are gaps for access and quality). 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

## 7. 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 (PFCE) Framework to guide work with other systems or projects within the state or region
  - o Yes
  - o No
- a. If yes, how has the collaboration used the PFCE Framework?
  - To connect with other early childhood and K-12 family engagement efforts, including development of a local framework using the PFCE Framework as a foundation
  - To promote family representation on governing structures in early childhood systems
  - To inform strategic planning and professional development collaborations
  - To support interagency collaboration
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
  - racial equity initiatives
  - assistance for immigrant, tribal, and migrant families
  - other (please specify)
4. Please indicate if the collaboration office has been involved in the development of MOUs with child welfare
  - Yes

- No

- a. If yes, what are the key components of these MOUs?
  - referral processes
  - cross training opportunities
  - service coordination
  - supporting local partnerships
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
  - financial capability
  - homelessness
  - domestic violence
  - incarcerated parents
  - Strengthening Families work
  - other (please specify)
7. Please provide a narrative description of your work in parent/family or diversity related indicated above and if applicable, measurable results. Please indicate the specific item number you are detailing in this section (e.g., 5. Connected the State Head Start Association to experts on fatherhood initiatives within the state to present at annual conference). If no work in parent/family or diversity related indicated above, then leave blank
8. 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

## 8. 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
  - o piloting efforts
  - o alignment issues
  - o active participation in development of QRIS
  - o reducing barriers to Head Start involvement to increase number of grantees who are a part of QRIS
  - o provided support in the adoption of "Caring for Our Children Basics," proposed Health and Safety Model Standards
  - o 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

## 9. 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](mailto:Karen.Heying@acf.hhs.gov) or include a link to the crosswalk in the description in Question 6 of this section)
  - other (please specify)

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
  - quality improvement in general for family child care
  - professional development for family child care providers
  - other (please specify)
  
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
  - PDG B-5 - If yes, please specify activities related to PDG B-5:
    - o Career and Workforce Development
    - o Family and Community Engagement
    - o School Readiness
    - o Health, Nutrition, and Mental Health
    - o Transition to Kindergarten
    - o Other:
  - Planning and developing frameworks
  - MOU/Interagency agreements with other early care and education systems such as child care, subsidy agreements and non-school related entities
  - General alignment across systems
  - state funding
  - materials/public awareness
  - work with the child care subsidy office
  - other (please specify)
  
6. Please provide a narrative description of your work in early childhood system outside of QRIS indicated above and if applicable, measurable results. Please indicate the specific item number you are detailing in this section (e.g., 5. Partnered with the child care subsidy office to disseminate information regarding blended funding models for Head Start programs interested in increasing slots through child care subsidies). If no work in early childhood system outside of QRIS indicated above, then leave blank
  
7. If there are any other early childhood system outside of QRIS related activities the



*Head Start Collaboration Office [YEAR] Annual Report*  
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

## 10. 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
  - a. What kinds of activities has the collaboration engaged in to support medical and/or dental homes?
    - Participated in workgroups with stakeholders to identify access issues
    - Networked with health networks to build connections between programs and medical/dental homes
    - Connected with state, territory, or regional health administrators to promote collaboration at the local level
    - Supported pilot projects focused on access for vulnerable populations
    - Other (please specify)
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
  - developmental screening
  - other (please specify)
3. Please indicate if the collaboration office has been involved in intentional activities around oral health initiatives
  - o coordination for increased access
  - o conference/professional development coordination
  - o partnerships at the state and local level
  - o funding
  - o 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
- a. If yes, are these Head Start Health Manager Networks?
- Yes
  - No
- b. In what capacity have you served in these networks (regardless of composition)
- Facilitator/organizer
  - Member
  - Contributor

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 related specifically to **general disabilities (not including IDEA)**
  - **coordination or support for local MOUs related specifically to general disabilities (not including IDEA)**
  - **development of state or regional MOUs related specifically to Part B, Section 619 of IDEA**
  - **coordination or support for local MOUs related specifically to Part B, Section 619 of IDEA**
  - **development of state or regional MOUs related specifically to Part C of IDEA**
  - **coordination or support for local MOUs related specifically to Part C of IDEA**
  - public awareness campaigns support materials
  - other (please specify)
  - a. If the collaboration office was involved in MOUs, how?
    - facilitated conversations between partners
    - supported content development
    - engaged program level stakeholders in discussions
    - disseminated completed MOUs
6. 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 toddler mental health initiatives
  - materials development
  - coordination of conferences
  - support for the development of coaching and mentoring groups
  - interagency coordination
  - promotion of specific mental health priorities (e.g., adverse childhood experiences, substance misuse, suspension/expulsion, and domestic violence/child maltreatment)
  - dissemination of information about statewide/territorial/regional initiatives (e.g., Positive Behavioral Intervention Systems [PBIS], the Pyramid Model, and infant and early childhood mental health consultation)
  - other (please specify)
7. Please indicate what areas of involvement the collaboration office had around nutrition issues in

your state or region

- WIC
- CACFP
- obesity prevention
- other (please specify)

8. Please provide a narrative description of your work in early childhood system outside of QRIS indicated above and if applicable, measurable results. . Please indicate the specific item number you are detailing in this section (e.g., 7. Coordinated with the Women Infants and Children [WIC] program to identify areas of high need and support local partnerships). If no work in early childhood system outside of QRIS indicated above, then leave blank

9 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

**11. 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)